

WEBINAR



Understanding and addressing workplace burnout: Strategies for supporting patient/client wellbeing

Tonight's panel



Antonio Di Dio
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Head of Health, Safety and
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Facilitator:
Stephen Trumble
General Practitioner

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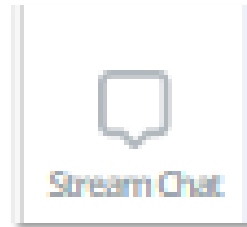
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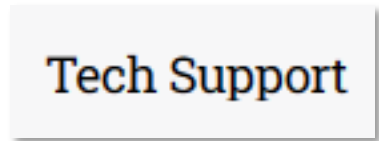
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Learning outcomes

Through a multidisciplinary panel discussion of several case studies, this webinar will provide participants with the skills and knowledge to:

- Identify signs and symptoms of workplace burnout for clients/patients, including physical and psychological symptoms, and work environment risk factors.
- Explain practitioner challenges in helping clients/patients experiencing symptoms of burnout to constructively engage with the workplace.
- Describe ways to collaborate with employers and supporting health practitioners to prevent and treat symptoms associated with workplace burnout to promote client/patient wellbeing.
- Recommend ways to facilitate safe and sustainable work participation for clients/patients experiencing workplace burnout.

Clinical Psychologist perspective

Identifying Burnout

Four key elements:

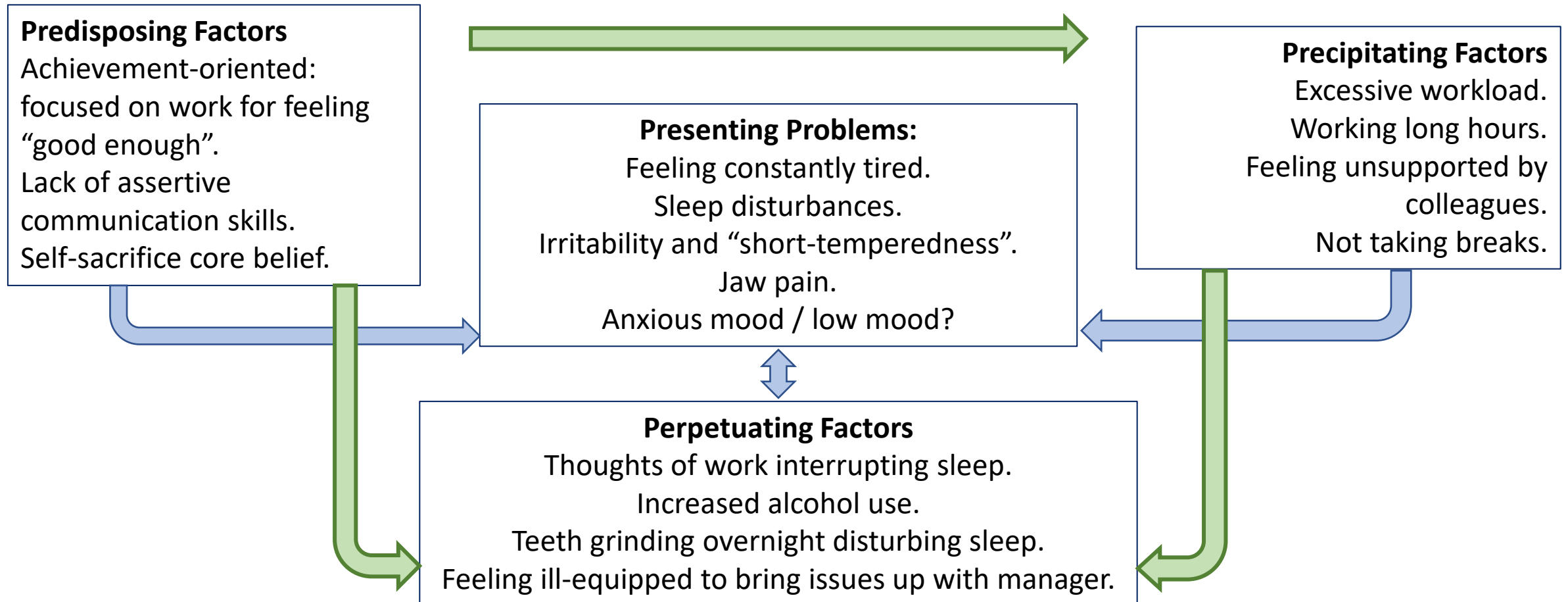
1. Resulting from long-term unresolved stress in the workplace.
2. Feelings of energy depletion or exhaustion.
3. Increased mental distance from one's job or feelings of negativism or cynicism related to one's job.
4. Reduced professional efficacy.

“Burn-out refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life.”

World Health Organisation 2019

Clinical Psychologist perspective

Case Formulation for Paul



Clinical Psychologist perspective

Assisting a Client with Burnout

As it is not a clearly defined diagnosis, not a clear evidence base for treatment.

Our role is to address the elements of the case formulation.

For Paul, this might involve:

1. Values and goal setting to determine the meaning he gains from work and how he could continue to derive this meaning.
2. Assisting him to identify the nature and impact of his core beliefs.
3. Cognitive work for anxiety-generating thoughts.
4. Relaxation and stress management skills.
5. Sleep hygiene strategies.
6. Assertive communication training.

However, as burnout is specifically related to what is happening at the workplace, intervention must include both working with the person and the incorporation of workplace strategies.

Clinical Psychologist perspective

Challenges engaging with the workplace

- Understanding the treatment provider's role in the RTW process.
- Maintaining confidentiality: what to disclose and what not to disclose.
- Understanding how to translate what you are seeing in the treatment room to what is required in the workplace.

- Workplace complexity and change
- Hyper-optimisation
- Task switching degrading focus and attention
- Blurred boundaries
- Increased prevalence of working from home*
- Bring your whole self to work culture*

An illustration depicting digital overload. A woman with long red hair, wearing glasses and a blue-and-white striped shirt, is running towards the right. Behind her is a large, dense cloud of colorful icons representing various digital tasks and distractions, such as a smartphone, documents, a calendar, a clock, a globe, a heart, a question mark, a percentage sign, a speech bubble, a location pin, and various charts and graphs. The word "OVERLOADING" is written in large, bold, dark blue capital letters across the bottom left of the scene.

Employer perspective

Workplace protective factors in prevention of burnout

In workplaces that have low rates of burnout, this is what you'll see:

- Supportive, engaged and connected teams
- Psychological safety and genuine care for others
- Workflows that allow for rest/recovery
- Flexibility and autonomy
- Good psychosocial risk management
- A commitment to health & health literacy
- Proactive wellbeing support and access to
- Preventative and early intervention health programs
- A culture of early intervention & reporting

Good Psychosocial Risk Management looks like:

- ✓ Healthy workplace relationships
- ✓ Effective change management
- ✓ Role clarity & autonomy
- ✓ Supportive environment
- ✓ Manageable workload and job demands
- ✓ Reward & recognition
- ✓ Fair and equitable work processes
- ✓ Risks relating to bullying, harassment, sexual harassment, occupational violence/aggression, remote & isolated work are identified and mitigated

Employer perspective

Role of the People Leader/Manager

The Leader plays a critical role in the prevention and management of Burnout:

- Creating an environment of psychological safety
- Role modelling healthy behaviours
- Basic health literacy – especially mental health
- Regular feedback and wellbeing conversations:
 - ✓ Normalise asking how someone is
 - ✓ Check in on workload and priorities
 - ✓ Lean into cues and early warning signs with curiosity
 - ✓ Listen, encourage action, check back in



Employer perspective

Effective strategies for recovery at work

- 1 **Support rest & recovery**
- 2 **Effective collaboration between employee, treating practitioner and workplace to support return**
 - Understanding & addressing workplace factors that contributed to burnout
 - Individual documented Recovery at Work Plan
 - Agreed reasonable adjustments
 - Graduated return to full duties
- 3 **Check in and monitor progress regularly**

Reasonable adjustments to consider during recovery:

- Decreased workload through resourcing, delegation or prioritisation
- Set and maintain boundaries around work hours and taking breaks
- Non-demanding task focus (e.g. training, calendar management, inbox cleanout, BAU tasks)
- Delayed or relaxed deadlines or KPIs
- Flexibility around work hours or location (i.e. allowing greater number of WFH days)

General Practitioner perspective

INTRODUCTION TO BURNOUT PREVENTION AND WORKPLACE PSYCHOSOCIAL SAFETY

MAY 2025



General Practitioner perspective

AND HOW NOT TO TURN INTO
THIS ...



General Practitioner perspective

INTRODUCTION – WHICH OF THESE
CHARACTERS ARE YOU?



General Practitioner perspective

OVERVIEW

How does burnout present in practice ?

Case study Paul

- Fatigue
- Work performance challenges, absenteeism
- Demotivation
- Cynicism
- Fear and anxiety
- Depersonalisation

Case Study Leah

- Fatigue, headache, somatic feelings
- Appetite, weight, unsupported
- Isolation



General Practitioner perspective

Causes of burnout

Classic Triggers (fast and slow)

- * Disorganised Leadership
- * Lack of support
- * Too much for too long
- * Lack of clarity of role
- * Demanding roles
- * Moral injury

Personal Factors (protective and risk)

- * Organised or disorganised
- * physical and emotional health
- * other demands
- * hobbies, friends, Sunday morning walkers

Job Factors

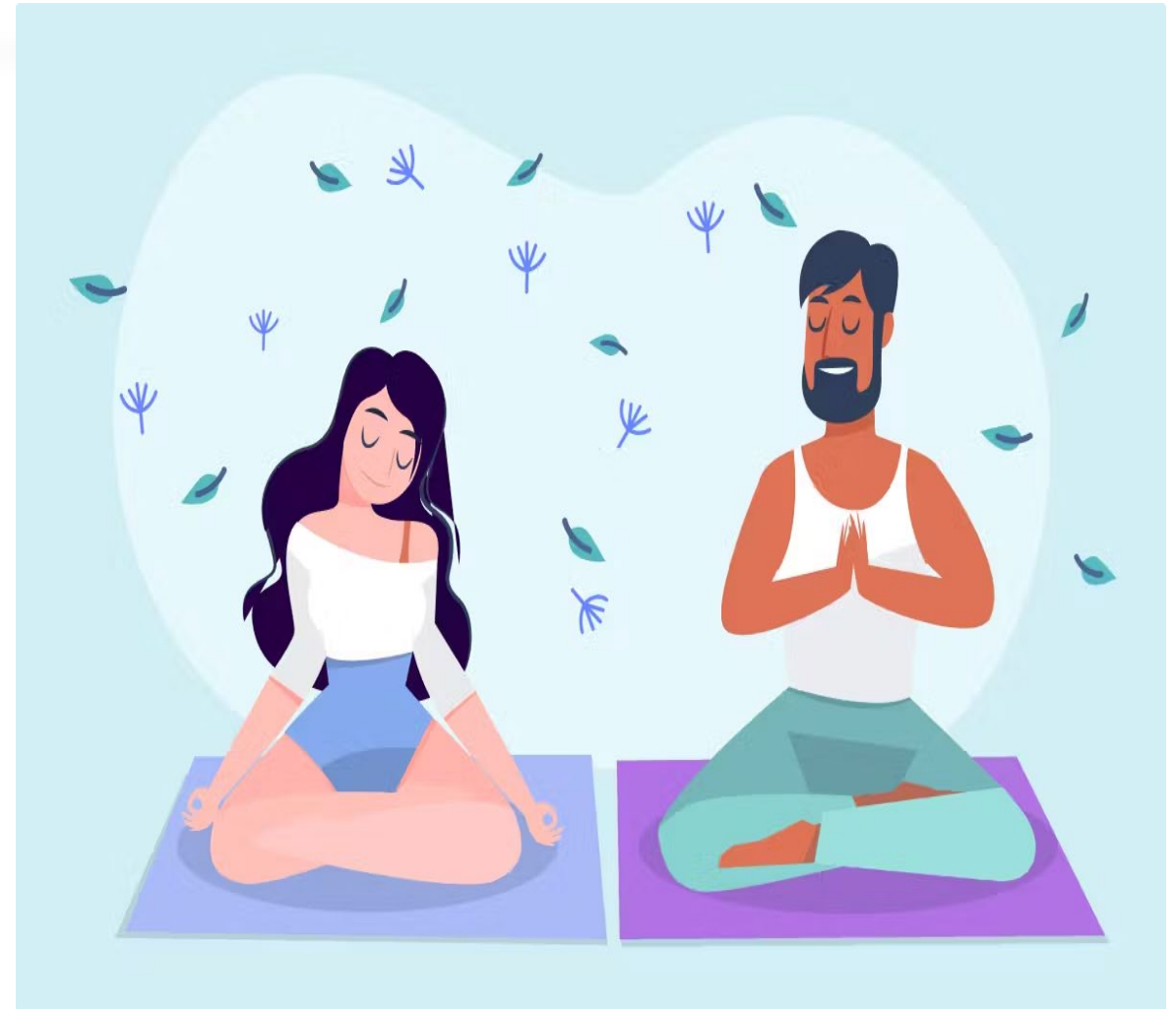
- * Disorganised Leadership
- * Microcultures
- * Systems



General Practitioner perspective

Preventing burnout

1. Passions, hobbies, time wasting
2. Resilience
3. Love and support
4. Connection and disconnection
5. Self care
6. 1 minute exercise
7. 1 minute mindfulness



General Practitioner perspective

Treating Burnout

1. Time
2. Space
3. Self
4. Connection
5. Health
6. Investing in yourself
7. Investing in your workplace (
physio 6 , teacher 7, RMO
disappears.....)



General Practitioner perspective

DUMB & TRUE VIGNETTES...

- * Paul and Leah are real – I've seen them many times before...
- * They represent the power of story telling

General Practitioner perspective

Perspective

3 secrets to happiness

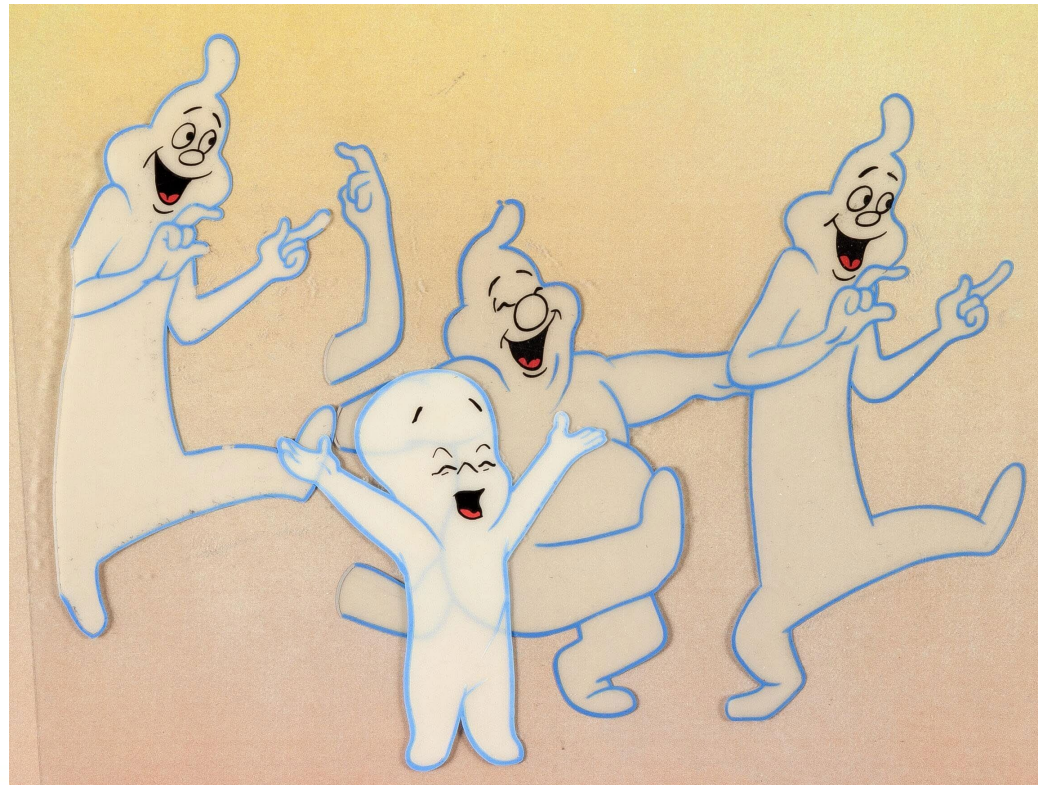
1. Something to love – Anything
2. Something to do – Ikigai
3. Something to look forward to

How is this relevant to burnout

If you are burnt out, just as if you are depressed – every positive emotion is to be leveraged

General Practitioner perspective

Thanks to the ghosts



General Practitioner perspective

And thanks all you wonderful,
beautiful people for the gift of
your time today.

Q&A Session



Antonio Di Dio
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 **Ask a Question**

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Wednesday 21st May 2025 7:00pm – 8:15pm AEST
- Multidisciplinary mental health care for adults with a recent ADHD diagnosis
Thursday 12th June 7:15pm – 8:30pm AEST
- What are infants telling us: From neonatal nursery care to supporting optimal infant development
Wednesday 18th June 7:00pm – 8:15pm AEST

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