



EMPLOYEE ADAPTIVE DISPLACEMENT

**A New Condition Joining Workplace Depression and
Career Burnout as A Factor Impacting Employee Productivity**

Tony Deblauwe, Founder HR4Change

Employee Adaptive Displacement A New Condition Joining Workplace Depression and Career Burnout as A Factor Impacting Employee Productivity

Workplace Depression Described

Workplace depression is a significant problem for Americans. The CDC reports that in any given year, nearly 10% of all adults (18.8 million) will suffer from depression for at least part of the year, and that about one-fifth of those find their daily living activities impaired. People with depression miss an average 4.8 workdays in a 3-month period, and have reduced productivity for an additional 11.5 days (CDC, 2011). Depressed workers experience reduced or no productivity approximately 25% of the time (16.3 work days in a 3-month period). Depression ranks as one of the top three problems for human resource professionals, topped only by family crises and stress (MHA, 2011). In addition, workplace depression contributes to short term disability costs, with three-quarters of such cases being female workers (MHA, 2011). It is estimated that depression also results in more than half of all mental health costs in health plan payouts, with costs comparable to the costs of treating heart disease (Marcille & Goff, 2006). Figure 1 illustrates the healthcare costs of depression compared to other conditions.

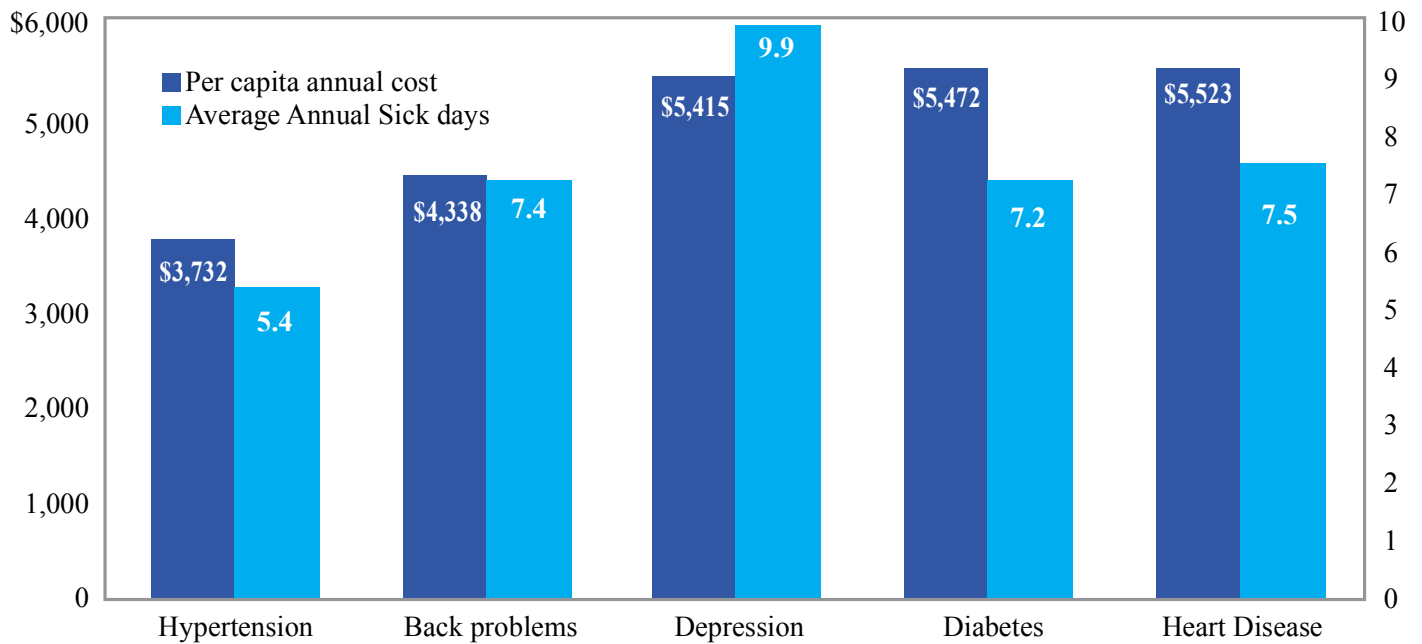



Figure 1. Workplace depression healthcare costs are comparable to those of heart Disease and Diabetes (Marcille & Goff, 2011).



Clinical depression in the workplace is characterized by symptoms such as persistent low moods, sleep disruptions (too much or too little or disturbed sleep), unintended changes in weight and appetite (either increased or decreased), loss of interest in favorite activities, restlessness, physical ailments for which no organic explanation can be found (headaches, pain, digestion problems), difficulty focusing and remembering items, fatigue, feelings of worthlessness, and thoughts of suicide or death (MHA, 2011). Depression can also increase the risk of actual physical illnesses such as heart disease, diabetes, and other conditions (NIH, 2010).

While depression is a physiological problem, psycho-social issues can stimulate or deepen symptoms of depression, including specific conditions in the workspace (i.e., perceived lack of team-bonds) (Hendrick, 2009) or perceived need to continue working even though ill (Mrazek, 2008).

Career Burnout Described

Not all reduced productivity stems from full depression in the workplace. Additional loss of productivity can arise from career burnout. Burnout has been defined as a state of exhaustion—emotional, mental, and physical—that is caused by stress over long periods. Note that whereas depression may or may not be stress related, burnout is definitely related to excessive and prolonged stress in the workplace and/or at home (Smith, Jaffe-Gill, Segal & Segal, 2010). The causes for burnout vary, but typically are related to issues of excessive workloads, lack of individual control over worklife, little positive feedback, lack of camaraderie among workers, perceived unfairness in work assignments, evaluations, or grievances, and a disconnect between work expectations and personal values (Maslach & Leiter, 1999 & 2006).

Burnout is not something that appears overnight. It is characterized by a set of warning signs. These include excessive tiredness or sense of being drained of energy; immunity is reduced; increased illnesses; headaches, back aches and other muscle pain on a frequent basis; changes in appetite or sleep; sense of failure and doubt; feeling defeated and detached from others; loss of motivation; increase in cynicism and negative outlooks; and reduced sense of accomplishment and satisfaction in work (Smith, Jaffe-Gille, Segal, & Segal, 2010).

Burnout can affect career, although one study of long-term consequences of early-career burnout indicate that it has little effect on the overall career as measured 12 years after initial determination of burnout. Late-career burnout, however, may have more negative effects (Cherniss, 2006).

Burnout differs from simple stress in several ways, most of which can be characterized by a sense of “not enough” whereas stress is characterized by a sense of “too much.” For example, excess stress is indicated by those who are over-engaged in their jobs, over-reactive emotionally, and overactive and over urgent in day-to-day tasks. Burnout, in contrast, is characterized by being under-engaged, having reduced emotions, a lack of motivation, and a sense of helplessness (Smith, Jaffe-Gille, Segal, & Segal, 2010).

While symptoms of burnout and depression overlap, they are not the same condition. People experiencing burnout are more “vital” and tend to enjoy life more than those with depression; they rarely lose weight or experience thoughts of suicide; they have more realistic sense of guilt and may not feel guilty at all; they tend to claim fatigue rather than illness as the reason for inactivity; and they more often tend to have difficulty falling asleep whereas depressed individuals tend to wake early (Brenninkmeyer, Van Yperen & Buunk, 2001).

Employee Adaptive Displacement (EAD) Described

Somewhere between the two extremes of workplace depression and career burnout lies the condition of Employee Adaptive Displacement (EAD). This condition is characterized by an employee who is still productive, and does not actively meet the criteria for workplace depression or of burnout, but there is still a distinct drop in overall productivity. In essence, the worker experiencing EAD is “drifting” through the work day rather than actively engaging in their work. The person may or may not even be aware that they have reduced their full level of productivity.

The concept of EAD is thus one in which the worker chooses to engage with his or her work in a state of being “present” yet not really actively “there” in terms of mental and physical awareness of their work. These workers do not fit the clinical definition of depression, nor are they unable to perform their work. Instead, their productivity is merely reduced and/or the quality of their work may also be reduced.

Symptoms of EAD exist on much the same spectrum as both career burnout and workplace depression, but are not exactly the same as either. Typical characteristics of an EAD employee might include a combination of:

- Reduced engagement in work
- Reduced quality of work
- Increased fatigue
- Reduced enthusiasm for work-centered activities
- Loss of confidence in their skills and abilities
- Loss of optimism

These symptoms must be persistent across a period of time to correlate to EAD.

Detecting and Dealing with EAD in the Workplace

The Centers for Disease Control and Prevention (CDC) has identified workplace health as an important piece of the health of American workers. Taking a large-scale perspective on workplace health and safety, the CDC has identified a comprehensive process of constructing a healthy, effective workplace. Figure 2 (see next page) illustrates this process as a four-stage process:

1. Assessment of current conditions and risks for employees
2. Planning to determine which workplace issues are highest priorities, set goals, determine initial interventions, and create an organizational infrastructure to support workplace changes
3. Implementation to execute the identified interventions
4. Evaluation to determine the benefits of the interventions so they can be adjusted for maximum benefit

EAD is a condition that is still in the first stage of this process, the assessment stage. Thus, the preliminary effort will be to determine the extent of EAD in a given organizational system, and observations of workplace environments.

Because EAD is not the same condition as either burnout or depression, it is unclear if interventions designed for either of those conditions would assist in easing EAD. Thus, additional research on potential interventions and their impact on EAD would be required to identify the strategies that are most likely to be successful.

Workplace Health Model

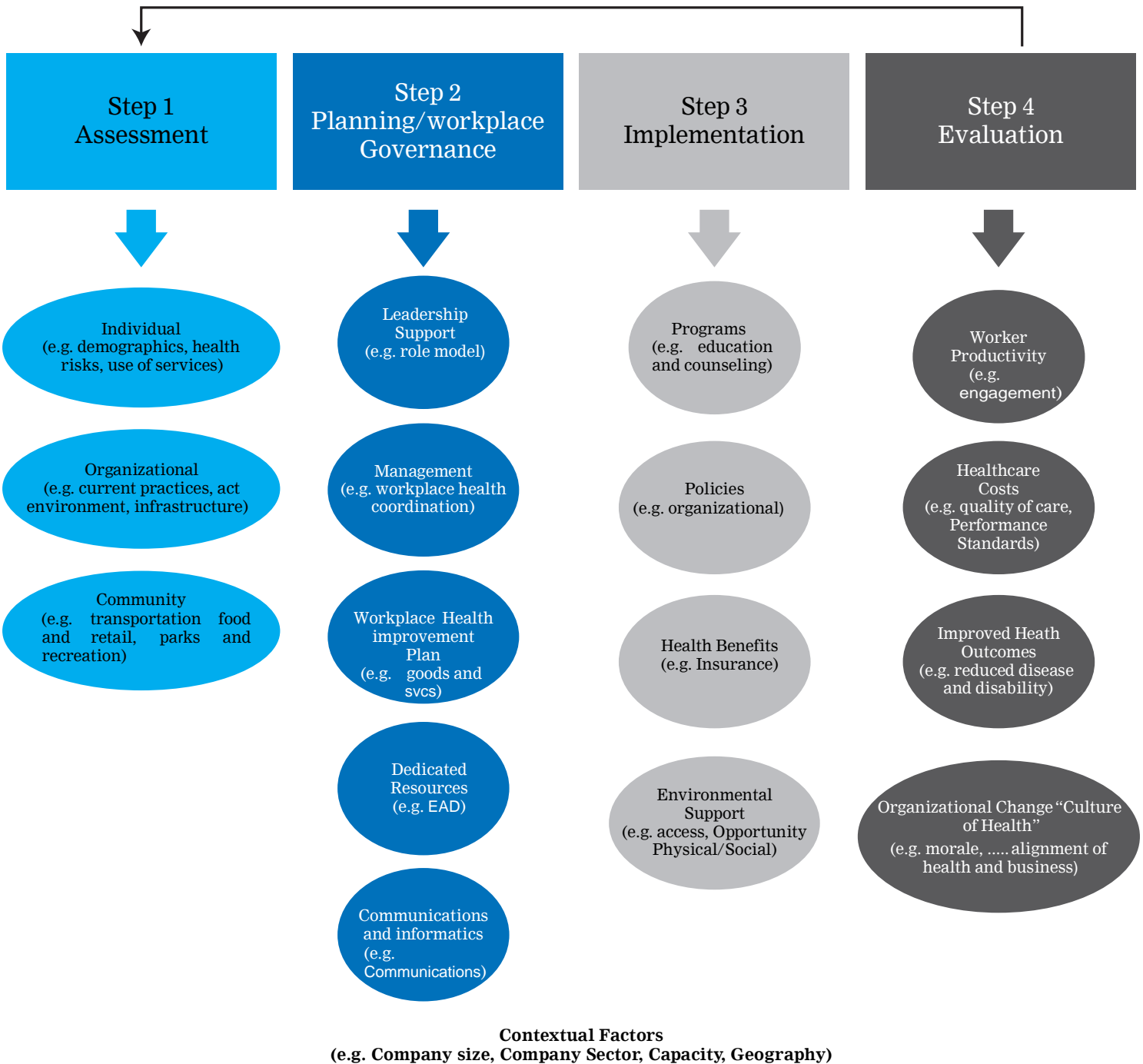


Figure 2 .CDC model of workplace health.(CDC, 2011).

Conclusion

EAD is a condition that bears some similarities to both workplace depression and career burnout, but which differs from them in severity and in specific symptoms. Because this is a newly identified condition and term, it is unclear at this time if the same types of workplace conditions that spur burnout also tend to generate EAD in workers.

Within any given organization, it will be necessary to begin by assessing workers and workplace context to determine the extent of EAD and generate potential workplace interventions to improve worker satisfaction and thus increase worker productivity, reduce absenteeism, and lower healthcare costs.



References

- Brenninkmeyer, V., Van Yperen, N.W., Buunk, B. (2001). Burnout and depression are not identical twins: Is decline of superiority a distinguishing feature. *Personality and Individual Differences*, 30, 873-880.
- Centers for Disease Control and Prevention (CDC).(2011). Workplace health promotion.Web. Retrieved from:
<http://www.cdc.gov/workplacehealthpromotion/implementation/topics/depression.html>
- Cherniss, C. (2006). Long-term consequences of burnout: An exploratory study. *Journal of Organizational Behavior*, 13 (1), 1-11.
- Hendrick, B. (2009). Poor workplace climate linked to depression. WebMD.Web. Retrieved from:
<http://www.webmd.com/depression/news/20090409/poor-workplace-climate-linked-depression>
- Marcille, J. A. & Goff, C. V. (Eds.).(2006). Depression in the Workplace.Managed Care Magazine. Special Publication, Spring, 2006, pp. 1-20.Web. Retrieved from:
http://www.managedcaremag.com/DepressionInWorkplace_Spr2006.pdf
- Maslach, C., Leiter, M. P. (1999, updated 2006). Take this job and love it! *Psychology Today*, Web. Retrieved from:
<http://www.psychologytoday.com/articles/199909/take-job-and-love-it>
- Mental Health America (MHA).(2011). Depression in the workplace.Web. Retrieved from:
<http://www.nmha.org/index.cfm?objectid=C7DF951E-1372-4D20-C88B7DC5A2AE586D>
- Mrazek, D. (2008). Managing depression in the workplace.Mayo Clinic.Web. Retrieved from:
<http://www.mayoclinic.com/health/depression-in-the-workplace/MY00357>
- National Institute of Health (NIH). (2010). NIH Fact Sheet: Mood Disorders. Web. Retrieved from:
[http://report.nih.gov/nihfactsheets/Pdfs/MoodDisorders\(NIMH\).pdf](http://report.nih.gov/nihfactsheets/Pdfs/MoodDisorders(NIMH).pdf)
- Pines, A. M. (2000).Treating career burnout: A psychodynamic existential perspective.*Journal of Clinical Psychology*, 56 (5), 633-642.
- Salmela-Aro, K., Tolvanen, A., Nurmi, J-E. (2009). Achievement strategies during university studies predict early career burnout and engagement. *Journal of Vocational Behavior*, 75 (2), 162-172.
- Smith, M., Jaffe-Gille, E., Segal, J., Segal, R. (2010).Preventing burnout. Helpguide.org. Web. Retrieved from:
http://www.helpguide.org/mental/burnout_signs_symptoms.htm