

Exploring the Impact of Burnout on Insurance

Perspectives, research, and insights
on the opportunities and challenges
of burnout for the insurance sector





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Message from our Head of Group Insurance,
Darren Wickham

Zurich is one of the world's most experienced insurers, protecting customers globally for over 150 years.

We are passionate about our purpose to 'create a brighter future together' and use our resources to contribute to the communities in which we serve through health education, disaster resilience, community partnerships and sustainability.

Burnout as an emerging risk

Burnout may be a current buzz word, but it is a serious issue affecting more Australians than ever, especially post COVID-19 with 46% of Australians reporting feeling burnt out in a survey¹.

Burnout is more than just feeling fatigued and can impact both physical and mental health, including increased hospitalisation for cardiovascular disease and musculoskeletal disorders².

Insurers have a responsibility to understand what burnout is as well as its impact on claims experience with mental health conditions already a significant component of claims costs.

There is also a growing recognition of the need to address burnout in the workplace with the condition estimated to cost Australian businesses \$10.9bn per year from increased errors and reduced morale and workplace engagement³. Insurers are well placed to support employers, take steps to identify, prevent and manage burnout.

Creating a brighter future together

The journey towards understanding is ongoing and this white paper for insurers is just the start.

Zurich is committed to this journey by working with our partners, customers, healthcare professionals and academic institutions to better understand the impact of burnout. This work allows us to develop better products, more sustainable pricing, improved underwriting and a more targeted claims support program.

We believe that by taking a whole health approach and supporting our customers throughout their health journey, we can contribute to the wellbeing of individuals and communities and create a brighter future together. We strive to play a significant role in reducing burnout that is affecting so many Australians.



1 Understanding burnout

What is burnout?

The term 'burnout' was first described in 1974 by the American psychologist Herbert Freudenberg to describe the consequences of severe stress in the 'helping' professions.⁴

Since then, much research and work has been focused on understanding burnout. Given its complexity and prevalence, burnout was officially recognised by the World Health Organisation (WHO) in 2019 as requiring a separate health classification. Definitions vary between the WHO classification and clinical coding systems.

The WHO definition applies specifically to workplace burnout:

Burnout is a syndrome conceptualised as resulting from chronic workplace stress that has not been successfully managed. It is characterised by three dimensions:



Burnout refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life. It does not refer to adjustment disorders, disorders specifically associated with stress, anxiety or fear related disorders and mood disorders.⁵

Burnout is recognised as a medical condition separate from mental health conditions with a possible broadening of the definition to include both work and personal burnout. Data capture regarding this condition is limited, mostly due to incorrect classification or diagnosis.

ICD 10 and ICD 11 definition:

The International Classification of Diseases (ICD) definitions relate to both work and personal burnout based on caring for others with disabilities. ICD definitions are important as these are the coding systems that are used by medical professionals globally when diagnoses are reached to ensure consistency and alignment of clinical protocols.

ICD10 (5th Edition 2016)⁶

Code: Z73 Problems related to life-management difficulty

Subcode: Z73.1 Burnout
 • State of vital exhaustion

ICD11 (11th Revision 2022)⁷

Code: 24 Problems associated with employment or unemployment

Subcode: QD85 Burnout
 • WHO definition

Code: 24 Difficulty or need for assistance with activities

Subcode: QF27 Caregiver burnout
 • Difficulty or need for assistance at home and no other household member able to render care

Broadening the definition:

Professor Gordon Parker AO, founder of the Black Dog Institute and Scientia Professor of Psychiatry at UNSW, has suggested that the scope of the burnout definition be broadened outside the work environment to include those with unpaid home or care duties who experience:⁸

- **emotional exhaustion**
- **lack of empathy and**
- **reduced performance.**

He has also identified nine key factors that affect people experiencing burnout including:

1. **Anxiety/stress**
2. **Depression or low mood**
3. **Irritability and anger**
4. **Sleep disturbances**
5. **Lack of motivation or passion**
6. **Lack of concentration, memory loss or brain fog**
7. **Withdrawal from others**
8. **Physical symptoms such as aches, headaches, nausea**
9. **Low libido**

There has been consideration of reclassifying burnout as a mental health condition in the Diagnostic Statistical Manual of Mental Disorders (DSM – latest edition 5), but this was prevented by the lack of conceptual clarity, the inability to objectively measure, the multiple biopsychosocial causes, lack of true diagnostic and differential diagnostic features as well as uncertain prevalence rates with more research required⁹.



What are the causes of burnout?

There are multiple causes that can trigger burnout including:^{10 11 12}

Work-related causes of burnout

- Longer working hours
- Higher at-risk occupations – especially healthcare, police, teachers and frontline workers
- Perceived lack of control
- Lack of reward or recognition
- Lack of fairness
- Values mismatch with an organisation
- Doing monotonous or unchallenging work
- Toxic workplace cultures
- Workgroup syndrome versus an individual syndrome¹³

Lifestyle causes of burnout

- COVID-19 specific triggers - some of which are ongoing
 - Not switching off after working from home
 - Lack of government support increasing financial stress
 - Use of masks and lack or perceived inadequacy of vaccines,
 - Politicisation of covid-19
- Lack of social/family/colleague support
- Parenting requirements
- Caretaking obligations
- Stress of romantic relationships
- Lack of exercise, sleep and mindfulness
- Poor work/life balance

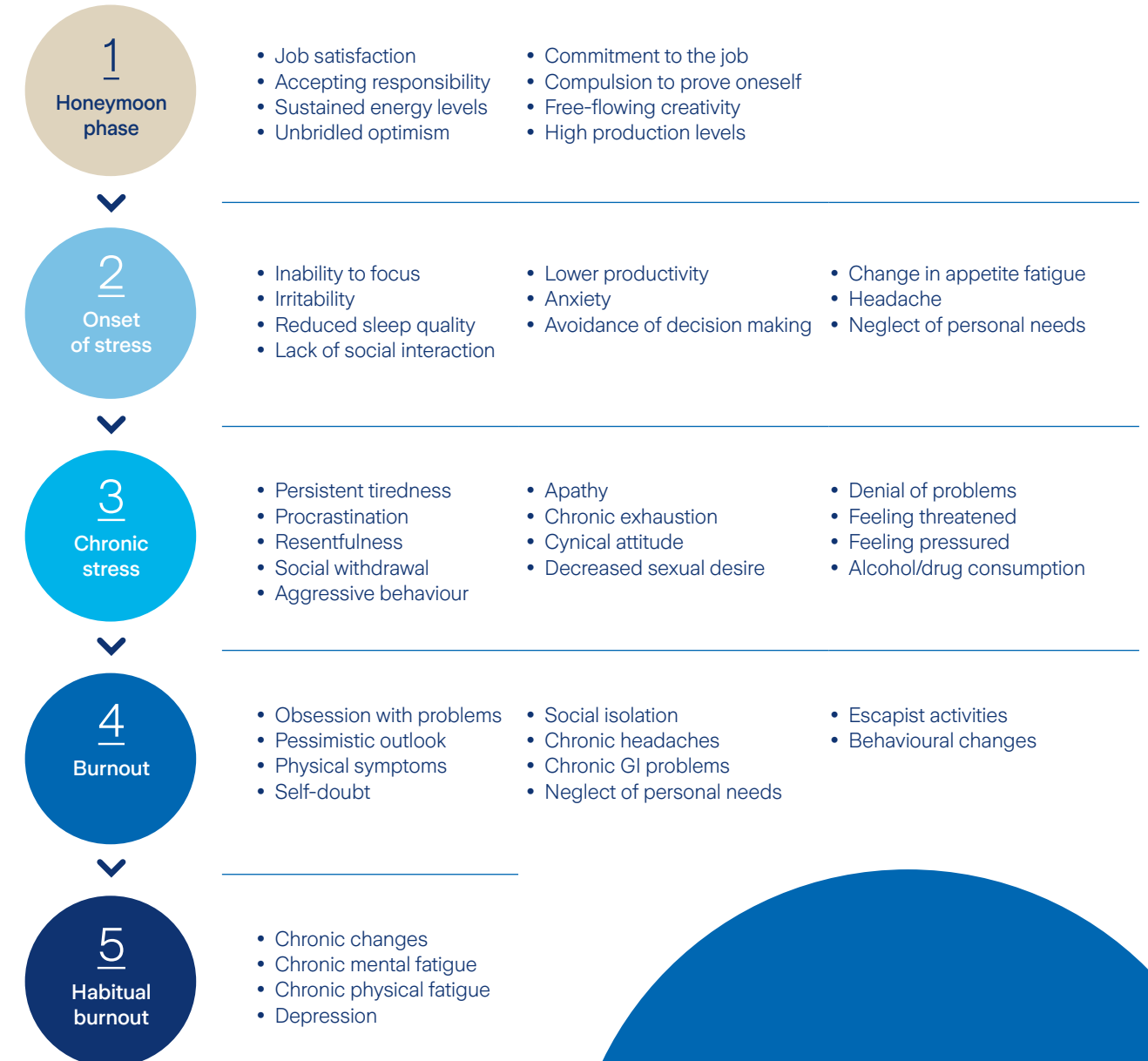
Personality traits linked to burnout

- Workaholics
- Perfectionists
- High achievers
- Introverts

There can be multiple causes of burnout related to occupation, lifestyle and personality factors.



Symptoms in the different stages of burnout¹⁴



Symptoms of depression may also be present and apart from the above, and may include feelings of hopelessness, low self-esteem and suicidal ideation.

How is burnout diagnosed?

The medical profession will rarely diagnose burnout as a disorder, given that there is no accepted set of diagnostic criteria or a clinically recognised medical definition.

The most common form of diagnosis involves using self-assessment questionnaires such as the Maslach Burnout Inventory (MBI)¹⁵. Self-diagnosis is not recommended due to the similarity of symptoms with other conditions like chronic fatigue syndrome or depression.

A new clinical checklist, currently being researched by the Black Dog Institute in Australia, consists of 36 measures and has the ability to identify personality types at risk of burnout¹⁶. These personality types are often characterized as reliable, dutiful, diligent, work-focused individuals who may also exhibit perfectionistic tendencies¹⁷.

What is the pathology?

During periods of stress, the body goes into a flight/fright/fight stress response where the hypothalamic–pituitary–adrenal (HPA) axis releases cortisol, resulting in increased cardiovascular activity, immune system response and memory formation. When the stress is ongoing and where high levels of cortisol are continuously produced, the HPA axis becomes overworked leading to lower levels of cortisol being produced, causing the symptoms and signs of burnout¹⁸. Limited studies have also shown altered immune function and changes in other endocrine systems.

What are the impacts of burnout on the body?

Consequences of burnout include increased allostatic load (wear and tear on the body), structural and functional brain changes, excitotoxicity (toxicity of certain neurotransmitters e.g. glutamate), systemic inflammation, immunosuppression, metabolic syndrome, cardiovascular disease, sleep disorders and premature death¹⁹.

In 13 out of 15 studies, burnout was associated with cognitive deficits, specifically, executive attentional and memory systems²⁰.

In one study into the effects of burnout on the brain, participants with burnout had relatively enlarged amygdalae (the area of the brain associated with memory). They also appeared to have significantly weaker connections between the amygdala and brain areas linked to emotional distress, specifically the anterior cingulate cortex (ACC). The more stressed an individual reported feeling, the weaker the connectivity between these brain regions appeared on MRI studies. The overworked groups also showed weaker correlations between activity in the amygdala and medial prefrontal cortex, a structure involved in executive thinking. Weaker connections between these two structures could explain why burnout participants had more difficulty controlling negative emotions.

A review of longitudinal studies documenting the physical, mental and occupational consequences of burnout showed the following impacts:²¹

Burnout resulting in high levels of cortisol can have significant impacts across various body systems.



Physical consequences

- Obesity
- Hyperlipidemia
- Type 2 Diabetes*
- Large waist circumference, high body mass index, metabolic syndrome, hypertension, high triglycerides, low HDL cholesterol, high LDL cholesterol and impaired fasting glucose
- Hypercholesterolemia (total cholesterol)*
- Coronary heart disease*
- Cardiovascular disease*
- Musculoskeletal disorders
- Changes in pain experiences – overall pain*, pain-related disability*, pain intensity and frequency
- Prolonged fatigue*
- Headaches*, respiratory infections*, and gastrointestinal problems*
- Severe injuries*
- Mortality below 45 years*



Psychological consequences

- Insomnia*, changes in levels of insomnia*
- Incidence of insomnia, persistence of insomnia and sleep disturbances
- Depressive symptoms*
- Psychotropic and antidepressant treatment*
- Hospitalization for mental disorders*
- Psychological ill-health symptoms*



Occupational consequences

- Job dissatisfaction*
- Absenteeism*
- New disability pension*
- Presenteeism*

* Physical, psychological and occupational consequences of burnout investigated prospective studies with better methodological quality. <https://doi.org/10.1371/journal.pone.0185781.g003>

What impact has COVID-19 had on burnout?

Apart from the direct health impacts of the SARS-CoV-2 virus over the previous years, the COVID-19 pandemic has had significant impact on burnout in individuals due to changes in, amongst others, work environments, ways of working, as well as increased relationship stress and parenting issues. Different industries have been impacted in various ways and some of the new workplace demands have increased stress for employees, especially those in front line roles²². Many of these impacts are ongoing.

Demands of COVID-19 on people

The pandemic has brought a range of new and increased demands on people that may increase risk of fatigue. Examples of these demands include:



Physical demands

- Working longer or erratic hours to keep up with increased workloads.
- Extended periods of working for some front line workers in personal protective equipment (PPE) such as face masks.
- Changes in physical tasks due to changing or evolving workplace needs.



Emotional demands

- Supporting others who are ill, distressed or both.
- Conflict within teams or abuse from customers or clients.
- Pressure to meet tight and rapidly changing deadlines.
- Anxiety about safety or infection at work.
- Concerns related to finances or cash flow.



Cognitive demands

- Solving complex problems.
- Rapidly devising new systems or processes.
- Learning about new issues and risks.
- Adapting to evolving situations.
- Anticipating additional potential issues.

Examples of how COVID-19 created new workplace demands, some of which are ongoing:



Manufacturing: responding to sharp increases in demand, issues with supply chains.



Emergency services: responding to increased family and domestic violence, managing COVID-19 restrictions and protests, working longer hours.



Retail: anxiety and aggression from customers; managing shortages of stock, working extended hours.



Education: managing rapid shift between in-person and remote learning, supporting students and parents, re-developing lesson plans, uncertainty about the future.



Healthcare: greater exposure to COVID-19 infection, supporting people with COVID-19 complications, supporting concerned families and friends, working longer shifts, concerns accessing PPE.



Transport and logistics: managing sharp increases in demand for deliveries including groceries and online shopping, working extended hours, managing disruptions created through border closures and supply shortages.



Aged care: managing exposures and infections, workforce shortages, supporting residents, responding to distressed families and friends, concerns accessing PPE.



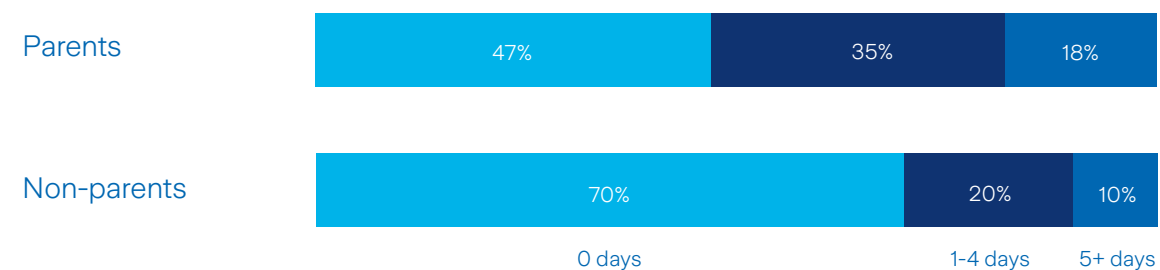
Hospitality and Creative Industries: restrictions and lockdowns exacerbating precarious working conditions.



Covid-19 increased the risk of burnout in parents

Often not enough recovery time has been available for individuals in between stressors leading to ongoing cortisol production and stress load on the body. A report by McKinsey in 2021 noted the increased strain on the mental health of employed parents increasing the risk of burnout during the Covid-19 pandemic due to lack of work-life balance, increased responsibility at home and work, greater pandemic related safety concerns at work, loss of social support and organisational changes affecting the job. This led to these parents feeling more apathetic and fatigued, believing they had failed to live up to expectations and that they had not received enough support from their employers²³. Although the pandemic is now officially over, many of these stressors are ongoing.

Percent of respondents reporting missed days of work due to burnout



Parents experiencing burnout are:

90%

more likely to say that senior management at their workplace considers productivity more important than mental health.

60%

more likely to see their workplace as unsupportive of colleagues with mental illness than parents without symptoms of burnout.

47%

more likely to report using family or medical leave of absence than parents not experiencing burnout.

What is the treatment for burnout?

There is currently no clinically recognised protocol for treatment of burnout, but common approaches to prevent and recover from burnout include:²⁴

Prioritising self-care

Focusing on the foundations of good health such as sleep, nutrition, movement, and social connection.

Changing perspective

Prioritising and delegating work and engaging with social support groups and mentors.

Reducing exposure to stressors

Resetting expectations of colleagues and family regarding capacity and willingness to perform tasks.

There is no defined treatment protocol for burnout, as the medical profession generally does not yet consider it a clinical condition. This is in part due to its medical recognition currently being limited to the occupational context.

If depression, other mental health conditions, or physical symptoms are present, doctors may treat these according to recognised clinical protocols.



2 Burnout prevalence and incidence locally and globally

Global and local research highlights the prevalence and severity of burnout.

From physical and mental symptoms to high healthcare costs and even death, its consequences are far-reaching.



A global US study found:²⁵

The biggest drivers of employment burnout



Burnout impacts both work and personal life of professionals



Global scale

Studies across multiple countries and all continents show similar patterns and presentations of burnout indicating that this has been a global issue for many years. As early as 2005, a study of American private sector workers across various industries, found that 61% of workers experienced burnout in their current jobs, with 31% reporting high or extremely high levels of work-related stress²⁶.

This stress manifested in various physical and mental symptoms, such as:

fatigue	29%
sleep disturbances	26%
aches and pains	24%
anxiety	23%
weight gain	18%
difficulty concentrating	17%
anger issues	16%
depression	15%
hypertension	10%
weakened immune system	6%
and even hair loss	5%

According to a Deloitte burnout survey of 1,000 full-time professionals in the United States, 77% had experienced burnout in their current job.

In addition, the survey revealed that 31% attributed their burnout to a lack of support or recognition from leadership, 30% to unrealistic deadlines or result expectations, and 29% to consistently working long hours or on weekends²⁷.

In 2021, seven global studies reported an overall burnout rate of almost 24%²⁸. A 2022 study of 456 participants found that 60% of them experienced moderate to high levels of emotional exhaustion, as measured by the Maslach Burnout Inventory and the Moos Work Environment scale²⁹.

According to studies conducted in the US in 2019, workplace stress was responsible for 8% of the country's national healthcare spending at a cost of US\$190 billion. Of these costs, about 50% were due to high blood pressure and its associated conditions. Caregivers, specifically healthcare workers, were at higher risk of experiencing burnout. This has been linked to approximately 120,000 US deaths annually, with burnout also being associated with higher suicide rates, especially in women (130%) and men (40%)³⁰.

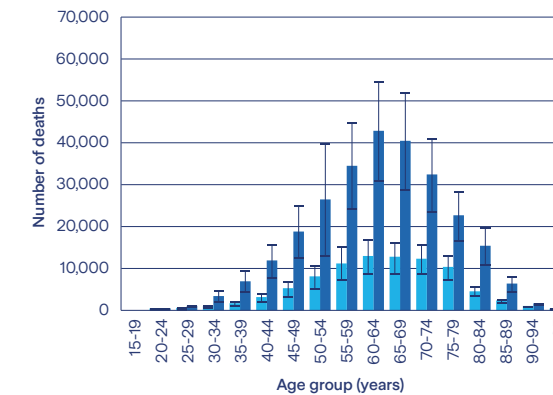
It is widely recognised that working longer hours is a significant risk factor for burnout. A 2016 study conducted by the WHO and the International Labour Organisation revealed that approximately 488 million individuals, which constituted 8.9% of the global population, worked long hours (≥55 hours per week). It estimated that the exposure to ongoing long work hours resulted in 745,194 deaths globally and 23.3 million disability-adjusted life years from ischaemic heart disease and stroke combined.³¹

Working longer hours (>55 hrs per week) is a significant risk factor for burnout.

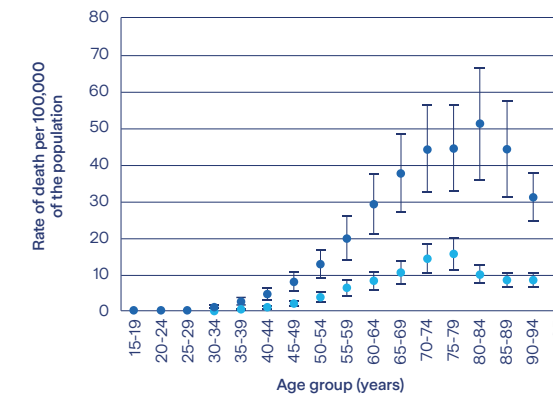


Ischaemic heart disease

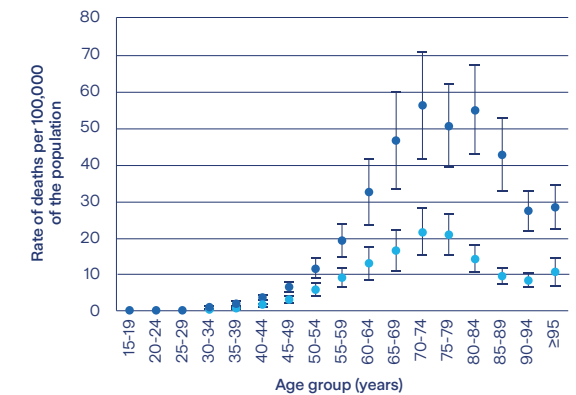
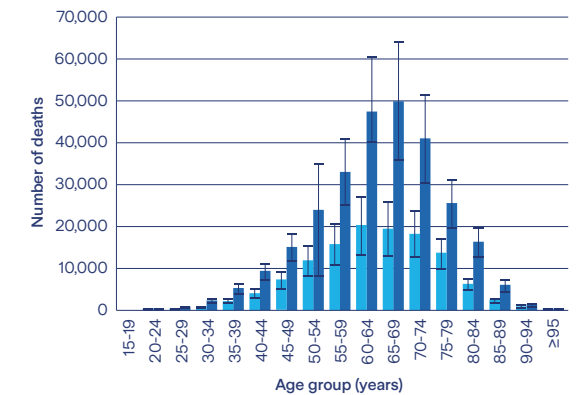
Number of deaths:
■ Females
■ Males



Rate of death:
● Females
● Males



Stroke



The above figures: Number of deaths and rate of death (per 100,000 of population) for ischemic heart disease and stroke attributable to exposure to long working hours (≥55 hours/week), by age group, 2016, global study of 194 countries.³²

Local snapshot

Of those surveyed, 24% indicated having more work responsibilities and 32% were overwhelmed by the amount of work. 19% felt they were not working enough hours to meet cost of living pressures, an increase from 17% in Q1 2021.³³

In 2021, the National Study of Mental Health and Wellbeing noted that 15% of Australians experienced high or very high levels of psychological distress.³⁴ A study conducted in 2020 found that 77% of Australian workers experienced burnout with 50% saying that being overworked was a key contributor. This percentage is higher than the global average.³⁵

According to a study conducted in Australia from January to March 2022, 46% of respondents reported feeling burnt-out, which is 10% higher than the number reported in the same quarter of the previous year.

3 The impact of burnout on insurance

Life insurance

Currently, life insurers do not obtain data on burnout as a condition. It is not often diagnosed by health professionals largely due to the absence of formal diagnostic criteria and recognised treatment regimes for the condition, which could lead to alternative diagnoses, such as depression, being made³⁶. Physical and mental health indicators of burnout are a potential silent root cause contributor to both mortality and morbidity claims across all life insurance benefits. Left unrecognised and untreated, it could impact a claim's duration and return to work outcomes.

Based on prevalence and incidence rates both globally and in Australia, the impacts of burnout across all the insurance industries could be substantial. It is important to use these insights and plan towards more targeted and effective pricing, product, risk assessment, prevention and support strategies.

Death

A 10-year prospective study, performed in Finland, examined burnout as a predictor of all-cause mortality. This study showed that the risk of mortality per one unit increase in burnout using the Maslach Burnout Inventory Scale was:

35% higher for burnout

29% higher for cynicism

26% higher for exhaustion

22% higher for diminished professional efficiency.

Increased alcohol abuse disorders, cardiovascular disease, including a two-fold risk of developing a heart attack were thought to be associated³⁷.

Exhaustion, cynicism and diminished professional efficiency were all also found to be early signs of burnout.

Trauma

Burnout has been noted as a significant predictor for many physical illnesses including hypercholesterolaemia, type 2 diabetes, coronary heart disease, gastrointestinal issues and respiratory problems³⁸. A 2015 review of 25 studies across 24 cohorts in the EU, USA and Australia showed that working long hours (≥ 55 hours per week) increased the incidence of coronary heart disease (relative risk 1.13) and stroke (relative risk 1.33)³⁹.

Disability

Burnout has been shown to be a significant predictor for prolonged fatigue, headaches, musculoskeletal pain, depression, hospitalisation for mental health conditions, severe injuries as well as a 25% increase in sickness absence and duration (>60 days)⁴⁰. Income protection claims for mental health conditions increased by 53% in the five years to 2018, and were the third highest cause of claims, only ranking behind accidents and musculoskeletal conditions⁴¹.

Life insurers do not often require a formal diagnosis when paying out for lump sum disability (Total and Permanent Disability) or Income Protection, so may already be paying out and/or managing claims that have an underlying diagnosis of burnout.



General insurance

Burnout may not seem like an obvious concern for general insurers, but this underlying risk affecting people's health can have various impacts on general insurance, including:



Workers' Compensation

Since the WHO recognised burnout as a syndrome in 2019, more claims for this condition are surfacing. The recent case of Carr v Workers' Compensation Regulator⁴² may have set a precedent to validate more workers' compensation burnout claims. The ruling stated that 'the imposition of an unattainable level of workload and work intensity on a worker, in the absence of adequate support and resources for the job, is considered unreasonable management action'. This finding could open the way for claims meeting the WHO burnout syndrome definition, to be assessed under most workers' compensation schemes as a psychological injury.



Motor Vehicle

About 23% of motor vehicle accidents and 25% of workplace accidents are likely related to fatigue and burnout, especially with the additional pressures at work during COVID-19⁴³.



Accident and Health

In the US burnt-out employees from both physical and mental problems have been estimated to cost employers between USD 125 and USD 190 billion per year in healthcare costs. Fatigue and burnout can affect safety, working relationships, the use of machinery, overall health, productivity, quality of work, and customer service⁴⁴.

Overall, addressing burnout is becoming increasingly important for general insurers, as it can affect various aspects of insurance and workplace safety and its insurance.

Health insurance

Cost of increased hospitalisations

Both the physical and mental impacts of burnout increase healthcare costs. A 1.4 unit increase in hospital admissions for mental health conditions and a 1 unit increase for cardiovascular conditions has been associated with a one unit increase in burnout score⁴⁵. This may financially strain health insurance funds who seek relief through increases to health insurance premium rates.

Cost of healthcare worker burnout

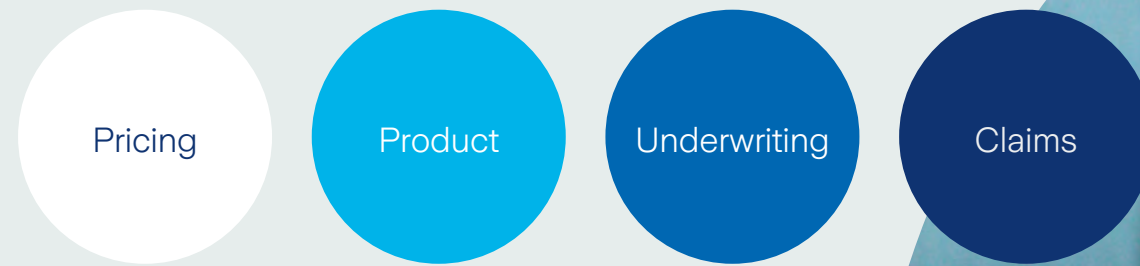
Health professional burnout also has downstream effects that contribute to rising healthcare service costs such as increased medical errors, patient dissatisfaction, impacts on other healthcare workers, repeat procedures, and increased use and wastage of consumables and hardware. A US study in 2022 estimated the overall increased healthcare cost of physician burnout to be USD 4.6 billion per year. In the RACGP General Practice: Health of the Nation report, 73% of general practitioners reported experiencing burnout in 2022⁴⁶. The American Medical Association has created an online calculator to help hospitals and larger medical practices manage the financial impact of physician burnout⁴⁷.

However, many of these studies were conducted before the COVID-19 pandemic, which has significantly impacted the healthcare community. According to a recent WHO press release, burnout among health and care workers during the pandemic ranged from 41 to 52 percent in pooled estimates⁴⁸. A 2015 working paper by Goh and colleagues for the Harvard Business Review modelled the financial cost of burnout and workplace stress to be about 5-8% of the national spending on healthcare in the US⁴⁹. In addition health sector burnout creates significant costs to the health insurance industry. In May 2022, The American Medical Association noted that \$260 mill per year in excess health care expenses are attributed to burnout-related turnover in physicians. Those expenses are distinct from the \$4.6 billion in other costs that organisations have attributed to reduced productivity from vacant positions and costs associated with replacing physicians⁵⁰. The effect of healthcare worker burnout on healthcare costs, resultant delays in treatment, incorrect treatment, and over and under investigation such as preventative screening, are expected to have significant effects on all types of insurance. Increased healthcare costs typically lead to rises in private health fund premiums. Similarly, rising claims costs from longer duration income protection and workers' compensation claims associated with burnout can be expected to potentially impact life and general insurance premiums.

Health sector burnout can cause significant costs to the insurance industry.



4 Factors for consideration



Pricing

Health Insurance

Although private health insurance pricing is regulated in Australia, increased healthcare costs from rising burnout of both patients and healthcare professionals may affect the sensitivities of risk equalisation strategies as well as pricing vs benefit considerations.

Life Insurance

Base premiums for life insurance can be affected by the growing prevalence and incidence of burnout and its effects on both notifications and duration of income protection type benefits, especially post the COVID-19 pandemic. All cause morbidity and mortality as well as prior claim experience guide ongoing and future pricing.

However, the rising mental and physical effects of burnout, especially cardiovascular, autoimmune and mental health conditions, could further strain pricing assumptions in the next few years, especially if prevention and claims management strategies are not specifically targeted at burnout as the root cause.

General Insurance

Workers compensation insurance premiums could also be affected by increased claims from psychological injury and workplace injuries as a result of extreme fatigue related to burnout. In addition, greater burnout and fatigue could also raise the number of road accidents leading to an increase in motor vehicle and accident and health claims.

Insurers may need to consider the impacts of burnout when pricing products



Product

Life, general and health insurance products do not generally capture burnout as a specific condition and therefore the actual cost and impact of this condition is still largely not recognised.

Life Insurance

Life insurance products aim to financially protect the customer from a death, illness or injury that causes them financial loss.

Disability (lump sum or monthly income) and death benefits are paid if the customer dies or an accident or medical condition reduces (or removes) their ability to work.

Trauma or Critical Illness benefits are paid when a specified medical condition, diagnosis, outcome or procedure occurs with the required severity level.

Burnout itself is not specifically described in any life insurance benefit, but the physical and mental effects of burnout can result in a claim under a death, Trauma or disability benefit.

The correlation is not exact – there can be burnout without an insured event occurring and vice versa. The overlap varies for each customer and will depend on the unique characteristics of their burnout, the types of cover they hold and the range of benefits provided by each cover type – for example, some trauma or critical illness products cover more medical events than others.

Generally, insurers do not specifically address burnout in product benefits or policy terms, despite its likely role as a key contributing root cause to many claims.

Increasing claims costs have driven recent industry pricing and product sustainability challenges, putting a spotlight on underlying root causes to their causative events. Increased numbers and durations of mental health claims have been one key contributor, with the many diverse causes for the increase not yet fully understood. Increasing burnout triggers and resulting burnout rates may be one of those yet to be fully recognised underlying root causes.

General Insurance

Workers' compensation benefits cover both physical and psychological injuries. Since the WHO recognised burnout as a medical condition in 2019, Lockton Australia⁵¹ has observed a rise in burnout related workers' compensation claims.

Burnout has likely played a role where it directly caused or contributed to:

- physical injury, such as musculoskeletal system harm in both blue and white-collar workers from back and joint disorders.
- psychological injury, such as from a mental health condition that it causes or exacerbates.

The increase noted by Lockton may well be even greater to the extent that physical health events such as heart attack, stroke, and gastrointestinal disorders occurred, but were not recognised or reported, even though workplace burnout was a potential contributor.

Health Insurance

Private Health Insurance financially protects part of a person's treatment and rehabilitation costs for conditions with specific diagnostic, procedural or medication codes (some conditions can also qualify as a sickness or other condition that a general insurer may cover for lump sum or income support benefits under Accident and Health products).

Although burnout does have a health insurance ICD11 code enabling burnout sufferers to claim health insurance benefits for treatment and rehabilitation costs, medical professionals often classify burnout using a different code based on the outcome of the burnout on the person – especially for clear physical impacts such as heart attack. This causes under-recognition leading to understatement of the current healthcare expense of burnout, with the true cost currently unknown and difficult to fully quantify.

Underwriting

Life Insurance

Group life product pricing is typically based on assessing the combined risk from the entire pool of lives in the group insured by the policy. Prior claims experience and type of industry covered play a significant role in the overall risk assessment when the pooled premium rates are set. A degree of cross-subsidisation between the healthy and the less healthy results in determining pooled premium rates, since the individual risk circumstances of each insured person are not known.

Past effects of burnout related risks are reflected in the prior claim experience for the particular industry along with the predicted effect of future claims experience. But pricing strain may emerge when a prediction was too low for the claims impact actually experienced. An example is the increased prevalence of burnout since the COVID 19 pandemic, especially in industries like healthcare, teaching and other human or care services.

Individual life products (retail and self-selected) base standard premium rates on past actual and predicted future claims experience for all events that the product covers. For each applicant, the insurer assesses their health, occupation, pastimes and lifestyle risks to determine any non-standard additional mortality and morbidity risk. The applicant's standard premium rate is then adjusted by any loading required to offset non-standard risk factors (or exclusions are proposed for risks that cannot be insured).

Current risk assessment questions asked of Individuals do not cover burnout risk factors, outside of asking about stress in questions about mental health conditions. Apart from ascertaining average hours worked per day, current application questions seem inadequate to identify other key risk factors for burnout such as lack of reward, longer work hours, heavy workloads, lack of holidays, poor diet, reduced exercise, lack of social support, perfectionism, financial stress and periodic absenteeism.

At present, life insurance companies do not specifically underwrite the risk factors for burnout in individual policies.

General Insurance

Workers Compensation insurance uses a similar pooling methodology to group life insurance. Wages and prior claims experience for each industry are important in determining pooled premium rates (which again do not recognise cross subsidisation between the healthy and the less healthy individuals insured).

The increase in psychological injury claims, especially in the at-risk industries noted for group life policies, may have an adverse effect on premium sustainability and require increases.

Health Insurance

Health insurance uses community risk rating. This essentially pools the entire health risk presented by all Australians to determine the required premiums, which are also regulated by the Federal Government. No individual risk stratification occurs and there is an expectation that ≥90% of the premium is returned to the health fund members. One of the main risks to health care cost sustainability, both public and private, is the documented high rate of burnout in medical professionals.

Claims

Life and General Insurance

For life insurance disability benefits as well workers compensation, claims management is focussed on encouraging the claimant to return to work as soon as they are able. The duration and cost of claims for those with severe and chronic conditions can have substantial impact on the overall performance of an insurance portfolio. As burnout is not identified as a root cause for conditions that present as cardiovascular, musculoskeletal or mental health conditions, an absence of support for, or management of, the underlying triggers of burnout can lead to the inability to return to work or recurrence of claim.

Health Insurance

For health insurers, management and containment of cost are often based on tertiary treatments. Although many health insurers now offer health and wellness solutions, personalised support and engagement after a hospital or clinic admission for conditions associated with burnout is not routinely undertaken.

58% of GP's have noted that managing fatigue and burnout was one of their top challenges with the need for a systemic response with burnout interventions to be established⁵².



5 Recommendations to identify, monitor and contain

Life, general and health insurers have a significant role to play in the identification, prevention and management of burnout given the significant impact of this condition on customers as well as on the profitability of all three types of insurance.



Identify

Data

Burnout prevalence is mostly measured in published data by using the Maslach assessment tool.

However, the insurance industry doesn't typically use this tool, making it necessary to consider other ways to assess the impacts of burnout. This could include identifying factors that might lead to burnout or be associated with a higher risk of burnout with customers, patients, or members during underwriting, claims processing and at other touchpoints.

Retro-analysis of current portfolios could include reviewing factors such as:

High-risk occupations, including police, teachers, healthcare workers, and frontline workers.

Role alienation, job frustration, or decreased control, and any differing impacts for full-time, part-time and other employee types.

Disclosed high workloads, work stress, or working hours.

Symptom exacerbation during or after the COVID-19 pandemic (excluding long COVID).

Claims from fatigue, concentration difficulties, mental health conditions (especially those resulting in hospitalisation) or sleep difficulties.

Heart attack and strokes (particularly in younger people) working over 55 hours per week.

Motor vehicle accidents with fatigue as a cause.

Healthcare facilities with elevated repeat investigation rates or medical provider changes as possible indicators of high staff turnover rates that could be driven by burnout.



Collecting both retrospective and prospective data about burnout is of value to insurers.

Proactive data gathering, tools such as the Maslach Burnout Inventory Self-Test⁵³ can be used during claims assessment to identify burnout prevalence.

That data may provide insights into the incidence of burnout within certain areas of the insured population and inform any need for preventative measures or alternative claims management strategies.



Monitor

Pricing

Insurance pricing is heavily driven by prior actual and predicted future claims experience. Given burnout was first described in 1974, pricing has likely reflected its effects on claims experience for many years without having been expressly recognised as a discreet cause.

The increase in burnout from the COVID-19 pandemic correlates with recent increased claims rates from mental health conditions, fatigue, and other health events^{54 55}. This recent spike in claims experience can be expected to further affect insurance pricing into the near future as the impact of burnout becomes better understood. And that impact may be substantial.

A KPMG analysis of life insurance disability claims between 2014 and 2018 identified a 53% increase in mental health claims in 2018 as against 2013, while accident and musculoskeletal claims increased by 23% and 7%, respectively⁵⁶.

Compounding the impact of this increase are higher mental health claim recurrence rates compared to other claim causes – within five years of an initial claim from a mental health condition being made, the likelihood of a second claim being made from the same condition was found to be 17 times higher than other claim causes, and 19 times higher for a different mental health condition⁵⁷.

Increased COVID-19 pandemic driven burnout also correlates with recent cardiovascular, autoimmune, gastrointestinal and motor vehicle-related claims rate increases^{58 59 60 61 62 63}. Therefore, identifying, monitoring and assessing the ongoing contribution of burnout to rising healthcare costs, workers' compensation and disability claims, both in number and duration, is crucial to future pricing.

While insurance pricing may already reflect burnout as a factor for claims, it's important to measure its impact, especially given the rising incidence of burnout.

Product

Insurers are already likely to be covering burnout-related outcomes where it contributes to a diagnosed or treated condition – even if the policy does not specifically mention burnout. For example, a heart attack is covered both when burnout is a contributing cause as well as when it is not.

In 2020, APRA deployed various measures to require life insurers to better protect the financial sustainability of their insurance pools for consumers from sustained losses being incurred by disability income life insurance products⁶⁴.

With a recent report showing 62% of Australian employees experiencing burnout compared to 53% globally⁶⁵, more industry measures may be needed to future-proof insurance pools from likely ongoing disability income benefit claims cost increases that are contributed to by burnout in the years ahead.

Life insurance responses could include:

- Reviewing benefit periods for burnout.
- Requiring better identification of burnout through a diagnostic code supported by associated testing using a recognised burnout inventory score.
- Excluding burnout coverage for a reduced premium.
- Reducing premiums where recognised self-care practices that can be verified occur.
- Including a burnout support feature that provides insurer funded rehabilitation activities to be undertaken and that pays financial incentives if these services are followed.

General insurance responses could include:

- Premium reductions for employers who focus on specific burnout prevention measures like workload management, monitoring after hours work and employee empowerment.
- Provision of specific burnout products for employee health solutions.
- Digital solutions to test fatigue, tiredness and alertness for insured fleet operators.

Health insurance responses could include:

- New benefits such as a specific benefit amount for burnout-related self-care services.
- Focused and targeted support services for claimants with suspected burnout.

Contain

Underwriting

Most Individual life insurance applications are underwritten, whether made directly or through a financial adviser or other third party.

Similarly, individuals under group policies are underwritten for any:

- standard cover under the policy's standard benefit calculation formula that exceeds the group's automatic acceptance level; or
- additional voluntary cover that they request.

Insurers can improve the risk assessment of burnout during underwriting through specific burnout guidelines and training.

The underwriting process evaluates any additional mortality or morbidity risk posed by the applicant's health, occupation, pastimes, smoking status, family history and other matters. The additional mortality and morbidity risk is then assessed as either:

- normal and insurable at standard rates,
- insurable with a premium loading that negates the additional risk,
- insurable with an exclusion for a specific condition or area of the body where a specific risk is too high to accept, or
- uninsurable overall (risk cannot be priced).

Health questions are currently based on symptoms, signs, diagnoses, investigations, procedures and or treatment. Yet, since burnout is not recognised as a discreet condition, it is neither loaded, excluded nor relevant to assessments of overall insurability.

As burnout has only recently had its own ICD10 and 11 coding, it may not be recognised by using current risk assessment measures that focus on the presence of conditions that often (but not always) correlate with burnout and for which the required insurance response such as a musculoskeletal, cardiovascular, mental health or fatigue syndrome exclusion or loading is applied.

Underwriting responses to burnout could include:

- Developing a specific burnout underwriting guideline
- Questions that better identify the risk or presence of burnout, including questions about:
 - Working conditions, including;
 - Workplace stress level
 - Number of days after-hours work is performed
 - Control over the work environment
 - Last annual leave taken and length
 - Number of single-day absences in the past year
- Questions to identify personality traits at higher risk of burnout including perfectionism, history of high performance, and frequency of job changes
- Capturing alcohol consumption, drug intake, or smoking and their possible relationship to burnout
- Capturing motor vehicle accidents or other injuries and their possible relationship to fatigue
- Capturing sudden onset of joint or back pain
- Questions to identify repeated infections, such as severity, frequency, and recovery time
- Cardiovascular condition loadings informed by the additional risks from burnout on known cardiovascular risk factors
- Underwriting approach for occupations with higher burnout risk, such as teachers, first responders, front line workers and healthcare workers
- Training and education to underwriters on burnout and associated physical and mental health risks.

Prevention

Health, general, and life insurance can assist their customers to avoid burnout through educational materials and other measures. Reduced claims notifications, shorter claim duration, lower claims costs, and improved customer satisfaction metrics such as TNPS or partner engagement are possible outcomes.

Employer

Life and general insurance is frequently sold to employers as an employment benefit for staff, to cover the employer's own financial losses from employee time off work or both. Yet the impact is more than financial.

Unplanned employee absences from work present significant operational and employee value risks for employers, not just financial risk. Similarly, employees present at work but not fully functional (presenteeism) is a possible lead indicator for future burnout with the potential for prolonged income protection and/or psychological injury claim periods. Presenteeism can also increase employee health events resulting in productivity losses of 4.9% (migraine), 7.6% (depression) and 5.5% (lower back pain)⁶⁶.

Mental health-related absenteeism and presenteeism in Australia are estimated to cost up to \$17 billion per year⁶⁷. While in New South Wales, iCare has estimated that every dollar invested into improving mental health in the workplace can create social and economic benefits worth a potential \$65⁶⁸.

Prevention can be aimed at either the employer or individual.

To help employers manage workplace burnout, insurers can provide support and engage with them by:

Identifying employees who may already be (or are at higher risk of becoming) sick with signs such as:

- Visible illness
- Low morale
- Low absence rates
- Working long hours
- Issues with work quality
- Turning off webcams during online meetings
- Increased mistakes
- Lack of job autonomy and satisfaction⁶⁹

Measuring presenteeism through measures such as:

- Number of hours logged on.
- Number of episodic absence days.
- Low amounts of vacation taken
- Poorly performing as well as trends by business area (e.g. not meeting SLA's).
- Mistakes and incidents from manual errors (especially if in one area or with one individual).
- High performers with new performance management plan.
- Resignations with no alternative employment.
- Low employee satisfaction measures such as employee Net Promotor Scores.
- Workers' compensation and income protection claims associated with burnout.
- Anonymous surveys of chronic conditions such as sinusitis, migraines, arthritis etc to understand latent conditions present in the workforce.

Premium reductions could be given for employers engaging in burnout prevention strategies and solutions that lead to improved claims measures.

Support measures like:

- Employee education about signs and symptoms of burning out and presenteeism.
- Encouraging leave taking when unwell.
- Changing working hours, reducing periods of prolonged work, flexibility on start and end of day.
- Whole health and wellbeing employee solutions.
- Prioritising mental health support such as through employee assistance program solutions offering good counselling and burnout support.
- Mental health condition training for executives and people managers.
- Adding burnout to the risk dashboard, monitoring workloads and time pressures (including invisible work).
- Tracking the impact of specific burnout prevention and support programs.
- Looking for root causes of potential systemic contributors to burnout such as organisational structural issues, especially where groups of individuals present with burnout.
- Re-engineering chaotic environments, rebalancing workloads and addressing workload inefficiencies such as by load sharing, paying attention and taking an interest in staff.
- For healthcare organisations, supporting physician-patient interaction, and optimising trust.⁷⁰

Individual

Insurers can assist customers to manage burnout risk beyond providing financial protection through burnout prevention programs and resources to improve overall health. These might include offering self-care apps or programs focused on practices such as yoga, meditation, mindfulness, workload prioritisation, sleep, exercise, and diet.

Insurers

Insurers can also benefit from pro-actively initiating preventative measures through improvements to overall healthcare and claims costs and to measures such as employee satisfaction, customer retention and disability product claims duration and notification.

Insurer advocacy for burnout prevention programs to be integrated into the broader healthcare ecosystem can also play a significant role, given that this condition can affect a significant number of people⁷¹.

Insurers could consider offering burnout prevention programs and resources to both employers and individuals to reduce claims and have a positive impact on customer health and wellbeing.

Claims

Identifying when burnout is the cause of a claim is crucial for identifying appropriate return-to-work strategies, programs and benefits. Unlike some other claim types, encouraging a claimant back to work too soon may worsen their condition and lead to a longer claim duration or recurrences. This is relevant not only for mental health claims, but also for claims related to cardiovascular, musculoskeletal or gastrointestinal issues that may have burnout as a contributing cause.

The following steps can help insurers identify and manage burnout-related claims:

1. Revise claim forms in life insurance and workers' compensation to include:
 - Confirmation of a diagnosis of burnout by the treating doctor as the cause of claim, or as an exacerbation of an underlying condition
 - A burnout information sheet for doctors to aid in correct diagnosis
 - Questions that help identify burnout as an underlying cause of the claim, such as signs of exhaustion, alienation from work, reduced performance, personal and work overload, lack of vacations,
2. Adjust rehabilitation plans for burnout claimants to allow adequate time for self-care before returning to work.
3. Focus on high-value healthcare cost claims with frequent hospitalisation, especially in mental health clinics, and provide burnout prevention or support solutions.
4. Assess the health and turnover rate of healthcare workers in hospitals or healthcare facilities for high-value healthcare costs or frequent readmissions, as healthcare worker burnout might be a contributor.
5. Deploy prevention strategies for claimants with burnout claims to reduce risk of recurrence or relapse.

Identifying and managing burnout-related claims is crucial for return-to-work benefits, reducing risk of recurrence and healthcare costs.

6 Summary of key findings

- 1 Burnout has medical condition classification and presents with both physical and mental health impairments.
- 2 Although burnout has been described in medical literature for many years, the prevalence and impact of burnout appears to be increasing, especially post the COVID-19 pandemic.
- 3 Life, health and general insurers protect against financial consequences of illness and injuries and so need to be aware of the impact of burnout on current and future claims experience through understanding the condition through relevant data collection during underwriting and claims processing.
- 4 Insurers and their partners have a role to play in both preventing burnout as well as supporting customers claiming for conditions associated with burnout through bespoke benefits or programs.
- 5 Insurers have a role to play in supporting employers in identifying and reducing burnout in employees through presenteeism, absenteeism and early intervention management programs.



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