

Employee Relations and Wellbeing

Lecture Title:

Stress, Burnout & Mental Health



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**Masters in
Human Resources Management**

Learning Objectives

- Recognize signs and causes of work-related stress and burnout.
- Develop strategies to support mental health in policy and practice.
- Evaluate the effectiveness of mental health and support frameworks.



Group Discussion

Share a word that you
associate with workplace
stress.



Definition Of Stress

The WHO defines stress as *“A state of worry or mental tension caused by a difficult situation. Stress is a natural human response that prompts us to address challenges and threats.”*

Stress can be **Positive** or **Negative!!**



Positive Stress (Eustress)

Positive Stress is a healthy form of stress that motivates you, sharpens focus, and improves performance.

Key Features:

Short-term and manageable.

Feels exciting rather than overwhelming.

Helps with growth, learning, and adaptation (e.g., preparing for an exam, job interview, or big presentation).

Positive stress acts like exercise for the brain. It pushes you to get stronger without causing harm.



Negative Stress (Distress)

Distress is harmful stress that feels overwhelming, persistent, and exceeds your ability to cope.

Key Features:

Often chronic and draining.

Triggers anxiety, poor health outcomes, and reduced productivity.

Associated with burnout, illness, and mental health issues.

Analogy: Like overtraining—constant strain leads to injury and exhaustion.



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Yerkes–Dodson Law

The Yerkes–Dodson law, formulated by psychologists Robert Yerkes and John Dodson in 1908.

- It describes the relationship between **stress (arousal)** and **performance**.
- It shows that **moderate levels of stress improve performance**, while **too little or too much stress impairs it**.



Group Discussion

- Can you describe burnout?
- Has anyone experienced burnout? How did it feel?



Definition Of Burnout

“A syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed.

It is characterized by:

- 1) feelings of energy depletion
- 2) increased mental distance or cynicism
- 3) reduced professional efficacy.”

WHO (ICD-11)



Early Signs Of Burnout

Level	Examples
Individual	Exhaustion, insomnia, irritability, emotional numbness, health problems.
Cognitive/Behavioral	Forgetfulness, reduced productivity, absenteeism, presenteeism.
Organizational Red Flags	High turnover, low morale, disengagement, increased complaints.



Definition Of Mental Health

The WHO define mental health as *“A state of mental well-being in which an individual realizes their abilities, can cope with normal stresses, work productively, and contribute to their community.”*



Group Discussion

What do you think are the **Physiological**, **Psychological** and **Organizational** symptoms of stress, burnout and mental health issues?



Physiological, Psychological & Organizational Dimensions

Dimension	Content
Physiological	Stress triggers HPA (Hypothalamic – Pituitary – Adrenal) axis , cortisol, fight-or-flight. Chronic stress → cardiovascular, immune, metabolic impacts.
Psychological	Emotional exhaustion, depersonalization, cognitive load, anxiety/depression.
Organizational	Toxic culture, role ambiguity, job insecurity, poor leadership, lack of autonomy.

Hypothalamic – Pituitary-Adrenal (HPA) Axis

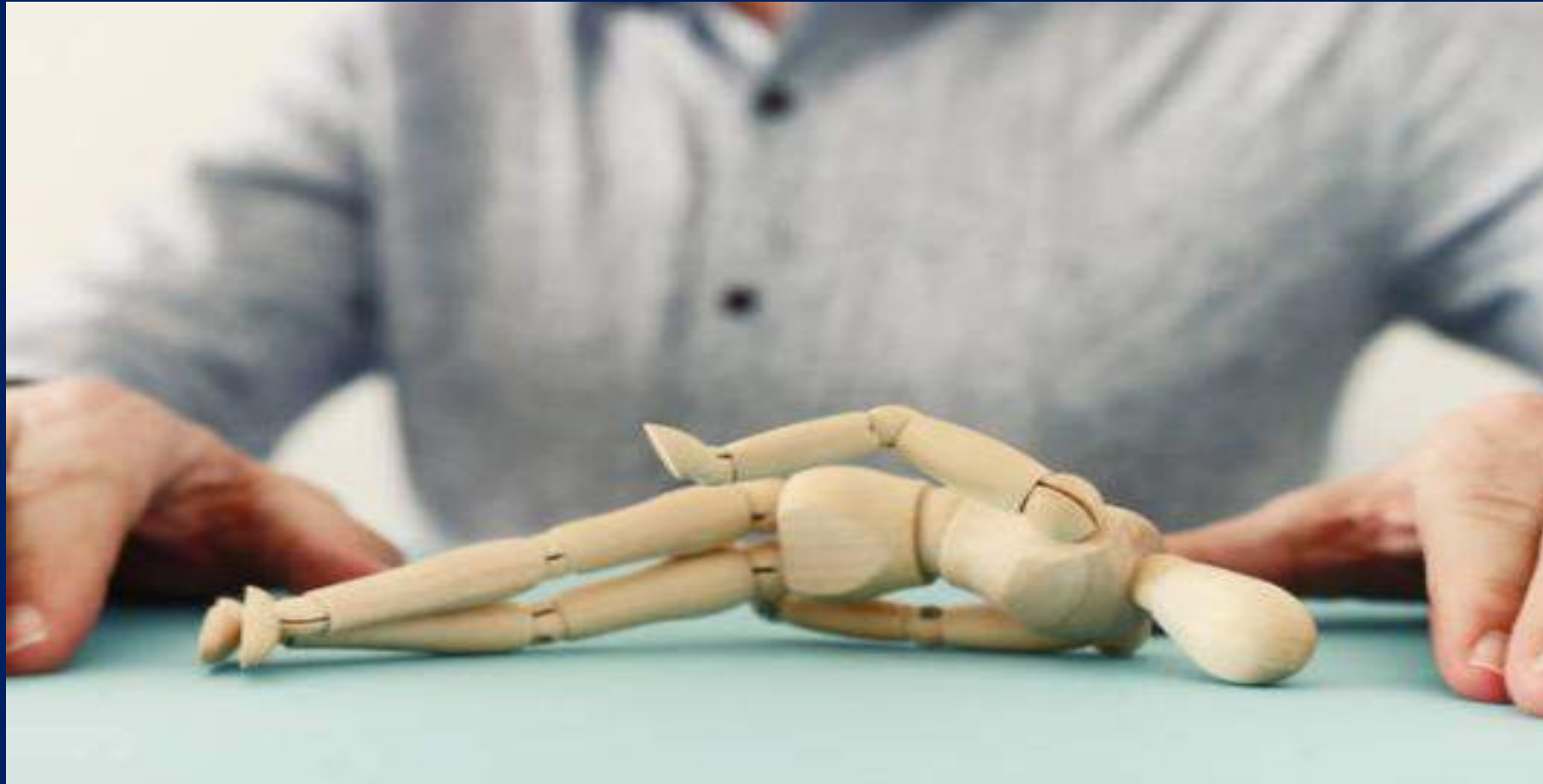
The HPA axis is a network of interactions between the hypothalamus, pituitary gland, and adrenal glands that regulates how your body reacts to stress.

How it works:

1. **Hypothalamus** detects stress and releases **CRH** (corticotropin-releasing hormone).
2. **Pituitary gland** responds by secreting **ACTH** (adrenocorticotrophic hormone).
3. **Adrenal glands** release **cortisol** (the primary stress hormone).
4. **Cortisol** increases blood sugar, boosts energy, and suppresses non-essential functions (like digestion) to prepare for “fight or flight.”
5. **Negative feedback loop:** When cortisol levels rise, signals are sent back to the brain to turn off the stress response.

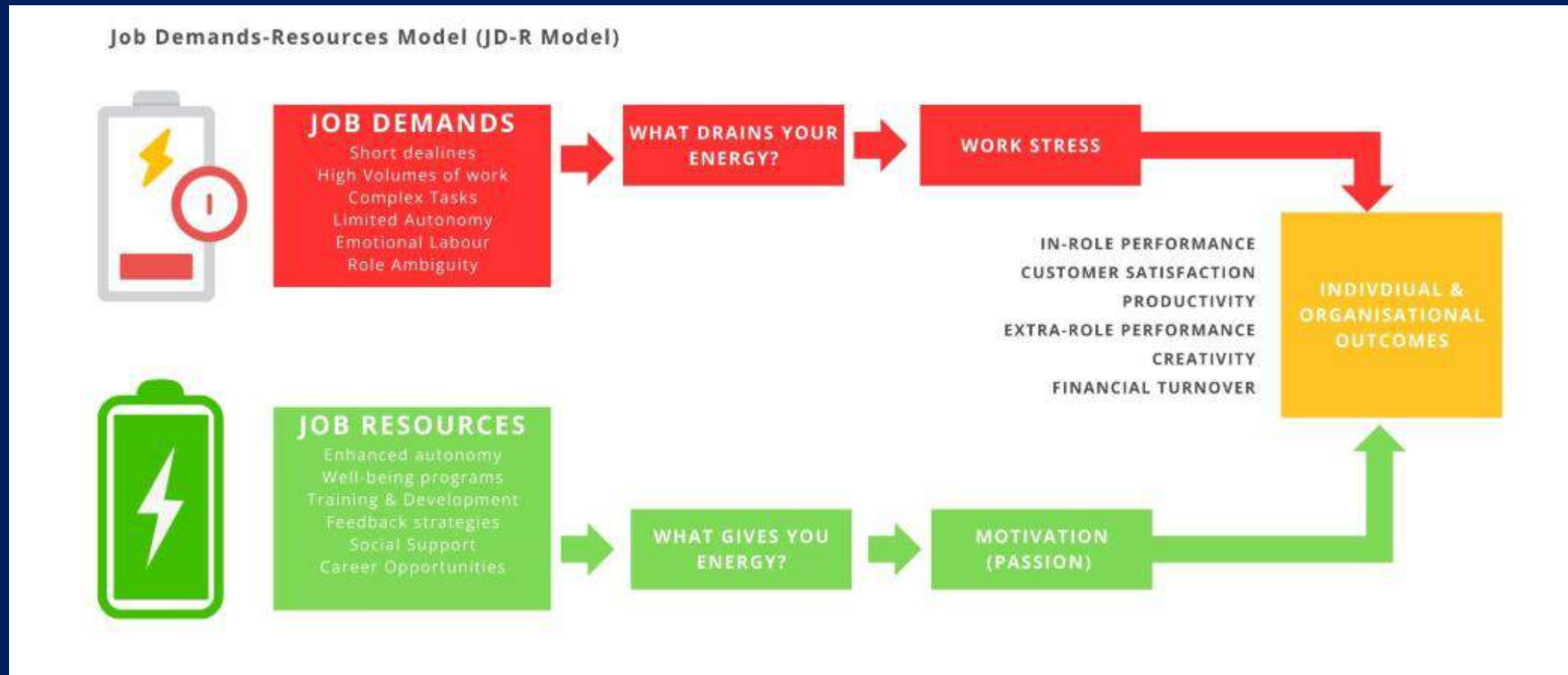


Occupational Stress Models



Job Demands-Resources Model (JD-R Model)

Burnout happens when job demands exceed resources;
Organizations can reduce demands or boost resources to prevent burnout.



Person-Environment (P-E) Fit Model

The concept of the P-E model is to find the “*Fit Between Person and Workplace*”

Stress occurs when there's a **mismatch** between:

- Person's skills, values, needs
- Job's demands, values, resources
- **Visual:** Venn diagram (Person vs. Environment overlap).

Recruitment, job design, and training improve **fit** and reduce stress



Effort-Reward Imbalance (ERI) Model

The concept of the ERI model is based on the relationship between work effort and rewards.

- Chronic stress arises when **high effort isn't matched by adequate rewards**
- Rewards include: Pay, recognition, security, career prospects
- Fairness and recognition are crucial for employee well-being



Demand- Control Model

The concept of the Demand-Control Model is that High job strain = **high demands + low control** over decisions.

- Types of Jobs:

- High strain (high demand, low control)
- Active (high demand, high control)
- Passive (low demand, low control)
- Low strain (low demand, high control)

Autonomy is a protective factor against stress.



Key Workplace Stressors

- **Workload & Time Pressure:** Unrealistic expectations, 24/7 availability, digital overload.
- **Role Ambiguity & Conflict:** Lack of clarity about responsibilities.
- **Leadership Style:** Micromanagement, lack of recognition.
- **Organizational Culture:** Toxicity, lack of psychological safety.
- **Job Insecurity:** Precarious contracts, gig work pressures.



Personality, Resilience and Coping Styles



Personality Traits and Stress Risk

•Type A Personality:

- Traits: Competitive, achievement-driven, impatient, aggressive.
- Impact: More prone to stress and cardiovascular issues because of constant **time urgency** and pressure

•Neuroticism :

- Traits: Tendency toward anxiety, emotional instability, worry.
- Impact: Strongly predicts **burnout susceptibility**, especially emotional exhaustion.

•Other traits:

- **Conscientiousness:** Can be protective but also lead to perfectionism stress.
- **Extraversion:** May buffer stress through stronger social networks.



Resilience

Resilience is the ability to adapt and bounce back from adversity.

Protective factors include:

- Optimism: Positive outlook reduces stress reactivity
- Adaptability: Flexible thinking helps adjust to challenges
- Social Support: Strong relationships buffer against burnout
- Self-efficacy: Belief in one's abilities reduces perceived stress



Coping Styles

Coping Style	Definition	Impact
Problem-Focused Coping	Actively addressing the root cause (planning, time management, seeking solutions).	Generally effective; reduces stress long-term.
Emotion-Focused Coping	Managing emotional responses (mindfulness, exercise, therapy).	Mixed: helpful short-term but not a long-term fix if the source persists.
Avoidant Coping	Denial, withdrawal, procrastination, substance use.	Increases stress and risk of burnout over time.



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Group Discussion

Mental Health Policy and Support.

Can you mention any effective organizational strategies linked to mental health.



Key Organisational Mental Health Strategies

Strategy	Description	Example Practices	Impact
Workload Management	Adjusting expectations and staffing.	Flexible scheduling, realistic targets, time off.	Reduces chronic stressors.
Psychological Safety	Culture where staff feel safe to speak up.	Open-door policies, feedback systems.	Reduces stigma, builds trust.
Mental Health Training	Upskilling managers and employees.	Mental Health First Aid (MHFA), resilience workshops.	Improves early identification.
Employee Assistance Programs (EAPs)	Confidential counseling and support.	24/7 helplines, therapy referrals.	Offers immediate help, but must be accessible.
Flexible Work Policies	Adapting to worker needs.	Remote/hybrid work, compressed weeks.	Improves work–life balance.
Anti-Stigma Initiatives	Promoting open conversations about mental health.	Leadership role-modeling, awareness campaigns.	Encourages help-seeking.

Mental Health Policy Frameworks

1.WHO Mental Health Action Plan (2013–2030):

1. Prioritizes workplace mental health promotion, access to care, stigma reduction.

2.NICE Guidelines (UK):

1. Evidence-based recommendations for organizational interventions.

3.ISO 45003 (2021):

1. First global standard for **psychological health and safety** at work.
2. Encourages **risk management** of psychosocial hazards.

Case Study

Refer to the case study assigned to your group.

Discuss and answer the guided questions.

Prepare to present your findings.

Notes for Groups:

- Apply concepts from stress models (JD-R, P–E Fit, ERI) when discussing interventions.
- Consider multi-level solutions: organizational, cultural, and individual.
- Think about practical implementation and evaluation methods.



Evaluating Mental Health & Support Frameworks

Implementing mental health programs within organizations is important but it's not enough !!

Organizations must ensure that these programs are effective and evidence-based.

Benefits of evaluation:

Justifies resource allocation.

Identifies gaps or areas for improvement.

Informs future policies and interventions



Evaluation Criteria for Mental Health Frameworks

Criterion	Description	Example
Accessibility	Can employees easily access support services?	EAP availability, flexible scheduling, confidentiality assurances.
Utilization	Are employees using the programs?	Attendance rates at workshops, counseling sessions.
Effectiveness	Does the intervention reduce stress/burnout or improve wellbeing?	Surveyed reduction in emotional exhaustion, improved engagement scores.
Sustainability	Are interventions long-term and integrated into organizational culture?	Policies embedded in HR practices, leadership support, ongoing training.
Equity & Inclusivity	Are all staff able to benefit equally?	Consider role type, seniority, shift patterns, accessibility for remote staff.

Methods to Evaluate Effectiveness

- **Quantitative Measures:**
 - Employee surveys (burnout scales, engagement scores).
 - Absenteeism and turnover statistics.
 - Productivity metrics.
- **Qualitative Measures:**
 - Focus groups, interviews.
 - Open-ended feedback about culture and perceived support.
- **Benchmarking:** Compare against industry standards or internal historical data.
- **Case Example:** A hospital implemented a resilience program and measured pre/post intervention burnout levels using the Maslach Burnout Inventory.



Frameworks for Evaluation

- **WHO Healthy Workplace Framework:** Encourages systematic evaluation across policies, culture, and individual support.
- **ISO 45003 – Psychological Health & Safety:** Specifies risk identification, intervention assessment, and continuous improvement.
- **Kirkpatrick Model (Training Evaluation):** Four levels: Reaction, Learning, Behavior, Results—useful for workshops or resilience programs.



The Kirkpatrick Model

A widely used framework to evaluate the **effectiveness of training or interventions**, including mental health programs.

Level	Focus / Question	Example in Mental Health Programs
1. Reaction	Did participants find the training useful or engaging?	Post-workshop surveys on satisfaction with stress management training.
2. Learning	Did participants gain knowledge, skills, or awareness?	Pre/post quizzes measuring understanding of coping strategies or mindfulness techniques.
3. Behavior	Are participants applying what they learned in their work/life?	Observation or self-reports showing employees using stress reduction techniques or time management strategies.
4. Results	Did the program produce desired outcomes for the organization?	Reduced absenteeism, improved engagement scores, lower burnout rates, better retention.



Group Discussion

What may be the reasons leading to an ineffective mental health framework?



Characteristics of Ineffective Mental Health Frameworks (Tokenism Approach)

- **One-off or Short-Term Interventions:** Workshops, seminars, or mindfulness sessions with no follow-up.
- **No Structural Change:** Does not address workload, role clarity, or organizational stressors.
- **Low Engagement:** Employees feel reluctant to participate due to stigma or lack of encouragement.
- **Lack of Measurement:** No monitoring or evaluation to see if it actually reduces stress or burnout.
- **Superficial Messaging:** Mental health is mentioned in policy but ignored in practice.



Group Exercise –

Are the below frameworks effective or tokenistic?

Framework	Effective or Tokenistic	Key Reasoning
A – Mindfulness Month		
B – Integrated Support Program		
C – Mental Health Awareness Week		
D – Manager Training and Policy Reform		
E – Wellness Perks Only		

Group Exercise –

Are the below frameworks effective or tokenistic?

Framework	Effective or Tokenistic	Key Reasoning
A – Mindfulness Month	Tokenistic	One-off, low participation, no evaluation, not integrated.
B – Integrated Support Program	Effective	Multi-level support, evaluation in place, sustainable, accessible.
C – Mental Health Awareness Week	Tokenistic	Awareness only, no structural change, limited accessibility, no follow-up.
D – Manager Training and Policy Reform	Effective	Leadership engaged, structural and cultural support, measurable outcomes.
E – Wellness Perks Only	Tokenistic	Perks without addressing workload or psychological safety; superficial.



THANK YOU!



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