

Weak social ties at workplace increase risk of burn-out

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Long-term leaves of absence tied to stress-related diagnoses are often preceded by a long period without any secure and comforting social relations. This is shown in a recently published study in public health science at Karlstad University in Sweden.

“Sickness leaves are a multifaceted problem with consequences for the individual, the person’s closest friends and relations, the employer, and society,” says Ulla-Britt Eriksson, who authored the doctoral dissertation in public health science. “Enhanced knowledge of what conditions affect the process leading to long-term sickness leave provides a valuable platform for both preventive and rehabilitative measures.”

The dissertation described how long-term sickness leave due to burn-out and other mental diagnoses can be understood. What preceded the sickness leave is depicted as a process in which the individual is gradually emptied of feelings that sustain the life-giving force that provides joy and involvement and serves as a basis for mental well-being. This force is nourished by secure and comforting social relations with other people. Individuals on long-term sickness leave made it clear that these preconditions were lacking in their surroundings.

“The overall aim of the dissertation has been to describe and understand the processes that lead to long-term sickness leave from the point of view of the individual taking the leave,” says Ulla-Britt Eriksson. “The focus has been on sickness leaves tied to mental, stress-related diagnoses, with a special emphasis on so-called burn-out diagnoses.”

The background to the changes that took place at these individuals' workplaces included the major transformations that marked the Swedish job market in the 1990s. They affected not only the psychosocial working environment but also rehabilitation efforts to get people back to work, not least for unemployed people on sickness leave.

Job market changes and explicit political objectives affected rehabilitation efforts in such a way as to lower the priority of unemployed individuals on sickness leave who were difficult to place in the job market. A job-market problem was turned into a medical problem.

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