Come back after burnout?

A clinical perspective on the return-to-work process for executives after suffering from burnout

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Abstract

During my time as Head of Global HR and member of the Global Executive Team of a multi-national corporation I was directly involved in dealing with burnout on the executive level. In that role as a stakeholder in the RTWP (RTWP) for executives after recovering from burnout I observed challenges including personal doubts and organizational “road-blocks” which distinguished this process from that of other groups in the workforce and prevented existing best practices from other levels of the organization to find their way into the executive level.

In my thesis, I take an approach based on the clinical paradigm (Kets de Vries, 2012) (van de Loo, 2000) and apply theoretical frameworks studied during INSEAD’s “Executive Master Consulting and Coaching for Change”, in order to build on that experience and investigate the challenges connected with the RTWP for top executives after suffering from burnout. It is the combination of perspectives from different professional roles which makes this study unique: the returning executive, HR- professionals, partners of executive search firms and involved psychia-trists/therapists – they all provided insights and reflections from their own profes-sional practice regarding the executive RTWP and their impact on the overall outcome. This includes the analysis of research material from 11 semi-structured interviews with stakeholders who have been directly involved as professionals in the RTWP on the executive level.

Results from the analysis highlight the significance of involved risk, the experience of disillusionment, the necessity to restore credibility, a fear of contagiousness and the perceived obscurity of burnout therapy from “outside” as amplifiers increasing the challenges involved in the RTWP which are known from other organizational levels as executives seek to reassume their responsibilities in the spotlight of stakeholder attention. With the understanding of the practical suggestions of those amplifiers, it is recommended to revisit existing best practices of burnout intervention for executives and support those involved as professionals who manage such re-entry processes and give advice in this context.

Key-words:

Executive burnout, return-to-work process, mental illness at work

I. Introduction

Mental illness is expected to become the leading cause for incapacity to work in the world by 2020. (World Health Organization, 2005) Literature on burnout has been filling shelves since the psychologist Herbert Freudenberger introduced the term in 1974 to the scientific community.

Since then, academics and practitioners have been focused on further defining burnout as such, extending burnout diagnosis and research to new areas outside the helping professions and developing intervention strategies for burnout treatment. This has led to an increased overall awareness and growing numbers of patients diagnosed with burnout. Practitioners and researchers became motivated to systematically address the RTWP after burnout treatment in an attempt to identify best practices and increase the number of cases in which patients actually succeed in re-entering the professional life after having been treated for burnout.

Burnout does not exclude executives. In fact, it can be argued that, from a clinical perspective, the tragedies of success and near-success (Kets de Vries, 2006) in the life of top-level executives may well add to the likelihood of experiencing emotional exhaustion, depersonalization and reduced personal accomplishment and, as a result, to the likelihood of getting burnout (Maslach & Jackson, 1986). Burnout can be understood as being favored by a growing imbalance between having high expectations in life and the restricted capacity of one's body and mind to meet them (Milicevic-Kalasic, 2013). A Harvard Medical School Study found that some 96% of senior leaders feel somewhat burned out, and a third describes their fatigue as frequently to be extreme (Kwoh, 2013).

Yet, only a small fraction of research is focusing on burnout at the level of management. Malach Pines claims that less than 1% of over 6000 studies focusing on managers between 1992 and 2002 dealt with burnout (Malach Pines, 2002), a ratio confirmed for the last decade during the research for this paper.

Zooming in on executives, the fraction appears to become even smaller. And no research has yet been published aiming at the RTWP of executives after suffering from burnout. Given the impact (to the better and worse) executives have on

organizations[1] and the extensive academic attention their level of leadership receives in general, this missing element in the academic discussion on burnout is more than surprising.

Once diagnosed with burnout, an executive, in the overwhelming majority of the cases, will disappear from stage. Why is it that the bright spotlight on exposed leaders turns dark as they are stumbling from exhaustion? And why does this seem to hold true for mental illness while top- executives leaving office to fight physical disease to then return are frequently celebrated for their bravery and persistence.[2] Are we dealing with a taboo? Are we facing an archaic principle, based on the "holy order of men"[3] where the leading lion is forced to permanently leave the pride, once strength declines and a stronger lion appears?

Already at this stage it needs to be pointed out that I am very much aware of the difficulties defining burnout as such. This is further examined in the literature review included in this thesis. Researching existing literature covering the ongoing academic debate, it can be argued that complexity is caused, to a large degree, by the fact that as practitioners diagnose burnout they tend to link symptoms to their etiology (factors coming together to cause an illness).

The approach of further reflecting and analyzing the RTWP of executives after burnout which is presented in this paper deals with this ambiguity around the phenomenon of burnout by making an important decision: The diagnosis "burnout" for the individual executive is taken as such without further challenging the diagnostics behind it. This approach is appropriate as it is the diagnosis as such which first triggers the sick leave and, after a period of absence, the steps towards re-integration into the working environment.

This approach was consistently applied during the semi-structured interviews which provided the clinical material for this study. Eleven stakeholders directly involved with different professional perspectives in the RTWP for executives contributed with their individual experience and reflections to this paper. Their contributions are examined

[1] The crucial role of leaders with respect to organizational culture has been established as part of our understanding of leadership. (Schein, 2010) For an overview of recent studies on the impact of leadership on employee well-being see e.g. (Donaldson-Feilder, Munir, & & Lewis, 2013).
[2] A prominent example on the global stage is the case of Steve Jobs.
[3] Austrian philosopher Gerhard Schwarz used this term to describe the traditional hierarchical structure in which group-order is primarily dependent on dominance-based leader-follower relationships between group-members. (Schwarz, 2007)

and analyzed for common themes and re-appearing challenges related specifically to the executive-level as a differentiator in the process.

In the Findings and Discussion section of this paper, those common themes and potential challenges within the RTWP for the executive are further examined with respect to learnings for existing best practices. The impacting effects of involved risks, experiences of disillusionment, a fear of contagiousness, the necessity to restore credibility and the obscurity of the burnout therapy perceived from “outside” are offered as starting points for individuals reflecting their professional role while dealing with executives who are seeking to re-enter their working life after suffering from burnout.

Concluding this study, implications of the findings for the working reality of practitioners interacting during the RTWP of executives after burnout will be discussed. The value of “reflective space” and knowledge-exchange among involved professionals as an integrated part of a well-designed RTWP after burnout will be recommended. In the end of this paper, areas for further research are suggested.

II. Research aims and objectives

This thesis is a first step towards closing a gap in existing research. Specifically, the aim is to identify key differentiators and potential “road-blocks” which distinguish the RTWP for executives from that for other groups in the workforce and further explore, using concepts from clinical psychology, the challenges that help to explain, why existing best practices from other levels of organizations have not yet found their way into the executive level. This is done with the objective of proposing practical adaptations for the RTWP on the executive level, and thus adds a specific focus to the professional approach with which organizations deal with mental illness in the working environment.

III. Literature Review

The Literature Review prepares the ground for this study. It is aimed at familiarizing the reader with principal lines of research and existing best practices for burnout intervention and the RTWP thereafter. Findings were used during the semi-structured

interviews as the interviewees were asked for common themes and potential challenges that are specific to the executive-level in this process.

The first surprise for the exploring scholar reviewing the existing literature refers to a fundamental problem. Even four decades after the term was introduced in the scientific discussion, no conclusion has been reached as to whether or not burnout is actually a mental disorder. At the same time an ongoing debate amongst academics and practitioners struggles to agree on even the definition of burnout as such (Korczak, Huber, & Kister, 2010).

Definitional and diagnostic challenges

Practitioners in the area of HR and Occupational Health have to deal with rising numbers for burnout-related absenteeism and inability to work. At the same time the compendium Diagnostic and Statistical Manual of Mental Disorders (DSM), published by the American Psychiatric Association, even in its latest edition dating from 2013, has not acknowledged burnout as a mental disorder.

The major challenge derives from the difficulty to diagnose burnout and distinguish it from other depressive disorders (Bianchi, Schonfeld, & Laurent, 2014). A recent study comparing workers diagnosed with burnout and patients suffering from clinically diagnosed depressive disorders revealed that the group of burned-out workers could have been diagnosed with depression based on the same symptoms as the control group of clinical patients. No significant differentiator could be established between the two groups. (Bianchi, Boffy, Hingray, Truchot, & Laurent, 2013)

So what is burnout? According to Kumar/Mellsop (2013) the two most widely recognized concepts used today define burnout

- as a mental state which can be described and measured using three dimensions: *Emotional Exhaustion*, *Depersonalization* and a declining level of *Personal Accomplishment* (Maslach & Jackson, 1986) or
- in a one-dimensional model as “a state of physical, emotional, and mental exhaustion caused by long term involvement in situations that are emotionally demanding” (Pines & Aronson, 1988, p. 9)

Schaufeli and Enzmann proved that the Maslach Burnout Inventory (MBI) introduced in the mid-1980s (Maslach & Jackson, 1986) has dominated the academic discussion

ever since and served as the basis for over 90% of all published articles and dissertations on burnout during the 1990s (Schaufeli & Enzmann, 1998). It seems legitimate to assume that the definition of burnout as a state of *Emotional Exhaustion*, *Depersonalization* and a declining level of *Personal Accomplishment* will be encountered by every professional looking for support and advice while having to deal with burnout.

The same holds true for various variations of a stage-model leading to the actual burnout syndrome. The 12-stage burnout cycle (Freudenberger & North, 2006) continues to be popular up to the present day:

Stage 1:	A compulsion to prove oneself
Stage 2:	Working harder
Stage 3:	Neglecting ones needs
Stage 4:	Displacement of conflicts
Stage 5:	Revision of values
Stage 6:	Denial of emerging problems
Stage 7:	Withdrawal
Stage 8:	Obvious behavioral changes
Stage 9:	Depersonalization
Stage 10:	Inner emptiness
Stage 11:	Depression
Stage 12:	Burnout syndrome

Table 1: The 12 stages of burnout according to Freudenberger

Variations of the burnout stage-model were systemized by Nualllaong (2013). She points out a surprising fact. Only one approach, a five-stage model introduced by Miller and Smith in 1993 actually includes a final stage of resilience allowing individuals to reassume their professional life based on revised values, expectations, aspirations and goals.

What is important in an increasingly multicultural and diverse working environment and adds to the complexity is the fact that recent research questions the reliability of the MBI in different cultural environments (Thorsen, Tharp, & Meguid, 2011) and demonstrates a significant impact of gender with respect to measurements derived from the inventory (Kumar & Mellsop, 2013), (Reichel & Neumann, 1993), (Sharma & R., 2007).

The individual in the focus of burnout intervention

Current research on burnout intervention shows a strong focus on prevention (Kypta, 2011). More important for this thesis, even though in perception burnout is closely related to the working environment and workplace-related stressors as a potential cause, research of existing literature revealed an overwhelming emphasis on interventions on the individual level. In a critical review including publications until September 2011, Walter et al. confirmed this result. They proved that 24 (71%) out of only 34 studies on burnout intervention meeting the methodological guidelines for the generation of empirical evidence of the US Preventive Services Task Force[4] concentrated exclusively on person-directed approaches (Walter, Plaumann, & Krugmann, 2013). This goes against empirical evidence. Leitner/Maslach conclude their review of current research on burnout interventions stating that data does not support the effectiveness of individual-focused strategies while the few attempts looking for scientific evidence of interventions conducted at the level of the work context suggest that such interventions are more likely to have a positive impact (Leitner & Maslach, 2014).

The mainstream focus of the academic discussion on the individual not only sidelines empirical evidence but ignores the concrete challenges of professionals involved in managing the RTWP after burnout. At the same time, it appears paradoxical: if burnout as a diagnosed condition of a person is so strongly linked to the relatedness and dynamics between the individual and the workplace, ignoring the workplace in the design of interventions aiming towards a successful return-to-work should be viewed critically with regard to the impact on both, the duration of the absence from work and the success of the actual return into the working environment.

Duration of absence after burnout

The duration of the absence from work after burnout is another important factor as we analyze the specific challenges for executives recovering from burnout and seeking to return. Recovering from burnout is not a quick process and literature reveals that 89% of standardized clinical burnout interventions result in absenteeism from

[4] (1) Properly powered and conducted randomized controlled trial; (2.1) Well-designed controlled trial without randomization; (2.2) Well-designed cohort or case-control analytic study; (2.3) Multiple time series with or without intervention; (3) Opinions of respected authorities based on clinical experience, descriptive studies or case reports.

work for longer than 1 month. The time of absence correlates with the severity of the symptoms and the degree as to which antidepressants are used to reduce the sensitivity of the major stress hormone system (Walter, Plaumann, & Krugmann, 2013).

Current best practice for the treatment of burnout builds on clinical experiences from depression treatment and combines pharmacotherapy and psychotherapy (Hemmeter, 2013).

Integrating a work-focus in burnout interventions

Psychiatrists and workplace specialists dealing with RTWPes after depression have in recent academic publications moved beyond the mainstream approach to focus on the individual and have included the workplace into the equation. This has impacted the development of models for burnout intervention. It has been shown with remarkable success that a systematic integration of the workplace during therapy not only improves the likelihood of a successful psychological and physical recovery but also significantly reduces the time of absence from work which is so critical in practical terms to the RTWP in practical terms. The reduction in absenteeism is achieved by taking account of organizational and relational issues from the working environment and involving colleagues, supervisors/managers and HR-professionals in the design and execution of partial return programs (Wesson & Gould, 2010), (Nielsen, et al., 2012), (Lagerveld, Blonk, Brenninkmeijer, Wijngaards-de Meij, & Schaufeli, 2012), (Vemer, Bouwmans, Zijlstra-Vlasveld, Feltz-Cornelis, & Hakkaart-van Roijen, 2013), (Wisenthal & Krupa, 2013).

Best practice elements of a return-to work-process after burnout

For the purpose of the present thesis, the importance of the literature review is two-fold. First, it enables the identification of some of the challenges around a term which has made its way into day-to-day professional life while at the same time remaining highly ambivalent from a definitional and diagnostic perspective. Secondly and even more important: the review has made it possible to identify elements of best practice leading to a successful return-to-work on the non-executive level:

- The RTWP after burnout should be seen as an integrated part and one possible outcome of burnout therapy.

- An individual-focused therapeutic intervention combining pharmacotherapy and psychotherapy is used to strengthen the coping capacity with respect to stress (work hardening).
- Interventions focusing on burnout as an etiological factor investigate effects of the psychological work environment such as job demands, job decision authority and skill discretion.
- Partial return-to-work programs support the individual reintegration into working live.

Are those elements of a best practice identified as part of the literature review fully applicable at the executive level?

IV. Methodology

This study aims to provide insights regarding possible specific challenges encountered by involved professionals as they aim to facilitate the successful return-to-work of an individual on the executive level after suffering from burnout. The idea of confronting best practices identified in current literature with a sense of reality from those directly involved with the phenomenon in business life has guided the spotlight of my research. I wanted to include different roles and their incumbents with their personal experiences and reflections as an important source of insight and knowledge.

Key informant interviewing

After reviewing different qualitative research methods I chose *key informant interviewing* as my methodological approach. This choice was inspired by Benjamin and O'Reilly (2011) who showed how key informant interviewing, exploring the expertise of a carefully selected group of diverse yet knowledgeable (with respect to the research topic) individuals allows the researcher to learn, by means of in-depth interviews, from the interviewee (informant) and his or her interpretations of events and experiences. Using this concept I relied on the work of the Canadian anthropologist Tremblay (1957) and the methodological work of Gilchrest (1992).

Thematic analysis

Braun/Clarke suggest thematic analysis as “a method for identifying, analyzing and reporting patterns (themes) within data” (Braun & Clarke, 2006, p. 79). As I analyzed the data collected during the key informant interviews, I based my work on their methodical recommendations. I looked for reoccurring themes which appeared as challenges specific to the RTWP of executives after suffering from burnout. “A theme captures something important about the data in relation to the research question, and represents some level of *patterned* response or meaning within the data set” (Braun & Clarke, 2006, p. 82). The analysis was conducted in an inductive way. Theoretical concepts used by psychiatrists, clinical psychologists, and psychoanalysts to describe and interpret clinical material were applied after the themes (challenges) had been identified and thus respecting “a process of coding the data *without* trying to fit it into a pre-existing coding frame, or the researcher’s analytic preconceptions” (Braun & Clarke, 2006, p. 83).

Literature review

The literature review presented in this study is based on a systematic search using the electronic databases PsycARTICLES, Psychology and Behavioral Sciences Collection, PsychINFO, Sociological Collection, Business Source Complete, IDEAs (all provided through INSEAD libraries electronic resources) and Medline. Key-words used in the search related first to burnout as such and included terms like executive burnout, workplace, stress, absenteeism, work disability, employee health and depressive disorders.

The texts included in the results were first screened for their relevance based on abstracts and conclusions. For those passing the first hurdle, the full content has been taken into account.

This search was complemented by a manual search for psychological theories and concepts which could help to gain additional insights and offer possible explanations regarding the specific challenges retrieved from the key informant interviews. I also reviewed and made use of literature and literature recommendations from experts and colleagues which I received while taking part in INSEAD’s “Executive Master Consulting and Coaching for Change” and during discussions as I was working on this paper.

V. Description of the research setting

This thesis is based on Key Informant Interviewing as the methodology to gain field data from professionals involved with the RTWP for executives after burnout. The selection of the key informants is of critical significance for the data quality.

For practical reasons the potential key informants were approached within my professional network. To increase the likelihood of the necessary field experience I first categorized my contacts according to the following perspectives, which I wanted to include in my data gathering:

- *Executive level perspective:* In order to be relevant sources of information dealing with executive burnout, the HR professionals involved in the subject needed to head the HR-function of their organizations. In analogy, executive search consultants needed to belong to the partner level of organizations and be known in the market to work on the supervisory board and C-level of companies.
- *Personal burnout experience as an executive:* The 2 executives with a personal burnout experience I interviewed for this thesis are also members of my professional network. Prior to approaching them I was in both cases aware of their burnout experience. In one case this information had been openly communicated within the respective business, in the other case the information had been shared with me confidentially, whereas the officially communicated reason for absence was stated as “heart-problems”. One of these persons had been an executive member of the management board prior to his burnout; the other executive had held a global executive function reporting directly to the CEO in a large multinational.
- *Therapeutic perspective on the executive level:* The psychotherapists I interviewed for this thesis work for two clinics known in Germany for their exclusiveness and discretion in dealing with health matters of exposed leaders from business and politics.

While for the personal burnout experience as an executive and the therapeutic perspective on the executive level only the contacts mentioned above were approachable for me, a long-list of contacts was available for the top management level per-

spective. From this long list, key informants were identified based on criteria for the selection of informants developed by Tremblay (1957, p. 14-15):

- *Role in community.* The formal role should expose the informant continuously to the kind of information being sought.
- *Knowledge.* In addition to having direct access to the information desired, the informant should have absorbed the information meaningfully.
- *Willingness.* The informant should be willing to communicate personal knowledge to the interviewer, and to co-operate as fully as possible.
- *Communicability.* The informant should be able to communicate knowledge in a manner that is intelligible to the social scientist.
- *Impartiality.* As an ideal, personal bias should be at a minimum, and if such biases do exist they should – if on the conscious level – be known to the research worker.

In total 37 potential interviewees were identified and approached with the request to participate in the research project. 31 potential interviewees agreed to an informative call to be given more information about the research project and the scope of the interview. After this initial round of contacts, 10 potential interviewees declared that for personal reasons they would prefer not to participate in a study that reflected their own role and personal experiences as an active stakeholder in the RTWP of executives after burnout. 8 potential interviewees had to be excluded for lack of knowledge, since relevant exposure to the research subject was missing. 2 potential interviewees asked to drop out of the study, finding it impossible to make available the undisturbed time required for the in-depth interviews.

11 key informant interviews were conducted. The interviews included 2 executives with personal burnout experience including a RTWP, 5 professionals in the area of Human Resources who work directly with the executive level of their respective companies, 2 partners of executive search companies serving the advisory board and C-level of their clients and 2 psychotherapists who are personally involved with the treatment of executives suffering from burnout.

Demographics

All key informants except for the two psychotherapists worked for large international corporations, each with a global turnover > 4 bn. EUR in 2013 and a workforce of more than 5000.

The HR-executives held the leading HR-role in their respective corporate environments. 4 out of 5 HR-executives had occupied at least one general management position with bottom-line responsibility during their career.

Both interviewed executives with personal burnout experience and 4 out of 5 HR-executives who contributed to this thesis are from industrial corporations in which a significant part of the value creation is attributable to manufacturing. 1 HR-executive worked for a provider of logistic services.

Corporate environments that were addressed in the key informant interviews as the specific *loci* for the RTWP are members of German employer's liability insurance associations which recognize burnout as a cause leading to temporary inability to work and health-related early retirement.

The key informants all fell in the age range of 45 to 60 years. 2 informants were women and 9 informants were men.

To exclude the impact of cultural diversity and differences in the healthcare systems on the study, the involved hospitals, clinical experts and professionals were all German and burnout cases outside Germany were excluded as subject during the interviews.

Preparation phase

In preparation for the key informant interviews, in-depth expertise on current research dealing with burnout was developed, based on existing literature and other available information. Best practices were identified. These best practices were then discussed in a series of conversations and e-mail exchanges with the medical directors of two mental hospitals specializing in burnout interventions and two occupational health practitioners of large German multinational businesses. Following a brief introduction of my research interest and the best practices deducted from literature, the conver-

sations did not follow a specific structure and were framed as informal discussions. They served as in-depth preparation for the actual 11 key informant interviews.

Definitions

One important outcome of the preparation phase was the realization that the term *executive* had to be defined and that I had to be precise about the *level of involvement* expected from the key informants.

- *Executive*: For the purpose of this thesis, the term *executive* is defined by the following criteria: working on the C-level or directly reporting to the C-level, holding a position referred to as key strategic position in the succession planning of the respective corporation, having > 6 direct reports on the 2nd or 3rd level of the respective corporation, being personally responsible for specific content during the development of the corporate strategy and for delivery on strategic objectives.
- *Level of involvement*: Key informants to be included in this study were expected to either have suffered personally from burnout (2 executives) or to have interacted professionally with executives wishing to return-to-work after having suffered from burnout. Merely observing roles without direct interaction and outcome-critical contribution were excluded.

Key informant interviews

Key informant interviews lasted between 60 and 180 minutes each. Each interview started with a brief introduction, in which the purpose of the interview was explained. For 2 interviews, the telephone was used, 3 interviews took place using Skype with internet video enabled and 6 interviews took place face-to-face. 9 interviews were digitally recorded with the permission of the interviewees and with the guarantee of confidentiality. Interview partners were informed at the beginning of the interview that the digital files would not be made accessible to any third person and would be deleted after finishing the thesis. Notes were taken after each interview to document my observations and reflections on the informant, the information delivered and myself as the interviewer.

Follow-up conversations

4 informants proved to be highly knowledgeable and well qualified according to the criteria mentioned above. In these 4 cases follow-up conversations took place to further discuss first findings. These were not recorded. I took notes during and directly after the conversations to capture my learnings and spontaneous reflections. Follow-up conversations lasted between 45 and 60 minutes.

VI. Data gathering

The main data collection for this thesis took place during the 11 key informant interviews.

The interviews were conducted in a semi-structured format to systematically include different professional perspectives on the executive RTWP in this study. During the arrangements of the interviews all interviewees had indicated professional involvement with RTWPes of executives after suffering from burnout.

Each interview started with a brief introduction to introduce the purpose of the interview:

> “In my research project, I investigate the challenges connected to the RTWP for top executives after suffering from burnout. What makes my approach unique is the combination of perspectives from different professional roles: Returning executives having suffered from burnout, HR-professionals, partners of executive search firms and involved psychiatrists/therapist have agreed to support me as interview partners.
>
> The interview will focus on you as an important protagonist in the RTWP for executives after suffering from burnout. I am very grateful that you have granted me the opportunity to explore your personal perspective on this very specific process. With my questions, I aim for an understanding of yourself, your role in your unique context.”

After this introduction, some structured and later unstructured questions followed.

Structured part

Some questions which I systematically asked in all interviews (except for the two interviewed executives who had personally suffered from burnout) focused on verifying the selection criteria for informants mentioned above:

- *Role in community*

Could you describe your current professional role? How long have you been in that role?

Could you describe how in your current professional role you have been exposed to the RTWP of executives after suffering from burnout?

How many cases of executive burnout have you been professionally involved in? How many of those cases included a RTWP?

Have you been professionally involved in RTWPes of non-executives after suffering from burnout? If not in your current role, could you briefly describe the professional role you had as you were involved in those cases?

- *Knowledge*

Have you prepared/been trained for the task of being involved in the RTWP of staff members (executive and non-executive) after burnout? If yes, could you briefly describe how?

Did you exchange your experiences in dealing with executives during their RTWP with other people? If yes, with whom did you exchange?

- *Willingness*

Are you comfortable with the fact that we are having this conversation?

If yes, could you describe what made you agree to the interview?

If no, would you be willing to share what makes you uncomfortable?

- *Impartiality*

  Where on a scale from 0 (totally against executives returning to work after burnout) to 10 (totally for executives returning to work after burnout), would you see yourself?

  Have you yourself or another person close to you ever suffered from burnout or depression?

  If yes, has there been an attempt to return to work?

  If yes, do you remember the professional environment as being supportive or non-supportive during that time and in particular during the RTWP?

Communicability was simultaneously verified as questions regarding the other criteria were answered by the interviewees.

Unstructured part

After verifying the selection criteria for key informants in a structured part of the interview, the unstructured part of the interview was introduced in the following manner:

> "Before we continue with the interview, let's just allow for a moment of silence. Could I ask you to think of one specific executive you interacted with during a RTWP after burnout?[5] I am going to ask you some questions intended to help us to go back into the situation. Please allow the answers to pop up, but don't answer me. … Can you see the person? Can you see yourself? … Just take some time to look at the person. … Do you have a picture in mind of where you met? … Where are you in that picture? … Do you remember yourself in that moment? … Just take some time to look at yourself in that situation..."

As the individual stories evolved about experiences of being involved in the RTWP for executives after suffering from burnout, three levels were addressed. This was not done in a systematical order, so as to allow myself to go with the flow of the story.

On the first level, *process related questions* were asked. Quoting from the digital files, they included questions like:

[5] For the 2 executives the question was changed and they were invited to go back in time and imagining themselves back to when they started their RTWP.

“What did you do?”

“What happened next?”

“Can you remember who first informed you that Mr. X wished to return?”

“Who had to agree on the RTWP for the executive?

“Did your company have a psychologist as part of the occupational health service?”

“How would the RTWP for an executive after burnout ideally look for you?”

On the second level, the questions aimed for *insights regarding possible challenges within the individual person* as they were involved in the RTWP. Examples of questions taken from the digital recordings are:

“Can you remember how you felt when…?”

“How are you feeling today about it?”

“You are mentioning that you felt under pressure. Where did this pressure come from?”

“Am I right to say that you actually liked Mr. X?”

“You are mentioning that you felt grief and pity. Where would you say those feelings came from?”

“You mentioned that it would have been easier to…. Why didn’t you do it?”

“Were you afraid? …. Why?”

The third level of questions addressed the challenge of *differentiation* between the RTWP *for executive and non-executive employees*. Questions I asked during the interviews included:

“Would that have been different for a non-executive? If yes, in which way?”

“How did the fact that the individual was an executive change the picture?”

“Why is this specific to the executive level?”

During the unstructured part of the interviews, as the interviewer, I had a card with the words PROCESS, PERSONAL and DIFFERENCE in front of me to remind me of the three levels I wished to explore.

As an additional source of information from the key informant interviews I used myself as an instrument focusing on my own involvement in the interviewing process. This was done in short moments of reflection during the interviews and, in a more systematic way, directly after the interviews. The framework for those reflections was taken from *The Art Of Listening* (van de Loo, 2007). Following each interview I noted down my observations, feelings and reactions.

VII. Data analysis and interpretation

The data analysis was conducted in three steps, looking first for internal consistency and reliability of the clinical material observed. In a second step, the clinical material was analyzed in depth, looking for reoccurring themes. Those themes (issues) were clustered and described. In a third step, the identified thematic clusters were interpreted for their differentiating potential to identify and explain specific challenges linked to the executive-level RTWP after burnout.

Step 1: Internal consistency and reliability

The personal accounts of the key informants and their personal experiences of being involved in the RTWP for executives following a burnout were first analyzed using the following criteria (Tremblay, 1957):

Internal consistency. Can I relate the information provided by the interviewee to this person in a way that seems to make sense (to me as the interviewer)? Is there an explanation for surprising or specialized knowledge exhibited during the interview?

Reliability. How does the information provided relate to the facts which I – as the interviewer and external observer – have about the context in which the professional is working? How does it compare to information offered by other informants?

This process started already during the key informant interviews and continued during the analysis of the recorded material. In the context of this study *internal consistency* and *reliability* are used to look for both surprise and non-surprise as

triggers of irritation. During the process I also used myself as an instrument of reflective listening. The term “irritation” is not meant to be judgmental, but solely as a lead to further questions and reflections.

It is important to note that from a clinical perspective at this stage both the key informant and myself as the interviewer are present in the analysis. Levinson describes the process of understanding an organization or an organization problem as a process of moving from fact to interference to interpretation and states:

“The basic data are facts. Inferences are the extrapolations drawn from the facts. Interpretations are the meanings formulated from the inferences, based on a person’s theoretical frame of reference.” (Levinson, 2009, p. 7)

Using the method of key informant interviewing, this process is happening on the level of the informant while sharing his or her insights on personal experiences and specific events and – in parallel already during the interview – on a meta-level, inside the interviewer who deals with this clinical material, extrapolates from it and provides his or her own interpretations.

Step 2: Clustering of reoccurring themes

In a second step the material offered in the interviews was analyzed for reoccurring themes (critical events, challenges, personal experiences) which appeared promising for a better understanding of the specific challenges linked to the executive return-to-work after burnout.

Reoccurring themes were clustered. For each cluster that was mentioned in 5 or more interviews, a statement describing the content of the cluster was formulated. An overview of the identified clusters is given in the following table which also indicates the number of interviews in which the cluster theme explicitly appeared:

Cluster	Description	Mentioned in ___ interviews
1. Competence	Interviewees stated that missing competence with respect to burnout, its causes, long-term consequences and its therapy among significant stakeholders is a key challenge for the executive RTWP.	11
2. Risk	Interviewees described notions of strong risks, in part related to them personally as significant stakeholders, as they were professionally involved in the RTWP of executives after burnout.	9
3. Guilt	Interviewees remarked that – as general understanding of burnout relates directly to stressors coming from the working environment – significant stakeholders faced feelings of guilt.	9
4. Disillusionment	Emotions of personal disillusionment and disappointment related to the individual case of executive burnout were described.	7
5. Credibility	The challenge to restore the person's credibility as a leader in the relation to different stakeholders is seen as a key challenge during the RTWP for executives after burnout.	7
6. Contagiousness	Interviewees described a fear of "contagion" linked to the visibility and symbolic role of the executive.	6
7. Obscurity	The abrupt silence and total isolation of the executive suffering from burnout is perceived as highly disruptive and resonates as a feeling of obscurity with significant stakeholders.	6
8. Mourning	Interviewees experienced feelings of mourning during the RTWP of executives after burnout.	5
9. Shock	Interviewees described moments of shock during the RTWP of executives after burnout.	5

Table 2: Cluster description and number of appearances

The distribution of the 9 identified clusters across the 4 perspectives represented by the group of interviewees is shown in the next table. For example, 3 out of 5 interviewed HR-professionals described critical events, challenges and/or experiences related to the cluster of credibility which they linked to RTWP of executives after suffering from burnout.

Cluster	Executive (Total 2)	Therapist (Total 2)	Exec. Search (Total 2)	HR (Total 5)
1. Competence	2	2	2	5
2. Risk	2	1	2	4
3. Guilt	2	1	1	5
4. Disillusionment	1	0	1	5
5. Credibility	1	1	2	3
6. Contagiousness	1	1	1	3
7. Obscurity	1	0	1	4
8. Mourning	1	0	0	4
9. Shock	2	0	0	3

Table 3: Distribution of clusters across key-informant's perspectives

Lack of competence clearly ranked first as key informants described critical events, challenges and/or experiences during the RTWP for executives after suffering from burnout. The notion of risk perceived by key stakeholders when they are involved in the RTWP was mentioned by 4 out of 5 HR-professionals and 2 out of 2 executive search consultants. Guilt and disillusionment played an important role in all key informant interviews conducted with HR professionals.

Critical events, challenges and/or experiences related to the different clusters were described by the interviewees as related to themselves as well as perceived in others. Others mentioned in this context include the categories "Superior/Board", "Follower", "Market", "Owner/Shareholder".

Cluster	Mentioned in ___ interviews	Related to the self	Related to Others			
			Superior/ Board	Follower	Market	Owner/ Shareholder
1. Competence	11	8	10	7	4	6
2. Risk	9	8	7	8	2	4
3. Guilt	9	7	4	5	0	1
4. Disillusionment	7	5	5	6	1	4
5. Credibility	7	1	7	5	1	4
6. Contagiousness	6	4	3	0	0	0
7. Obscurity	6	6	4	4	0	0
8. Mourning	5	4	1	2	0	0
9. Shock	5	4	2	2	0	0

Table 4: Cluster distribution related to interviewees' self and to others

The above table includes double entries for cases in which interviewees mentioned critical events, challenges and/or experiences related to a specific cluster in the same interview both for themselves and for other significant stakeholders. For example the lack of competence was mentioned in a total of 11 interviews as a critical challenge. In 8 interviews, lack of competence related to the interviewee himself; in 10 interviews, lack of competence appeared related to key decision makers among superiors on the board level; in 7 interviews, lack of competence included direct reports and other followers of the returning executive.

The clusters *contagiousness, obscurity, mourning and shock* are of particular interest. Key informants described them as relevant challenges during the RTWP for executives after suffering from burnout. Their stories suggest, however, that these challenges do not influence their view on behaviors and decisions in the market and of owner/shareholders.

Step 3: Interpretation

The 9 clusters describing reoccurring themes were further analyzed and interpreted for their *differentiating potential*, their potential to identify challenges and road blocks in the RTWP after burnout *specific* to the executive level. A second in-depth review of the clinical material consisting of digital recordings, interview protocols and personal notes was conducted in order to identify those clusters which the interviewees explicitly used to differentiate between challenges during the RTWP after burnout for non-executives and executives.

Cluster	**Mentioned in ___ interviews**	**Thereof used in ___ interviews by interviewee to differentiate challenges linked to the executive and non-executive level**	**In %**
1. Competence	11	2	18 %
2. Risk	9	9	100%
3. Guilt	9	4	44%
4. Disillusionment	7	7	100%
5. Credibility	7	7	100%
6. Contagiousness	6	6	100%
7. Obscurity	6	6	100%
8. Mourning	5	1	20%
9. Shock	5	4	80%

Table 5: Use of clusters as differentiator for the executive-level

This analysis brought interesting results. While lack of competence appears to be a major challenge for the RTWP after burnout in general, it was not mentioned with a high relevance for the differentiation of challenges specific to the executive level.

Ranked according to their relevance as specific challenges in the RTWP for executives, those clusters were prioritized which had the highest percentage of being used as differentiators between the executive and non-executive level. 5 clusters received a score of 100%, which means that whenever they were brought up by the key informant during the interview they were used to differentiate the executive level from the non-executive level.

Based on the in-depth analysis of 11 key informant interviews, the 5 clusters of **Risk**, **Disillusionment, Credibility, Contagiousness and Obscurity** were identified as offering the strongest differentiating potential to help distinguish between the executive and non-executive level as we look for challenges and road blocks during the RTWP for executives after burnout.

Building on the clinical paradigm, theoretical concepts used by psychiatrists, clinical psychologists, and psychoanalysts to examine covert psychological processes (Kets de Vries & Miller, The Neurotic Organization, 1984) were applied to further interpret the collected data related to those 5 clusters. The clinical perspective includes possible root causes originating from the inner theatre, the unconscious self, and their potential impact on the executive RTWP after burnout.

Risk

The stories of critical events, challenges and personal experiences, key stakeholders told as they were interviewed about their personal perspective on the RTWP for executives after suffering from burnout reveal important perceptions of risk and ambivalence.

An important empirical result from the interviews is, that in all nine interviews which mentioned perceptions of risk as a challenge during the RTWP after burnout for executives, these perceptions of risk were described both on the *organizational* and on the *personal* level. The following episodes stand exemplary for the two dimensions. The quotes are marked with KI for the quoted key informant and LF for me as the interviewer. They represent transcripts from digital recordings. The first example

is taken from an interview with the HR executive of a large logistic service provider, dealing with the long-term consequences of burnout:

KI: “The biggest problem for us [with “us” the KI is referring to the Board and herself] was that we had no idea about the long-term consequences, the prognosis, for Mr. X. Do you actually know how likely it is that somebody returning from burnout will be able to deliver again on the executive level? You must be aware under what kind of pressure we work. On the executive level there is not much leeway for underperformance. Mr. X not performing would well put his whole area of responsibility at risk.”

LF: “So was there anything you did to improve your knowledge base, personally and as a board?”

KI: [getting louder, engaged] “Of course we did! But I remember this to have been an extremely frustrating experience. Whoever we turned to we received only vague answers. Nobody knew. Nobody appeared willing to take any responsibility. So annoying! And obviously we couldn’t ask Mr. X’s therapist. Could we? It felt like steering a car in the fog.”

This episode is telling. It demonstrates perception of risk on both the organizational and the personal level. And somehow the levels dissolve to the point where in analogy to Book’s work on countertransference (1996) it becomes difficult to say whose risk it is: the key informant’s risk, feeling threatened herself by uncertainty and challenged by the board, the risk perceived by the executive wishing to return yet possibly incapable of predicting the outcome for himself and/or the risk of the organization not being able to afford a possible underperformer. Even the consulted experts are described as “not wanting to take responsibility”, thus not offering themselves as “leaders” containing anxiety and ambivalence for the key informant.

Similar constructs appeared in a number of interviews. They revealed dynamics of risk as a multilevel joint creation fueled by transference, classical countertransference and even totalistic countertransference with totalistic countertransference referring to the returning executive transferring his insecurity, vulnerability and perceived risk onto the HR-professional. Stakeholders jointly try to deal with ambiguity and fear originating from within them and ambiguity and fear being transferred as relevant experiences of others onto them. In the episode, reference to the executive level is made twice, in order to enforce what is seen at stake: performance.

The second example concerns possible risks related to negative side-effects of medication. An interesting element of the story is the differentiation the key informant, an HR executive from a multinational industrial corporation, makes with respect to factory workers.

KI: “It was kind of scary. During my first encounters with Mr. X, when we started to explore his return-to-work, I sometimes had the feeling that he was still under some kind of medication. In some moments he appeared so normal and then he would just seem kind of absent, like through a filter. That’s when I realized that I had no idea how they treat burnout. I mean, you don’t know what they give them as part of the treatment. Just imagine that some of the medicine they take actually affects your judgment. Truly a scary thought. You just don’t know.”

LF: “Did you try to find out?”

KI: “Just how would you do that? It is not like in the factory I have been managing at one point of my career. There we had dangerous equipment. Operators had to sign that they were not taking any drugs affecting their ability to run the lines. Of course they could lie to us but then it was their problem. If in doubt, supervisors could actually send them to see the occupational health service and get clearance. And we did regular drug testing. All this was done for positions far easier to replace. But can you imagine sending an executive to a drug test? And would drug tests reveal anything? I just don’t know.”

Exemplary in this statement, two specific connotations fuelling the perception of risk linked to the executive RTWP after suffering from burnout are addressed:

One connotation relates to the possible corrective action in case of non-performance of the returnee. On the non-executive level underperformance after returning from burnout will result in the replacement of the returnee. Key informants were clear in stating that this was not perceived as a significant risk under one condition which was actually mentioned in two different interviews by HR-professionals: the condition that the returnee passes the employment medical examination. It is interesting to note how a standard process, the employment medical examination, is able to contain ambivalence and anxiety. For the executive RTWP, no such standard appears to exist. The involved stakeholders experience themselves during the process as

personally exposed and far more vulnerable with respect to a potentially negative outcome in case of non-performance.

The second connotation specific to the executive level relates to the phenomenon of (power?) distance present in the process. In the above quote, the HR-professional was not able to imagine sending an executive to a drug test. The sequence relates to similar patterns in other interviews. On several occasions, the level *executive* appeared to create a space of untouchability which prevented from obtaining additional information and with improved knowledge reduce the perceived anxiety and ambivalence. One of the executives interviewed as key informant stated: “I could sense that they (the CEO and the SVP HR) had many questions but they just didn’t ask. And for me at that table, I just did not have the guts in the situation to go ahead and explain myself, guessing what might be important to them.”

The last example is taken from an interview with a psychotherapist who illustrates, from his perspective, what he calls an “unbelievable lack of competence” of some HR professionals his patients have to deal with. However, the second part of the quote also reveals that a perception of risk and resulting anxiety could actually stand in the way of a meaningful contact between involved stakeholders which would allow for an effective transfer of knowledge.

KI: “I know I shouldn’t say that, but sometimes the lack of competence my patients experience when they first contact the HR-department is unbelievable. I mean, you can’t expect a CEO to know anything about depression but should those working in HR not have at least some basic knowledge?”

LF: “And have you tried to do something about it?”

KI: “Like offering a seminar or what do you mean?”

LF: “No, for the moment I was thinking on a much smaller scale. Just asking your patient if he would allow you to be present during a conversation with the HR professional and provide some expertise if needed.”

KI: “You are right. Sometimes one is really tempted to intervene.”

LF: “Why not?”

KI: “Well, first of all, this is not my role. And I tell you one thing: Working with executives, we are talking of a high pressure environment. I mean, I work with patients where we look at million euro salary packages. Lawyers, insurance companies with their specialists – you really have to be careful what you say and where and when you say it.”

This episode shows that also from the perspective of the therapist, the RTWP after burnout for an executive is perceived as risky. Studies have established that participatory interventions – including both, interactions with the organization as well as traditional therapy with the individual – reduce time of absenteeism and long term success of the RTWP after burnout compared to therapy solely focused on the individual. (Hätinen, Kinnunen, Pekkonen, & Kalimo, 2007) As far as the executive level is concerned, none of the key informants had ever heard of a participatory process being applied. This appears to be a significant setback for the knowledge exchange which could help to reduce angst in the RTWP. Given the unpredictability of the outcome, key informants describe executives returning from burnout and their employers as two parties who are potentially at risk of having to negotiate very complex severance packages and who are thus reluctant to share responsibility.

Disillusionment

In 2000, Goffee and Jones published an article in which they identified the ability to selectively show a weakness and disclose some vulnerability as one of four unexpected qualities of inspirational leaders. In their concept, however, the process of exposing a weakness is happening in full control. “[T]he most effective leaders know that exposing a weakness must be done carefully. […] Knowing which weakness to disclose is a highly honed art. The golden rule is never to expose a weakness that will be seen as a fatal flaw – by which we mean a flaw that jeopardizes central aspects of your professional role.” (Goffee & Jones, 2000, p. 65)

Suffering from acute burnout is experienced by the interviewed executives and important stakeholders as a total loss of control. One key informant executive described his experience as “being a snowman in the sun, melting down, and losing contour, all boundaries.”

The described critical events, challenges and/or experiences revealed how strongly disillusionment impacts the RTWP of the executive after burnout. Not only was it

mentioned as a key differentiator and specific challenge for the executive level; equally important is the fact that during the interviews the experience of disillusionment was described in episodes which connected the self (executive) with others, the supervisor, the board, the followers and the shareholders/owners. This was one of the unexpected results of the key informant interviews.

In the interviews, disillusionment appeared to be a consequence of a strong identification process of others with the executive. This identification process has been discussed as a key element of high quality leader-member exchange (LMX) with a strong impact on the organizational citizenship behavior. Growing successfully into the role of a leader, the executive displays personal attributes which in a given organizational environment may become desirable personal attributes in the follower's definition of the self, which potentially leads to a self-expansion process, a sense of oneness with the leader. In this way, the executive becomes a significant other, an individual deeply influential in the life of followers and in whom one is emotionally invested (Huang, Wang, & Xie, 2014).

As I analyzed the material from the key-informant interviews, patterns of followers' identification could be identified for followers in the most obvious sense (direct reports, team members) but also for less obvious follower relations. For example, superiors, especially when they also see themselves as mentors, are described as demonstrating followership, since they follow their own self, their judgment regarding the potential and the successful further development of the executive. In this sense, the success of the executive becomes their success.

This can lead to a situation where, prior to burnout, the executive in his self-perception and in the perception of others develops into an idealized image, loaded with transference from followers to a point where "fantasy and facts bear little or no relation" (Maccoby, 2004). The executive transforms into a "phantastic object", unreal but hugely attractive, an illusion maintained by both, the executive himself holding on to his idealized self and the followers as they struggle to keep a leader alive who has become as much part of themselves as they have become part of the leader.

Against this backdrop, the acute burnout of an executive is experienced by followers as a disillusion: painful, shocking, trust-breaking; an unexpected unmasking in the middle of the show, enhanced by the fact that executives with the same traits and

abilities that helped them achieve their level are able to hold on to that mask and play down signs of critical fatigue and depression with their stamina and resilience. One HR-professional among the key-informants described his experience as follows:

KI: “When I first heard that Mr. X was suffering from burnout, I just couldn’t believe it. He was THE strong man in the company. You should have seen him at the helm during the 2007/08 financial crisis. I mean, he virtually carried us through that storm with his calmness, willpower and experience. And then burnout… . For many of us, and this includes people down the ranks, it felt as if a mask was taken off him. The whole company was under shock. Did we fall for an illusion?”

A partner from an executive search company told a similar story:

KI: “I had been following the career path of Mr. X for more than a decade and had twice met him personally in executives search assignments. In one of them, he had actually been the top candidate for an open position. You know how deeply involved one becomes at this stage: as search consultant you conduct in-depth interviews, background checks, you obtain references, etc. All this just confirmed the picture of a very strong, persistent and talented leader. When Mr. X disclosed to me that he had suffered from burnout and after his recovery now was seeking a new position, I was completely taken by surprise. It was so much beyond my imagination that I felt I had to go back to scratch and start to look for the real person.”

Disillusion was also described by one executive who had suffered from burnout:

KI: “It felt like a nightmare. I remember moments when I stood next to myself, watching in disbelief what at the time felt like a gigantic betrayal: betraying my team and direct reports, betraying my colleagues, betraying my partner and even myself. The strong, responsible leader had disappeared, leaving the shell of man behind, incapable of taking the simplest day-to-day decisions.”

In the above cited article, Maccoby makes the observation that “the transference dynamic is most likely to get out of control during periods of organizational stress. In such situations, followers tend to be more dominated by irrational feelings – in particular, the need for praise and protection from all powerful parents” (Maccoby, 2004, p. 78). As the executive suffering from burnout, visibly on center stage, is

deprived of his power, the value of praise and protection is depreciated radically from one moment to the other.

Disillusion, as described above, provides us with a strong differentiator between the executive and the non-executive level as far as involved stakeholders contributing to the RTWP after burnout are concerned. Dealing with disillusion is a key challenge identified during my research for the RTWP after burnout on the executive level.

Credibility

Given the significance of disillusion as part of the critical events, challenges and/or experiences which were described in the key informant interviews, the challenge of restoring credibility for the individual executive as part of the RTWP after burnout is a consequence of high relevance for all stakeholders involved.

An unexpected result of my study is how clearly 5 out of 7 key-informants who talked about the challenge of restoring credibility in their interviews positioned themselves as not believing in a successful return-to-work after burnout on the executive level in the same corporate environment. Even though some high-profile examples of CEOs returning after burnout into their roles were known to the interviewees from media coverage, they were seen as the exception rather than signs for a changing reality in the corporate environment. All 7 key-informants saw restoring credibility as a key differentiator and challenge specific to the RTWP on the executive level.

Analyzing the material from the key-informant interviews for executive-specific challenges related to restoring credibility after returning from burnout, an interesting hypothesis emerged: If disillusion can be described as an unmasking, we could possibly understand the challenge of restoring credibility during the executive RTWP as a process of re-masking, finding the way back to being a person in a (executive) role.

Working with the concepts of role biography and role history in organizational role analysis, Susan Long (Long, 2006) presented the following illustration which I adapted for the purpose of my paper:

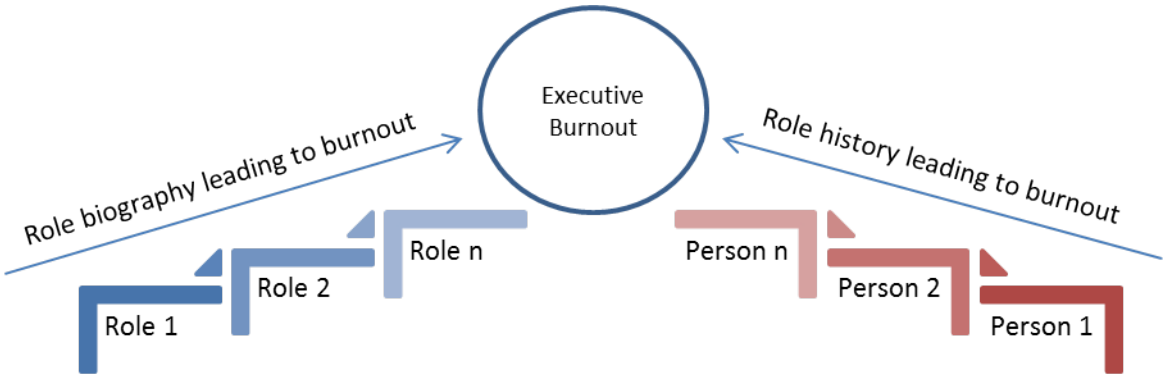

Table 6: Role biography and role history present in executive burnout

The figure illustrates that executive burnout is experienced, and will thus impact both the role history as part of (and influenced by) the system and the role biography as part of (and influenced by) the person with their skills and attributes. Thus when the executive returns after burnout, both the person, and the role will have changed. The person's role biography now includes a role which led to burnout. The role history now includes a person as a role incumbent who suffered from burnout in that role. The person and the role – identified with the same name for the person and the same name for the position – have changed. Restoring credibility stands for a discovery process in which all stakeholders in their related roles have to unveil the change in the seemingly unchanged until the person in his/her role is reinstalled.

The term *re-masking* carries the risk of being misinterpreted. It should not be understood as helping the executive returning from burnout to mimic his former (idealized) self, prior to the burnout experience. This is not what re-masking is all about. In essence the challenge comes down to supporting a person which is not the same person, taking on a role which is not the same role but which, as any leadership role, continues to be subject to transference and/or countertransference.

My learnings from the key-informant interviews and their stories about critical events, challenges and personal experiences as part of a RTWP after burnout on the executive level include that the *re-masking* is highly burdened

- by followers' transference of fears and anxieties,
- their memories of pain and loss of being disillusioned, and
- their perceived risk in the ambiguity of the discovery process linked to the return-to-work.

Significant stakeholders (including the executive who wishes to return) holding responsibility for the process acknowledge that, as part of their role, they have to contain and overcome this burden as they work to meet the credibility challenge which is specific to the executive-level during the RTWP after burnout. All 7 key informants who named restoring credibility as a challenge shared the opinion that bringing a new person into the vacant role would have been a far easier task. In the words of an HR-executive from an industrial corporation:

KI: “When we (he himself and members of the management board) were talking about a possible return of Mr. X into his role there was a lot of doubt in the room. Would his direct reports accept him back and trust him again? Would Mr. X be able to fill a role and live up to expectations that caused his burnout in the first place? Was it still the same role, given the fact that we all were recovering from a state of shock? How long would it take for us to stop treating Mr. X with kid gloves? Given all these doubts, it became absolutely clear that without our confidence, the return of Mr. X would end in a disaster for everybody. Only our support would buy him the time to restore his credibility. […] It was obvious that it would be far easier to bring in somebody new into the role; still a risk but at least a risk that we were familiar with.”

Contagiousness

The phenomenon of contagious depression has been the subject of numerous studies. Joiner (1994) proved for example that roommates of depressed students became more depressed themselves. 6 key informants provided stories about critical events, challenges and personal experiences which described a fear of a potential contagiousness with respect to the executive returning after burnout. This includes both, the individual level and the organizational level. The following episodes illustrate this challenge for the executive RTWP after burnout.

In the words of an HR-executive who described his first direct encounter with an executive after burnout:

LF: “And how did that make you feel?”

KI: [pauses, sighs] “Strange to be asked that question. While I am telling you about it, I can almost feel the discomfort…[pauses] No, let me put it differently. The whole conversation was kind of sad, no feeling of relief, and no sign of happiness, no ‘Glad

I have recovered'. I remember coming home that evening, talking to my wife and her saying to me 'This could have been you. You are not so far away from it. ' That made me shiver."

A partner of an executive search firm offered a story relating contagiousness to the organizational level:

KI: "As an executive you in a way embody the company, you stand as a visible personal example. If you fall from burnout, this sends out a signal to everybody around 'Hey, something is wrong here.' I mean, burnout is not like cancer where you can say that it is all about the person. Burnout says that you are out and the cause is related to the working environment. So it is easy to imagine how employees start to look at their own situation. If this is making the boss fall, what's about me? And focusing your attention on it, suddenly as an employee you feel worse as well."

A last episode illustrates how the fear of contagiousness is experienced from the perspective of an executive wishing to return to work after recovering from burnout:

KI: "I told you earlier, how strange it was, that the silence between the company and me continued after I was released from hospital. Well, when we finally met and talked for the first time, it felt like nobody really wanted to get in touch with me. We talked but somehow there was no real connection. Nobody really wanted to know. [Pause] Lots of talking and no listening."

Rogers and Roethlisberger describe the phenomenon of not listening where actually lack of knowledge would ask for real communication and demands from us to listen with understanding:

"Listening with understanding means taking a very real risk. If you really understand another person in this way, if you are willing to enter his private world and see the way life appears to him, without any attempt to make evaluative judgments, you run the risk of being changed yourself. You might see things his way; you might find that he has influenced your attitudes or your personality." (Rogers & Roethlisberger, 1991, p. 106)

Evidence from the key-informant interviews suggests that the need for courage, the courage to challenge the fear of contagiousness as part of the RTWP after burnout,

increases when the burnout case happens in perceived proximity to the working reality of the involved stakeholder. As an HR-executive puts it:

KI: “With hindsight I would say that we [the executive team] just couldn’t face it [the burnout happening to a pear]. It was just too close. Facing him would have meant to face our reality. It was safer to look away.”

And another quote from a different HR-executive highlights the importance of perceived distance in managing the RTWP after burnout:

KI: “It’s like hearing of someone suffering from a stroke. You probably hear a million stories and you don’t change your way of life. And then your best friend or a near colleague your age gets hit. ‘That could have been me.’, you think and that’s when it just gets too close to simply ignore it.”

The material from the key-informant interviews provides evidence that the challenge to overcome a fear of contagiousness has a specific relevance for the executive RTWP after burnout.

Obscurity

The most surprising finding with respect to the specific challenges during the RTWP after burnout is the challenge key informants describe in having to deal with perceived obscurity, caused by the abrupt silence and total isolation of the executive suffering from burnout.

Analyzing the material from the interviews, stories related to this cluster display the intensity of the experience. Three episodes taken from interviews with three different HR-executives may serve as an example:

KI: “The weirdest thing you have to deal with in a burnout case is that from one moment to another the person completely disappears. I mean completely. You hear nothing. Not even the wife is allowed to see the guy. No telephone, no email. I mean, on an executive level, there is always communication. If the guy is not in his office, smartphones work 24 hours across the globe. And suddenly complete silence. You don’t know what is happening, you can’t talk to the guy – he could be dead and you wouldn’t know.”

KI: “I earlier made a comparison to cancer. If an executive has to undergo cancer treatment, close colleagues will stay in contact, the personal assistant normally has the latest news and you somehow feel connected, trying to show the person that he is needed and that you can’t wait to have him back. It’s a feeling of solidarity. With burnout – boom – the person is gone. Rumor comes back, saying it’s a burnout. So you know it’s related to work but you can’t talk. You feel like a child being sent out of the room because something is about to happen you are not allowed to see and where you would just be in the way.”

KI: “So the guy is gone. Leaves you full of f……. questions. No details, no planning, no return-date. Darkness. The curtain has dropped. And then, suddenly, the guy comes back. And you? What has happened backstage?”

Listening to those and similar stories during the key-informant interviews, I was strongly reminded that one psychologist in the preparation of this study had referred to healing rituals in tribal societies when talking about isolation from the familiar environment during burnout therapy. In the beginning of the 20iest century, the ethnologist van Gennep (2005) introduced the term *rites de passage* and a 3-phase model, to structure rites he observed in different societies when an individual transferred from one state or group into another:

1. Rites of separation (rites de separation)
2. Rites executed in the transitional space (rites de marge)
3. Ritual ceremonies of incorporation into the new state or group (rites d'agrégation)

The material from the key-informant interviews suggests that a specific challenge of the RTWP after burnout on the executive level can be attributed to the obscurity experienced by stakeholders when the burned out executive enters into the transitional space of therapy. If the executive then seeks to return to the same position, following obscurity – the experience of complete separation – stakeholders involved in the return-process face a period of re-incorporation. On the individual corporate level existing experience with executive burnout is still very limited. This leaves the involved stakeholders without ritual ceremonies of incorporation which could help to contain ambiguity, anxiety and fear.

VIII. Findings and discussion

With this study evidence is presented that critical events, challenges and personal experiences of key stakeholders involved in the RTWP after burnout pose specific challenges when the executive level is concerned. These challenges directly affect the applicability of current best practices for the return-to-work-process after burnout, which have been identified in the first part of this study:

- The RTWP after burnout is an integrated part of the burnout therapy.
- An individual-focused therapeutic intervention combining pharmacotherapy and psychotherapy is used to strengthen the coping capacity with respect to stress (work hardening).
- Interventions focusing on burnout as an etiological factor investigate effects of the psychological work environment such as job demands, job decision authority and skill discretion.
- Partial return-to-work programs support the individual reintegration into working live.

Those identified challenges relate to **risk, personal experiences of disillusionment, a necessity to restore credibility, a fear of contagiousness and the obscurity of the burnout therapy** for key stakeholders involved. Key informants describe how they stand in the way of bridging the gap between interventions on the individual level and the focus on the psychological work environment; a bridge which has proven to be an important pre-condition positively impacting the likeliness of the successful re-integration of burnout patients.

A key learning from the study revealed that neither the HR-executives nor the partners of executive search firms who participated in this study had ever before systematically reflected and discussed their personal emotional experience related to those challenges even though those experiences impacted their individual perspective on the RTWP both above and below the surface of their self-consciousness. For the executives seeking to return to work after recovering from burnout and who contributed as key informants to this study, reflection and discussion took place during their therapy. The interviewed therapists referred to regular supervision as a space for such reflection and discussion.

Evidence can be provided that interviewed key-stakeholders oppose the return-to-work of an executive after burnout into the same working environment, both for the sake of the individual and the organization. Success stories suggesting otherwise, which in recent years received broad media coverage, were described as atypical exceptions. Negative personal experience and emotions related to risk, experience of disillusionment, a necessity to restore credibility, a fear of contagiousness and the obscurity of the burnout therapy are difficult to come to terms with, both on the personal and organizational level. Changing the working environment allows the executive to leave some of these experiences and emotions behind.

Even if executives successfully changes jobs when returning to work after burnout, the burnout experience stays present as a part of their individual role biographies. Key-informant interviews suggest that this aspect is actually addressed during the individual therapy. Even if the company decides to bring in someone new to replace the burned out executive, the burnout experience stays present as a part of the role history within an organization. Reflecting the burnout experience as part of the role history offers important learning opportunities. Is there something dysfunctional in the organization, more specifically in the environment of the role that created the burnout? Key-informant interviews clearly show that this is not reflected and discussed systematically. Neither the time required nor the qualified resources that would be necessary to facilitate such a process are invested.

Practical recommendations

Mental illness will change the reality of occupational medicine and for involved HR-professionals. Different from physical illness and disabilities, dominant in occupational medicine and related HR processes until today, the re-integration of individuals recovering from mental illness is a far more complex process. The challenges HR-professionals, acting as a key stakeholder in such processes, face, are similar to those of professionals working in the helping professions. Exemplary stand the challenges impacting the RTWP after burnout on the executive level.

Especially in situations where an executive is “fit for limited employment”, a totally new challenge arises as limits may not primarily concern the quantity (basically measurable in time, physical weight handled, etc.) but more the nature of the work performed. More than during a physical recovery process, such limits in the recovery

from mental illness appear difficult to predict and may seem erratic and impossible to implement in a professional environment.

Practical recommendations therefore call for a step-change in the depth of knowledge and the quality and quantity of information, key stakeholders can rely on during the RTWP of an executive after burnout. The author of this study strongly recommends raising the level of psychological training for HR-professionals.

The above described challenges also call for the systematic inclusion of trained psychologists in occupational medicine departments of the corporate world. Their presence should be taken as a chance, not only with respect to the individual facing mental illness. Adequately qualified, they could provide additional perspectives and supervision to those professionals who manage the challenges around mental illness in the working environment.

Revised training, fresh perspectives and the use of supervision would increase the likelihood of positive contributions from HR as organizations deal with mental illness in the working environment.

Another recommendation is directed to therapists who treat burnout on the executive level. If the return to work is regarded as a desirable outcome of an intervention, intervention formats need to be designed which include key-stakeholders from the executive's working environment. This has been achieved successfully for the non-executive level. The profession should not stop there but actively offer seek consultancy on the executive level of organizations as well.

This could positively impact the quality of learning organizations experience as the work to understand the consequences from the individual case of executive burnout for the organization. Is the burned out executive a symptom for a state of an organization? If yes, what does the symptom stand for?

Most important it is recommended to carefully review existing RTWPs after burnout. On the executive level any best practice should address the challenges related to risk, experiences of disillusionment, a necessity to restore credibility, a fear of contagiousness and the obscurity of the burnout therapy.

In 2011 a study of Allianz, a leading global insurance company, and the Rheinisch Westfälische Institut für Wirtschaftsforschung, a German think tank for economic

research, concluded that depression resulted in 22 billion EUR damage for the German national economy (Wenn Banker der Burnout triff, Handelsblatt June 12, 2011). Investing in professionalism focused on the prevention and the management of burnout and other forms of mental illness in the working environment appears money well spent.

IX. Limitations

The approach taken with regard to the literature review is subject to some methodological limitations. The review is limited to texts published in either English or German. Relevant research published in other languages might have been neglected.

The reader has to bear in mind that the interviews for this paper were both conducted and interpreted by the author.

The most important limitations, however, are the small number of key informants which were interviewed for this thesis and the focus on the German corporate environment.

X. Future Research

This thesis invites to further research. First and most important, the challenges identified as part of the RTWP after burnout and which relate to risk, experiences of disillusionment, a necessity to restore credibility, a fear of contagiousness and the obscurity of the burnout therapy need to be validated systematically and confirmed by using a broader sample size.

Key-informant interviews have provided deep and rich material to draw from. Nevertheless, applying alternative quantitative and qualitative research methods is likely to reveal additional insights and deepen our understanding of the subject.

Moreover, the impact of diversity might be worth studying. Will the findings of this study be replicated when research projects focus on more diverse cultural, gender, age and industry backgrounds?

XI. Conclusion

Executives returning to office after a burnout are still an exception rather than the rule. As the number of burnout cases on the executive level increases – despite the assumption that the majority of cases remain unreported – new forms of interactions between involved stakeholders are needed. Together with the appropriate training and support, this will allow for a new quality of reflection and discussion. Joint learning will allow moving beyond a state of silence and a still widespread taboo surrounding burnout as an example of mental illness on the executive level. This will have a direct and positive impact on the climate for innovation and the development of new levels of professionalism as corporations address mental health, not only on the executive level but throughout the organization.

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