

# oldenburg burnout inventory

name:

date:

*Instructions:* Below you find a series of statements with which you may agree or disagree. Using the scale, please indicate the degree of your agreement by selecting the number that corresponds with each statement.

		<i>strongly agree</i>	<i>agree</i>	<i>disagree</i>	<i>strongly disagree</i>
1.	I always find new and interesting aspects in my work (D)	1	2	3	4
2.	There are days when I feel tired before I arrive at work (E.R.)	1	2	3	4
3.	It happens more and more often that I talk about my work in a negative way (D.R)	1	2	3	4
4.	After work, I tend to need more time than in the past in order to relax and feel better (E.R)	1	2	3	4
5.	I can tolerate the pressure of my work very well (E)	1	2	3	4
6.	Lately, I tend to think less at work and do my job almost mechanically (D.R)	1	2	3	4
7.	I find my work to be a positive challenge (D)	1	2	3	4
8.	During my work, I often feel emotionally drained (E.R.)	1	2	3	4
9.	Over time, one can become disconnected from this type of work (D.R)	1	2	3	4
10.	After working, I have enough energy for my leisure activities (E)	1	2	3	4
11.	Sometimes I feel sickened by my work tasks (D.R)	1	2	3	4
12.	After my work, I usually feel worn out and weary (E.R)	1	2	3	4
13.	This is the only type of work that I can imagine myself doing (D)	1	2	3	4
14.	Usually, I can manage the amount of my work well (E)	1	2	3	4
15.	I feel more and more engaged in my work (D)	1	2	3	4
16.	When I work, I usually feel energized (E)	1	2	3	4

*Note:* Disengagement items are 1, 3(R), 6(R), 7, 9(R), 11(R), 13, 15. Exhaustion items are 2(R), 4(R), 5, 8(R), 10, 12(R), 14, 16. (R) means reversed item when the scores should be such that higher scores indicate more burnout.

**disengagement  
sub-total:**

**exhaustion  
sub-total:**

**full scale  
total:**

*Delgado et al (2018) reported "Therapists are identified as having low, medium or high OLBI-D scores, based on scores above or below 1 standard deviation of the mean (M = 2.15, SD = 0.52; ≤1.62 = low, 1.63 to 2.67 = medium, ≥2.68 = high)."*

Delgadillo, J., D. Saxon, et al. (2018). "Associations between therapists' occupational burnout and their patients' depression and anxiety treatment outcomes." *Depression and Anxiety*, In press. Background: Occupational burnout is common in mental health professionals, but its impact on patient outcomes is as yet uncertain. This study aimed to investigate associations between therapist-level burnout and patient-level treatment outcomes after psychological therapy. Methods: We applied multilevel modelling using depression (PHQ-9) and anxiety (GAD-7) outcomes data from 2223 patients nested within 49 therapists. Therapists completed a survey including the Oldenburg Burnout Inventory (OLBI) and a job satisfaction scale (JDSS). Results: After controlling for case-mix, around 5% of variability in treatment outcomes was explained by therapist effects (TE). Higher therapist OLBI-Disengagement and JDSS scores were significantly associated with poorer treatment outcomes, explaining between 31% and 39% of the TE estimate. Higher OLBI scores were also correlated with lower job satisfaction ratings. Conclusions: Therapist burnout has a negative impact on treatment outcomes and could be the target of future preventive and remedial action.

Demerouti, E., et al. (2010). "Burnout and work engagement: A thorough investigation of the independency of both constructs." *J Occup Health Psychol* **15**(3): 209-222. This study among 528 South African employees working in the construction industry examined the dimensionality of burnout and work engagement, using the Maslach Burnout Inventory-General Survey, the Oldenburg Burnout Inventory, and the Utrecht Work Engagement Scale. On the basis of the literature, we predicted that cynicism and dedication are opposite ends of one underlying attitude dimension (called "identification"), and that exhaustion and vigor are opposite ends of one "energy" dimension. Confirmatory factor analyses showed that while the attitude constructs represent opposite ends of one continuum, the energy constructs do not—although they are highly correlated. These findings are also supported by the pattern of relationships between burnout and work engagement on the one hand, and predictors (i.e., work pressure, autonomy) and outcomes (i.e., organizational commitment, mental health) on the other hand. Implications for the measurement and conceptualization of burnout and work engagement are discussed. [This article gives updated details of the Oldenburg Burnout Inventory].

Peterson, U., et al. (2008). "Burnout and physical and mental health among Swedish healthcare workers." *J Adv Nurs* **62**(1): 84-95. AIM: This paper is a report of a study to investigate how burnout relates to self-reported physical and mental health, sleep disturbance, memory and lifestyle factors. BACKGROUND: Previous research on the possible relationship between lifestyle factors and burnout has yielded somewhat inconsistent results. Most of the previous research on possible health implications of burnout has focused on its negative impact on mental health. Exhaustion appears to be the most obvious manifestation of burnout, which also correlates positively with workload and with other stress-related outcomes. METHOD: A cross-sectional study was conducted, using questionnaires sent to all employees in a Swedish County Council (N = 6118) in 2002. The overall response rate was 65% (n = 3719). A linear discriminant analysis was used to look for different patterns of health indicators and lifestyle factors in four burnout groups (non-burnout, disengaged, exhausted and burnout). RESULTS: Self-reported depression, anxiety, sleep disturbance, memory impairment and neck-and back pain most clearly discriminated burnout and exhausted groups from disengaged and non-burnout groups. Self-reported physical exercise and alcohol consumption played a minor role in discriminating between burnout and non-burnout groups, while physical exercise discriminated the exhausted from the disengaged group. CONCLUSION: Employees with burnout had most symptoms, compared with those who experienced only exhaustion, disengagement from work or no burnout, and the result underlines the importance of actions taken to prevent and combat burnout. [Suggested cut-off scores in this paper were  $\geq 2.25$  for exhaustion and  $\geq 2.1$  for disengagement].

Demerouti, E., et al. (2001). "The job demands-resources model of burnout." *J Appl Psychol* **86**(3): 499-512. The job demands-resources (JD-R) model proposes that working conditions can be categorized into 2 broad categories, job demands and job resources. that are differentially related to specific outcomes. A series of LISREL analyses using self-reports as well as observer ratings of the working conditions provided strong evidence for the JD-R model: Job demands are primarily related to the exhaustion component of burnout, whereas (lack of) job resources are primarily related to disengagement. Highly similar patterns were observed in each of 3 occupational groups: human services, industry, and transport (total N = 374). In addition, results confirmed the 2-factor structure (exhaustion and disengagement) of a new burnout instrument - the Oldenburg Burnout Inventory - and suggested that this structure is essentially invariant across occupational groups.

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