

Self-reported stressors among patients with exhaustion disorder – seven years after treatment

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Introduction

Burnout has been described as the result of long-term stressors related to psychosocial conditions at work. It is also important to study non-work-related stressors. In a study investigating which stressors were reported to be important for the onset of exhaustion disorder (ED), closely related to burnout, non-work-related stressors were almost as prevalent as work-related stressors.

Purpose

Aim was to explore which stressors patients treated for ED report to be a) the cause of the onset of their illness b) present seven years after the treatment.

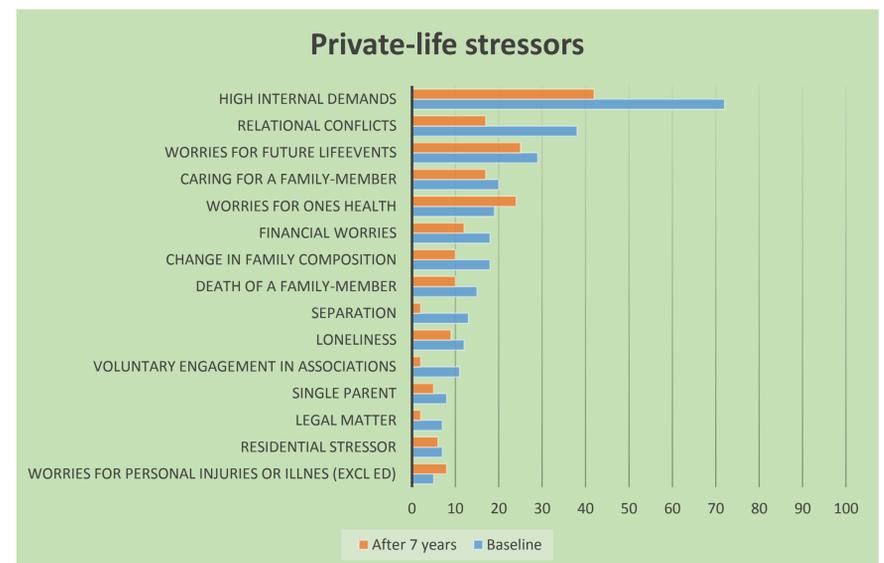
Figur 1: Self-reported work-related stressors among ED patients, proportions at baseline and after 7 years



Methods

124 women treated at specialist clinic for ED and followed up seven years after the treatment. A new questionnaire containing in total 26 work- and private-related stressors was filled in. The patients were asked to use the questionnaire to state which stressors were regarded to be the cause of the onset of ED (A) and/or are still present in their life's today, seven years later (B). Burnout was measured by the Shirom-Melamed Burnout Questionnaire (SMBQ), recorded at baseline (start of treatment), 3,6,12, and 18 month follow-ups. Cut-off for clinical burnout was mean >4.4.

Figur 2: Self-reported private-life stressors among ED patients, proportions at baseline and after 7 years



Results

Most patients report both work-related and private-life related stressors as a cause of illness. The three most common among work-related stressors were quantitative demands (82%), emotional demands (67%) and deficient leadership (59%), figure 1. As regards the private stressors, the most common were high internal personal demands (69%), relational conflict (36%) and worries for future life-events (26%), figure 2. Proportions of patients reporting clinical burnout varied with the number stressors. Among those reporting >10 stressors 95% scored SMBQ>4.4 at baseline. Corresponding figures for the groups of 5-10 and 0-4 stressors were 91% and 83%. Decline of SMBQ over time was related to number of stressors, with fastest decline in the 0-4 stressors group (data not shown). Seven years after treatment 2% of patients report >10 stressors present, 32% report 5-10 stressors and 66% report 0-4 stressors.

Conclusions

As known from previous studies, the burden of mental and somatic symptoms due to burnout is high and leads to long-term sick leave. In this study both work- and private stressors were identified as a cause of illness. The number of stressors seem to be related to the recovery rate. In clinical settings it is important to focus not only on treatment of symptoms but also on problem solving strategies to reduce stressors that are causing the illness, in order to get patients back into work.

