

Source Eurofound : « Burnout in the workplace: A review of data and policy responses in the EU » (09.2018, p.5 et p.6)

Table 1: Major representative cross-sectoral studies based on the Maslach Burnout Inventory

Study	Sample size and coverage	Main findings regarding prevalence or incidence
Finland – Suvisaari et al (2012)	Some 73% of a sample of 7,964 respondents participated in at least one phase of the study. The sample was nationally representative of the adult population over 30 years of age.	The findings suggested that 3% of female and 2% of male respondents were suffering from severe burnout, where burnout symptoms (as defined by the Maslach Burnout Inventory) occur at least once a week. Meanwhile, 24% of women and 23% of men showed symptoms of milder burnout, with symptoms occurring at least once a month.
Netherlands – Hooftman et al (2017)	Over 40,000 employees. Netherlands Working Conditions Survey 2007–2016.	The percentage of employees experiencing burnout increased from 11.3% in 2007 to 14.6% in 2016.
Portugal – Cunha et al (2014)	38,791 private and public sector professionals in four sectors: education, health, distribution and services.	15% of the professionals demonstrated a moderate risk of burnout (defined by emotional exhaustion, depersonalisation and personal accomplishment). 96% of the population were found to be at high risk of developing depersonalisation, 73% at moderate risk of emotional exhaustion and 66% at moderate risk of low personal accomplishment. Between 2008 and 2013, the proportion of workers affected by burnout increased from 8% to 15%.

Note: See Annex 1, Inventory 1.

Table 2: Major representative cross-sectoral studies based on other inventories or measures

Study	Method, sample size and coverage	Main findings regarding prevalence or incidence
Austria – Scheibenbogen et al (2017)	N = 908, representative of the general population aged 20–67. Own data gathering tool: Burnout Dimensions Inventory (BDI) – See Annex 1, Inventory 5.	Overall, 44% were somewhat affected by burnout. Another 8% were diagnosed with burnout illness involving depression. According to the findings, burnout can be broken down into three main stages: Stage 1: 'I can do everything' (19%). Symptoms: undetected overload; compensation mechanisms; lack of leisure activities; neglect of one's own needs; neglect of relationships; increased irritability/state of stress; difficulty falling asleep; appetite disorder. Stage 2: 'I can still' – transitional stage (17%). Symptoms: conscious overload; vegetative dystonia; lack of leisure activities; total concentration on work; increasing social isolation; state of stress/inner restlessness (especially when not working) and anxieties; difficulty falling asleep and sleeping through the night; increased irritability/dysthymia; unspecific psychosomatic complaints/somatiform disorder. Stage 3: 'I cannot do anything anymore' – illness stage (8%). Symptoms: complete exhaustion; incapacity to work (subjective/objective); social withdrawal/social phobia; dysphoria/depression; chronic pain syndromes; reduced/extended sleep (wake-up disorder); physical illness; generalised marked depression; hopelessness/being weary of life.
Czech Republic – Raboch and Ptáček (2015)	Representative sample of workers aged 25–50 interviewed by means of an online questionnaire and people aged 51–65 interviewed face to face by an interviewer. Burnout was assessed based on the Shirom-Melamed Burnout Measure – See Annex 1, Inventory 4. The interviewees were also asked to describe their own perception of burnout.	The results of the Shirom-Melamed Burnout Measure questionnaire revealed that 20% of workers experienced specific burnout symptoms (not including mild symptoms). Of the three sub-dimensions of burnout, the most commonly mentioned was physical fatigue, with 39% of the symptoms mentioned being physical. People experiencing such symptoms often feel tired, 'have had enough' or feel that their 'batteries are flat'. This has consequences at the cognitive level (32% of all symptoms mentioned were cognitive) meaning that they have difficulty concentrating and/or thinking about complicated issues or feel they are unable to think clearly. Emotional symptoms of burnout represented only 29% of all symptoms.
Estonia – Seppo et al (2010)	1,200 employees aged 15–74. The Health and Safety Executive (HSE) Management Standards Indicator Tool (UK) and the Copenhagen Psychosocial Questionnaire were used. Face-to-face interviews were carried out in people's homes.	The average value of the burnout factor – measured by burnout symptoms such as how often people felt exhaustion (physical as well as emotional) and tiredness – was 40.8 on a scale of 0–100. The Copenhagen Psychosocial Questionnaire's risk factors (emotional demands, workload, pace, etc.) explained 27% of the variance of the burnout factor. During the four weeks prior to the interview, around 15% of persons experienced burnout symptoms 'all or most of the time'.
Germany – Rose et al (2016), based on BIBB/BAuA (2012)	Sample of 4,511 employees, not including retirees and the self-employed. Oldenburg Burnout Inventory (Demerouti and Bakker, 2008) – See Annex 1, Inventory 3.	The results show that 10% of men and 11% of women report experiencing burnout and 7% of men and 9% of women report having symptoms of depression.
Luxembourg – Sischka and Steffgen (2016a and 2017)	Sample of 1,500 telephone interviews with employees working in Luxembourg. Quality of Work Index had 10 questions related to burnout, based on Copenhagen Burnout Inventory – See Annex 1, Inventory 2.	The report from 2017 does not give concrete figures on the prevalence of burnout, but indicates that the level of burnout experienced by workers (scale of 0–100) has increased as follows: 29.4% in 2014; 28.4% in 2015; 32.8% in 2016; and 32.1% in 2017. Sischka and Steffgen (2016a) also provide the following figures on the prevalence of burnout, based on four questions: 18% in 2013; 16% in 2014; and 15.7% in 2015.
Sweden – Norlund (2011) and Norlund et al (2010)	Sample of 1,000 of the 2004 MONICA survey in Northern Sweden and a five-year follow-up of the same population (N = 626). Shirom Melamed Burnout Questionnaire – see Annex 1, Inventory 4.	The research assesses the prevalence of burnout among the Northern Swedish working population, with a cut-off value of 4.0 on the SMBQ, indicating a 'high level' of burnout. For 2004, it finds a level of 12.9% and in 2009 13.1%.

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Table 3: Major occupational studies on burnout in the EU

Occupation	Country and study
Cross-occupational studies	Bulgaria: Tzenova (2005) – teachers, nurses, hospital staff, social institutions, pharmacists and phone operators. Norway: Instrand et al (2008) – lawyers, bus drivers, information technology workers, doctors, teachers, church ministers, workers in the advertising industry and nurses. Poland: Lubrańska (2012) – teachers, nurses, trainers, pedagogical staff and social workers.
Healthcare professionals	Belgium: Vandebroek et al (2013) – doctors and nurses. Denmark: Madsen et al (2015) – human services (primary and secondary health sector).
Doctors in general	Czech Republic: Raboch and Ptáček (2014). Germany: Rahner (2011). Greece: Nakou et al (2016) – junior doctors. United Kingdom: Imo (2017).
General practitioners	Greece: Alexias et al (2010) – doctors in a public hospital in Athens. Croatia: Ožvačić Adžić et al (2013) – family doctors; Tomljenovic et al (2014) – doctors in hospitals in Rijeka. Hungary: Ádám et al (2009). Norway: Langballe et al (2011) – male and female doctors. Portugal: Marcelino et al (2012) – family doctors in healthcare centres. United Kingdom: Orton et al (2012).
Other specialist doctors	Spain: Obrero Galtán et al (2014) – orthopaedic surgeons. United Kingdom: Denton et al (2008) – dentists.
Nurses	Cyprus: Raftopoulos et al (2012). Lithuania: Vimalaitė (2007). Malta: Galea (2014) – nurses in cardiac surgery centres. Poland: Kowalczyk et al (2011) – nurses in closed healthcare facilities.
Other professionals working in healthcare	Malta: Agius and Formosa (2014) – podiatrists. Bulgaria: Dimitrova et al (2014) – medical students.
Education professionals	Germany: Blossfeld et al (2014) – childcare workers, teachers in different school types. Lithuania: Merkys and Bubelienė (2013) – teachers in different types of school: primary, lower-secondary, upper-secondary, gymnasium. Portugal: David and Quintão (2012) – teachers at different levels, from early school education to university. Slovakia: Urdžiková and Kordosova (2016) – employees in schools and universities.
Preschool teachers	Lithuania: Abromaitienė and Stanišauskienė (2015).
Primary school teachers	Cyprus: Kokkinos (2007). Greece: Vasilopoulos (2012).
Secondary school teachers	Spain: Salanova et al (2003). United Kingdom: Kinman et al (2011).
Other education sector professionals	Croatia: Martinko (2010) – teachers in adult education institutions. Lithuania: Mackonienė and Norvilė (2012) – school psychologists. Poland: Lipowska (2016) – pedagogical staff in orphanages.
Other human service occupations in public sector	Lithuania: Kavaliauskienė and Balčiūnaitė (2015) – social workers. United Kingdom: McFadden (2015) – social workers. Greece: Katsavouni et al (2016) – firefighters; Portugal: Rosa et al (2015) – police officers. Hungary: Sagáth (2013) – prison officers. Slovakia: Mesárosova et al (2016) – social workers, nurses, tutors, home nurses, special pedagogical staff and psychologists.
Private sector professionals with extensive client contact	Croatia: Horvat et al (2016) – banking sector employees in client-facing roles. Lithuania: Paveičius (2007) – banking sector employees. Cyprus: Zopiatis and Orphanides (2009) – food and drink industry workers. Lithuania: Gruodytė and Navickienė (2014) – tourism sector employees. Bulgaria: Tzenova and Velkova (2007) – artistic/technical staff. Croatia: Ružić (2013) – sales professionals.