Chapter

How to Reduce Burnout in Public Service Organizations during Times of Crisis? A Review of (Promising) Interventions

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Abstract

Burnout among public service employees is a critical issue exacerbated by crises such as natural disasters, pandemics, and wars. This chapter explores effective strategies to prevent and manage burnout in public service organizations, emphasizing the unique stressors these employees face during crises. Burnout, characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment, severely impacts both individual well-being and organizational efficiency. The literature review highlights promising interventions, including stress management, workload adjustments, social support enhancement, and involvement in decision-making. Specific strategies are detailed for different crisis contexts, such as economic pressures, war, and pandemics. Implementing these holistic interventions can enhance resilience and ensure the effective delivery of essential services during emergencies. By addressing burnout comprehensively, public service organizations can support their employees' mental health and maintain high-quality service standards even under extreme conditions.

Keywords: burnout, crisis management, public services, mental health, well-being

1. Introduction

In the wake of recent crises such as natural disasters, pandemics, and wars, public service employees have faced unprecedented challenges. With the rapid changes and developments organizations have faced in recent years, occupational stress has increased occurrences of employee burnout [1, 2]. Addressing burnout in public service organizations is crucial, especially during crises, as these situations exacerbate the stress and strain experienced by public service employees.

Burnout is a syndrome that causes significant negative organizational and individual effects. Employees suffering from burnout become incapable of meeting the demands of their jobs and professions [3, 4]. The burnout syndrome does not arise suddenly and can become unmanageable if its symptoms are neglected [5]. Consequently, indicators of burnout must be diagnosed promptly, and necessary

measures must be taken. In particular, burnout is more common among those working in professions that require intense communication with people, such as public servants who engage intensively with citizens, including nurses in public hospitals during the pandemic [6]. It is described as a state that arises from the feeling of physiological and emotional exhaustion due to the inability to manage the stress inherent in the profession [7].

Burnout encompasses prolonged feelings of unhappiness, exhaustion, hopelessness, and helplessness in an individual [8]. If employees set lofty goals themselves and then fail to achieve them, they become disillusioned and feel drained of energy, known as occupational burnout [9]. Freudenberger made an attempt to define burnout as failing, beginning to wear out, or experiencing fatigue due to the effect of intense demands on individual energy, power, and other resources [5]. Subsequently, Maslach explained burnout as consisting of three dimensions, which include emotional exhaustion, depersonalization, and reduced personal achievement occurring in employees who have intense interactions with others due to their work [3].

Emotional exhaustion refers to a state of energy depletion where the person's emotional energy is fully consumed [9]. An individual who is emotionally unavailable sets limits on their relationships with the people around them and withdraws from others, manifesting the depersonalization dimension [7]. In the final stage, the person becomes aware of the change between their positive behaviors before burnout and their behaviors afterward. This will lead to thoughts of not contributing to the company and other feelings of inadequacies [3].

Each of these dimensions significantly affects a person's life, functioning, and responses and will over time reduce the desire, strength, effort, and positive behaviors through which the person tries to maintain their job and responsibilities in their private life, causing them to feel inadequate [9]. This situation leads the person to develop negative thoughts about themselves and feelings of failure [10]. Additionally, negative behaviors and disinterest in the environment emerge, all of which force the person to distance themselves from their surroundings, experience conflict in their relationships, and withdraw into themselves [11]. These losses lead to emotional and mental exhaustion in individuals, creating fatigue, hopelessness, helplessness, and lack of self-confidence [12]. Therefore, the person becomes unable to continue their responsibilities, and their relationships with their environment inside and outside the organization may deteriorate [13].

Burnout is not a disease but a syndrome and thus should not be medical treatment-focused [1]. Instead, prevention initiatives become essential. Hence, this chapter aims to explore effective strategies to prevent and manage burnout during crises, review existing research, and provide actionable recommendations. By understanding and addressing burnout, particularly in times of crisis, we can develop interventions that enhance the resilience and well-being of public service employees, ensuring they can continue to provide essential services effectively.

2. Understanding burnout during crises

2.1 Definition and symptoms

Burnout is a psychological syndrome emerging as a prolonged response to chronic interpersonal stressors on the job. It is characterized by three main dimensions: (i)

emotional exhaustion, (ii) depersonalization, and (iii) a reduced sense of personal accomplishment [3].

Emotional exhaustion refers to feelings of being emotionally overextended and depleted of one's emotional resources [4]. Individuals experiencing this dimension feel drained and fatigued, which can manifest in both physical and emotional symptoms, such as chronic fatigue, insomnia, and increased susceptibility to illness [8].

Depersonalization involves a negative, callous, or excessively detached response to various aspects of the job. It is characterized by distancing from the job and the people one is meant to serve, which can lead to a sense of cynicism and a negative attitude toward clients or patients [4]. This detachment serves as a coping mechanism to deal with the stress and emotional burden of the job [14].

Reduced personal achievement involves feelings of inefficacy and a lack of achievement and productivity at work. Individuals may feel incompetent, experience a decline in self-esteem, and believe they are no longer effective in their role [8]. This reduced sense of personal accomplishment can erode an individual's confidence and motivation, impacting overall job performance and satisfaction.

2.2 Antecedents and consequence of burnout of public service employees and organizations

In this section, we discuss crisis induced stressors relating to burnout. We distinguish between (i) stressors increasing the risk of experiencing burnout, (ii) individual, and (iii) organizational stressors occurring as a result of experiencing burnout.

In the first category, the literature has identified increased workload, emotional toll, safety concerns, role conflicts, and social isolation as potential stressors leading to burnout [15–19]. In the second category, individual consequences of burnout include mental and physical health issues, job dissatisfaction, impaired functioning, and interpersonal issues [20–24]. In the third category, we summarize organizational level consequences and discuss reduced efficiency, increased absenteeism, high turnover, and diminished service quality [7, 8, 25, 26].

2.2.1 Stressors increasing the risk for burnout

2.2.1.1 Increased workload

Crises often lead to a surge in demand for services, resulting in longer working hours and greater workloads for public service employees. This can increase the strain put on employees' physical and mental capacities, leaving them with little time for rest and recovery. For instance, in the aftermath of natural disasters like Hurricane Katrina in the United States, emergency responders faced overwhelming demands that stretched their capabilities and increased the risk of burnout [18]. The constant need to provide care under high-pressure conditions without adequate downtime exacerbates stress and fatigue [27].

2.2.1.2 Emotional toll

Continuously dealing with traumatic events, suffering, and death takes a significant emotional toll on public service employees. Healthcare workers and emergency responders are regularly exposed to distressing situations, leading to compassion fatigue and secondary traumatic stress [15]. The cumulative emotional

burden can lead to feelings of helplessness, anxiety, and depression, which are core components of burnout.

2.2.1.3 Safety concerns

Safety concerns, including the risk of exposure to dangerous situations or infectious diseases, add to the stress experienced by public service employees. During the COVID-19 pandemic, inadequate protective equipment and resources heightened these concerns, leading to increased anxiety and stress among healthcare workers [16]. The fear of contracting the virus and spreading it to family members further compounded their stress levels. In addition, war situations created security concerns among employees, causing burnout to increase [28].

2.2.1.4 Role conflicts

Balancing professional duties with personal and family responsibilities creates significant role conflicts. Public service employees often experience guilt or stress from feeling unable to meet the demands of both their job and their personal life. This is particularly evident in times of crisis when the demands of their roles intensify, and personal sacrifices become more pronounced [17]. The pressure to perform effectively at work while managing home responsibilities can lead to burnout.

2.2.1.5 Social isolation

The demanding nature of crisis work can lead to social isolation. Limited time for social interactions and support from colleagues and loved ones can contribute to feelings of loneliness and exacerbate the symptoms of burnout. Wright and Silard show in their study that loneliness at work is associated with factors such as a lack of social skills, certain personality traits (especially introversion), and a low-quality relational climate [19]. Social support is a crucial buffer against stress, and its absence can lead to increased vulnerability to burnout [29]. The global COVID-19 pandemic highlighted how isolation from support systems can worsen mental health outcomes for frontline workers.

2.2.2 Individual stressors as consequences of burnout

2.2.2.1 Mental health issues

Burnout is associated with a range of mental health issues, including depression, anxiety, and substance use disorders. The prolonged stress and emotional exhaustion experienced during crises can precipitate or exacerbate these conditions [22]. For example, during the COVID-19 pandemic, many healthcare workers reported high levels of psychological distress [16].

2.2.2.2 Physical health issues

Chronic stress and burnout can lead to physical health problems such as cardiovascular diseases, musculoskeletal disorders, and chronic fatigue syndrome [23]. The physical strain of prolonged work hours and the emotional toll of dealing with crises can weaken the immune system and increase susceptibility to illness.

2.2.2.3 Job dissatisfaction

Burnout leads to decreased job satisfaction and engagement, resulting in higher turnover rates and lower employee retention [20]. Dissatisfied employees are less likely to stay in their positions, which can lead to staffing shortages and increased workload for remaining staff, further perpetuating burnout.

2.2.2.4 Impaired functioning

Cognitive functioning and decision-making abilities are impaired in individuals experiencing burnout. This can reduce productivity and the quality of work, leading to errors and decreasing effectiveness in job performance [24]. The high-stress environment of crises can make it difficult for employees to focus and perform their tasks efficiently.

2.2.2.5 Interpersonal issues

Burnout can strain relationships with colleagues, family, and friends, leading to social withdrawal and decreasing support networks [21]. The emotional exhaustion and depersonalization aspects of burnout can cause individuals to become irritable, withdrawn, and less communicative, impacting their personal and professional relationships.

2.2.3 Organizational stressors as consequences of burnout

We now turn our attention to the organizational level and describe the organizational consequences of burnout. More specifically, we discuss reduced efficiency, increased absenteeism, high turnover, service quality, and financial costs in more detail.

2.2.3.1 Reduced efficiency

Burnout reduces overall organizational efficiency and productivity due to decreased employee performance and increased errors. Organizations rely on the optimal functioning of their staff to provide quality services, and burnout undermines this capability [8].

2.2.3.2 Increased absenteeism

Higher rates of absenteeism and sick leave among burnt-out employees can disrupt organizational operations and increase costs. The frequent absence of key personnel can lead to gaps in service delivery and overburdening of the remaining staff, exacerbating the burnout cycle [7].

2.2.3.3 High turnover

Increased turnover rates due to burnout result in the loss of experienced and skilled staff, further straining the organization. Recruiting and training new employees are costly and time-consuming processes, and high turnover can destabilize team dynamics and reduce institutional knowledge [26].

2.2.3.4 Diminished service quality

The quality of care and service delivery is compromised when employees are burnt out, leading to poorer outcomes for clients, patients, and citizens in general. Employees experiencing burnout may become less empathetic, make more mistakes, and be less engaged in their work, all of which can negatively impact service quality [25].

3. A literature review of burnout interventions

Public service organizations around the world have increasingly recognized the detrimental impact of burnout on their employees, leading to an increase in research focused on identifying effective interventions [30]. In this literature, there is also a significant emphasis on understanding burnout during times of crisis, as these times often increase stress levels and highlight the need for robust support mechanisms [31]. This literature review explores promising strategies for reducing burnout among public sector employees, drawing on a comprehensive review of recent studies conducted during crisis periods [10].

In our searches on the Web of Science we used the following keywords: Burnout, Crisis Management, Public Services, Mental Health and Well-being. The search yielded a total of 30 articles about burnout during crisis periods. Among these results, nine articles present strategies for preventing burnout during crisis periods in the public and private sectors. These articles were selected and further examined. The included studies provide a comprehensive look at how crises affect burnout and specific interventions that can alleviate these effects [28].

3.1 Effective strategies to combat employee burnout during a crisis

Gabriel and Aguinis propose five basic strategies to combat burnout in times of crisis [31]. These strategies are (i) providing stress management interventions, (ii) allowing employees to actively organize their work, (iii) encouraging and improving social support, (iv) involving employees in decision-making processes, and (v) implementing high-quality performance management. Stress management interventions include cognitive-behavioral training and mindfulness meditation groups. Cognitive-behavioral training and mindfulness meditation groups help workers adapt to stressful situations and reduce emotional exhaustion [32, 33]. Allowing employees to actively organize their work allows them to negotiate job content, choose tasks that suit their strengths, and provide development opportunities. Allowing employees to engage in job crafting, such as modifying tasks and work processes, increases motivation and engagement [34]. Encouraging and improving social support includes establishing genuine relationships with employees, demonstrating empathy, creating an environment of trust, and encouraging nonwork support. High-quality relationships with managers reduce emotional exhaustion, especially in high-demand jobs [18, 35]. Involving employees in decision-making processes, learning about the resources needed, transparently communicating how decisions are made, and involving employees in strategic decision-making processes. Transparent communication and encouraging employee voice increase perceptions of fairness and reduce burnout [36, 37]. Implementing high-quality performance management includes providing strengths-based feedback, setting development goals, associating performance management with rewards, and implementing fair performance management systems.

Providing strengths-based feedback and setting developmental goals motivates employees and aligns their goals with organizational goals [38]. These strategies aim to help organizations effectively combat burnout during times of crisis and improve the overall well-being of employees [31].

Additionally, it is possible to adapt these strategies to the public sector. Public sector workers are often tasked with delivering essential services under conditions of resource constraints, high public scrutiny, and complex bureaucratic structures. These factors contribute to increased stress levels and a higher risk of burnout among public sector workers [39]. To address this issue, it is of great importance to adapt and implement targeted burnout prevention strategies in this context. Strategies such as stress management interventions, work adjustments, promotion of social support, employee participation in decision-making, and high-quality performance management can be effectively tailored to meet the specific needs of public sector employees [40, 41]. To adapt these burnout prevention strategies to the public sector, the following steps can be followed:

- Integrating stress management techniques into employee assistance programs [32].

- Establishing policies that provide employees with greater autonomy and role adjustments [42].

- Developing a culture of collaboration and empathy through structured mentoring programs and team-building activities [43].

- Establishing participatory committees or councils that include representatives from various departments and levels [44].

- Creating transparent, fair, and development-oriented evaluation systems that recognize and reward employee contributions while providing clear pathways for career development and growth [45].

These adaptations can increase the motivation of employees in the public sector, increase job satisfaction, and support their general well-being, creating a more productive and healthier working environment [46].

3.2 Coping with employee burnout during economic and financial crises

Work by Breaugh refers to a period characterized by increasing financial pressures, staff reductions, and increases in work intensity in the public sector [30]. During this period, public sector organizations faced challenges such as budget constraints, staff reductions, and increased workload, leading to increased stress levels in employees. The research examined 30 countries and eight public sector occupations using data from the European Working Conditions Survey (EWCS) [30]. The article emphasizes the importance of meeting employees' basic needs (autonomy, competence, and relationship) among empirically supported burnout prevention strategies.

Involving employees in business processes and participating in decision-making mechanisms plays a critical role in reducing burnout. Additionally, social support and strengthening relationships alleviate the negative effects of stress. The support provided by managers and colleagues makes it easier for employees to cope with stress

and increases job commitment. Competency development programs and continuing education opportunities also reduce burnout by increasing employees' competencies. These findings reveal the importance of social support programs, policies that encourage employee engagement, and continuing education opportunities to cope with burnout in times of crisis in the public sector [30].

3.3 Combating burnout in employees in war situations

Another major crisis situation is war. Khristich et al. discuss the design of a professional burnout recovery program based on life purpose orientations in combat conditions [28]. The research was conducted in August 2022, during the Ukraine-Russia war, on 30 personnel working in the Ukrainian social services department. Data were collected through surveys on employees' work and well-being, the Maslach Burnout Inventory, and the Life Purpose Orientations Test. The findings show that the perception of job difficulty increased during the war, and customers' psychological problems and characteristics of the service triggered fatigue. It has been determined that employees often feel anxiety, especially fear about the situation in the country and the lives of themselves and their relatives. Among professional burnout factors, emotional exhaustion predominates, with high levels of depersonalization and low rates of decline in personal accomplishment observed in women. In life goal orientations, while the awareness and time perspective of goals were low among women, they were found to be higher among men, especially in the 31–40 age group. While half of the women found their lives meaningful, the other half lost awareness of their goals due to the negative emotions brought on by the war situation. Women with a low locus of control were associated with high burnout rates, whereas men's locus of control was found to be high.

Empirical results of the study show that empathy training skills, self-regulation techniques, communication development, time management, and social support strategies are effective in preventing burnout. While empathy training can reduce emotional burnout levels by 10–15%, up to 20% reductions in burnout levels have been observed in those who apply self-regulation techniques. It was determined that those who improved their communication skills experienced 30% less depersonalization, and those who received time management training experienced 25% less burnout. A 15–20% decrease in the emotional burnout of employees who received social support was observed. These strategies can significantly reduce professional burnout levels by improving employee well-being [28].

In contrast, in war conditions, the risk of burnout increases as public sector employees face high demands and limited resources [47]. To prevent this situation, adapting the burnout prevention strategies outlined in Khristich et al.'s article—namely empathy training, self-regulation techniques, improving communication skills, time management, and social support strategies—to the public sector may be effective. These strategies can help public employees manage their workload more effectively, increase their emotional resilience, and strengthen their social support mechanisms.

One of the most important examples in war research is military personnel. The study conducted by Adler et al. examined burnout levels and associated factors in US military medical personnel serving in Afghanistan [12]. 344 military medical personnel participated in the survey and evaluated burnout, Post-Traumatic Stress Disorder symptoms, professional stressors, self-care behaviors, team care, and leadership perceptions. According to the results of the study, the three main factors that are

negatively related to burnout are self-care, team care, and health-promotion leadership. Self-care is the ability of individuals to replenish their personal resources, such as physical exercise, relaxation, seeking social support, and engaging in nonwork activities [12]. The most common self-care strategies among military personnel are exercising and being part of the team. Team care, in the military context, refers to the extent to which individuals support their teammates and can reduce burnout levels by strengthening a sense of belonging. Health-promotion leadership is specific behaviors of leaders that promote health and well-being. These leadership behaviors play an important role in reducing burnout through actions such as maintaining professional standards, emphasizing the importance of physical and mental care, providing positive feedback, and maintaining the team's emotional balance. These factors allow for the development of specific strategies to reduce burnout among military medical personnel and provide feasible solutions [12].

3.4 Combating employee burnout in workload crises caused by reform initiatives and mass disasters

The crisis period examined by Grima et al. results from the implementation of New Public Management (NPM) principles in French public hospitals [48]. The implementation of NPM aims to make resource management in hospitals more efficient, but these reforms have led to a significant increase in doctors' workload and complex changes in the nature of their work. With NPM, doctors had to deal with not only clinical tasks but also administrative tasks. This situation has caused doctors to face excessive workloads.

Between 2013 and 2014, semi-structured interviews were conducted with 25 doctors working in four different public university hospitals. Interviews were conducted in doctors' offices or by phone, and anonymity was guaranteed. The data obtained from the interviews were analyzed using the content analysis method. In the research, an interpretive position was adopted in order to understand the meaning attributed to social reality [48].

According to the findings of the research, doctors working in French public hospitals have developed various strategies to cope with excessive workloads. With the avoidance strategy, they reduce their stress by avoiding administrative tasks and performance indicators. With the delegation strategy, they lighten their burden by transferring their administrative duties to others. In the sabotage strategy, they reduce the hospital's workload by sabotaging its efforts to generate revenue. They accept the heroic strategy, increase the scope and intensity of their work, and make personal sacrifices. In the surrender strategy, they endure excessive workloads for career advancement. With the strategy of fatalism, they accept that workload is inevitable. In the overinvestment strategy, they proactively overinvest in administrative tasks. In the restructuring strategy, they balance the workload by increasing work hours and restructuring their time from clinical duties to administrative duties. These strategies are methods developed by doctors to increase their capacity to cope with stress [48].

The article by Sever et al. addresses the burnout experienced by nephrology staff during mass disasters such as the Marmara Earthquake, the Haiti Earthquake, and the COVID-19 pandemic [2]. Crises such as an increase in post-earthquake crush syndrome, an increase in kidney failure cases, shortages of medical supplies and personnel, an overload of healthcare services during the pandemic, and shortages of personal protective equipment all increase the risk of burnout among healthcare personnel. The article examines the effects of these crises and strategies for coping

with burnout. Such coping strategies include providing safe working environments at the organizational level, reducing workload, optimizing personnel and material supply, providing mental health support, flexibility in working conditions, and accurate and timely information.

In order to increase safety, it is recommended to work in durable buildings after the earthquake and to stock sufficient PPE during pandemics, to increase the number of personnel to reduce the workload, to use telemedicine applications, and to implement alternative programs such as dialysis twice a week. It is important to provide mental health support, provide professional support for staff showing signs of burnout, develop team spirit, implement short shifts, and allow time for medical staff to rest.

At the individual level, stress coping training, teaching relaxation techniques such as mindfulness and yoga, adequate nutrition to protect physical health, encouraging sleep and exercise, reducing alcohol and cigarette use, and providing mental health support to cope with emotional difficulties are emphasized. These measures aim to increase the effectiveness of healthcare services and reduce the risk of burnout [2]. The methods to combat burnout mentioned in the article can also be adapted to public sector employees. A study by Maslach and Leiter examined the effects of public sector employees' workload and stress coping mechanisms on burnout and showed that such measures can significantly reduce burnout [21]. It reviews research across psychology, psychiatry, and organizational behavior, discussing models like the Job Demands-Resources (JD-R) and Conservation of Resources (COR). Various measurement tools, including the Maslach Burnout Inventory (MBI), assess burnout dimensions. Empirical studies focus primarily on healthcare providers, including nurses and mental health professionals, with references to longitudinal studies and national surveys from countries like Sweden and the Netherlands. This study emphasized the positive effects of balancing workload, providing the resources needed by staff, and providing mental health support on burnout.

3.5 Coping with pandemic-related burnout in healthcare workers

In the review by Magnavita et al., medical literature databases were used to examine the burnout syndrome affecting healthcare workers between October 31, 2020, and March 31, 2021, without differentiating between the public and private sectors [1]. Magnavita et al., aimed to assess the prevalence of burnout syndrome among healthcare workers during the SARS, MERS, and COVID-19 outbreaks and the risk factors contributing to this condition [1]. Out of 270 records, 16 systematic reviews were read, and seven were included in this review. In the study by Salazar de Pablo et al., the prevalence of burnout among healthcare workers exposed to SARS, MERS, and COVID-19 was reported to be 34.4% (confidence interval 19.3–53.5%) [49]. Additionally, in the study by Serrano-Ripoll et al., the pooled prevalence of burnout syndrome was found to be 28% (with confidence intervals ranging from 26 to 31%) [50]. These rates indicate that burnout syndrome is a significant issue among healthcare workers and increases during pandemics.

The research results suggest various methods to protect the mental health of healthcare workers and prevent burnout syndrome. These methods include preventive care and workplace health-promotion programs, workload management, psychological support, education and information, communication and support, and improvement of the working environment. Such programs can reduce stress and prevent burnout syndrome. A fair division of labor can lighten the workload, and regular psychological support can help workers cope with difficulties. Additionally, providing

training on infection control and stress management can help workers feel safer. Well-organized communication systems and peer support programs can also positively impact mental health. Ergonomic improvements in the working environment and regular breaks can reduce job stress and lower the risk of burnout. These measures are considered critical steps to protect the mental health of healthcare workers in both the public and private sectors during and after the pandemic [1].

In another study by Ferreira and Gomes conducted in Portugal between November 2020 and January 2021 during the second wave of the COVID-19 pandemic, the burnout and resilience levels of healthcare workers were examined. The study collected data through an online survey, and 196 healthcare professionals (nurses, doctors, and healthcare assistants) participated in the survey [6]. Participants were assessed with scales such as the Maslach Burnout Inventory (MBI) and the Connor-Davidson Resilience Scale (CD-RISC-10). The results of the study revealed that resilience had significant effects on three dimensions of burnout: High levels of resilience were associated with lower emotional burnout and depersonalization and were also linked to higher personal accomplishment. These findings suggest that resilience is an important personal resource that reduces the risk of burnout in stressful work environments. Thus, fostering individual resilience can be considered a burnout prevention strategy.

Work by Förster et al. [51] supports this view. Förster et al. conducted an empirical study involving 20 in-depth interviews with healthcare leaders to identify key resilience factors. The study found that individual factors (e.g., positive attitude, self-efficacy), situational factors (e.g., supportive work atmosphere, social support), and behavioral factors (e.g., open communication, reflection) contribute to resilience [51]. An integrated framework was developed, emphasizing the need for targeted resilience training and organizational support to mitigate burnout and enhance leadership effectiveness, especially during crises like the COVID-19 pandemic [51].

4. Synthesis of interventions to reduce burnout

Addressing burnout among public service workers, particularly during emergencies, requires a multifaceted approach. To effectively mitigate burnout, interventions can be categorized into three main types: organizational, social, and individual.

Combining these three types of interventions may provide a comprehensive strategy to overcome burnout among public service workers. Organizational interventions create a supportive framework, social interventions build a resilient community, and individual interventions equip employees with personal coping mechanisms. This integrated approach can support public service workers at various levels, improving their ability to remain effective and motivated even in the face of crises. Customizing these interventions to address the specific stressors and conditions encountered in crisis situations further increases their effectiveness, as demonstrated by various case studies and research findings [28, 48]. In the subsequent section, we briefly illustrate each one of these three main types of burnout intervention strategies.

Organizational interventions focus on structural and policy-related changes within the workplace. Key strategies include workload management, resource allocation, and stimulating employee engagement.

Workload management: Implementing policies to ensure that workloads are manageable and evenly distributed can prevent the excessive stress that leads to burnout. For instance, the introduction of flexible working hours and balanced workload distribution has been shown to reduce burnout among public service employees [1].

Resource allocation: Providing adequate resources, both in terms of personnel and materials, helps employees perform their tasks efficiently without undue strain. During crises like the COVID-19 pandemic, ensuring the availability of personal protective equipment and other resources was crucial in reducing stress and burnout among healthcare workers [2].

Employee engagement: Involving employees in policy and decision-making processes fosters a sense of ownership and control, which can mitigate feelings of helplessness and increase job satisfaction. Research indicates that participatory management and employee involvement in decision-making processes can significantly reduce burnout and improve job satisfaction [44].

Social interventions aim to strengthen the support networks and interpersonal dynamics within the workplace. More specifically, social support networks, empathy training, and communication development training can be mentioned.

Social support networks. Encouraging the development of supportive relationships among colleagues can create a more cohesive and resilient workforce. High-quality relationships with managers and colleagues have been found to reduce emotional exhaustion, especially in high-demand jobs [35].

Empathy training. Training programs that enhance empathy and communication skills help employees understand and support each other better, reducing interpersonal conflicts and fostering a supportive work environment [28].

Communication development. Enhancing communication through structured training, regular team meetings, leadership modeling, and feedback systems reduces burnout and improves team dynamics by ensuring employees feel heard and valued [12].

Ultimately, individual interventions are tailored to the specific needs of employees, helping them develop personal coping mechanisms and resilience. Key strategies include:

Stress management programs. Offering programs that teach stress management techniques, such as mindfulness and relaxation exercises, can help employees manage their stress levels more effectively. Mindfulness meditation and cognitive-behavioral training have been found to be effective in reducing emotional exhaustion [32].

Professional development and resilience training. Providing opportunities for professional growth and resilience training equips employees with the skills needed to adapt to and overcome challenges. High levels of resilience are associated with lower emotional burnout and depersonalization, as well as higher personal accomplishment [6].

Mental health support. Ensuring access to mental health resources, such as counseling and therapy, helps employees address their mental health needs and prevents burnout from escalating. Regular psychological support and mental health courses are essential in maintaining a sense of community and stability during crises [1].

These interventions must be customized to the specific stressors and conditions faced by public service workers during emergencies.

The strategies proposed by Gabriel and Aguinis overlap and complement the three main categories of interventions discussed earlier [31]. For instance, their emphasis on stress management interventions aligns with the individual interventions aimed at stress management programs. Allowing employees to organize their work and involving them in decision-making processes are components of organizational interventions that focus on workload management and employee engagement. Encouraging and improving social support fits within the social interventions category, where social support networks and enhanced communication are key strategies.

Organizational interventions	Social interventions	Individual interventions
Workload management [2, 21, 27]	Social support networks [18, 31, 35]	Stress management programs [31, 32]
Resource allocation [2]	Empathy training [12, 28]	Professional development and resilience training [6, 51]
Employee engagement [31, 44, 45]	Communication development [12]	Mental health support [1, 21]
Flexibility in work conditions [42]	Resilience activities [51]	Self-regulation techniques [28]
High-quality performance management [31]		Mindfulness and cognitive-behavioral training [32, 33]

Table 1.
Summary of burnout interventions.

The different classifications provide a comprehensive framework that addresses burnout from various angles, ensuring a holistic approach. The categorization into organizational, social, and individual interventions helps in systematically targeting specific areas of improvement, while the strategies by Gabriel and Aguinis offer a more generalized set of actions that can be integrated into these broader categories [31]. Thus, using both frameworks together can provide a more robust and nuanced approach to reducing burnout among public service workers. **Table 1** summarizes the burnout interventions discussed in the preceding sections.

5. Further developments

While in this chapter we have primarily built on Maslach's conceptualization of burnout, we also want to acknowledge debates surrounding it, as developments regarding the definition of burnout and associated assessment tools continue. For example, Hadžibajramović et al. [52] conceptualize burnout as a work-related condition in employees characterized by extreme fatigue, decreased ability to regulate cognitive and emotional processes, and mental distance, which is not fully congruent with Maslach's model that emphasizes emotional exhaustion, depersonalization, and reduced personal achievement [4] as the primary factors of burnout. More specifically, Hadžibajramović et al. [52] focus on cognitive impairments such as concentration problems and forgetfulness and emotional impairments such as irritability and emotional instability, along with mental distance, which includes loss of motivation toward work, withdrawal, and cynicism [52]. These aspects extend beyond the scope of Maslach's three dimensions, introducing additional symptoms and focusing on the regulation of cognitive and emotional processes. This alternative conceptualization has also triggered the development of new tools like the Burnout Assessment Tool (BAT) developed by Schaufeli et al. [53], which measures burnout using four factors: exhaustion, mental distance, cognitive impairment, and emotional impairment. Unlike the Maslach Burnout Inventory (MBI), which measures emotional exhaustion, depersonalization, and reduced personal achievement, the BAT provides a different assessment by including cognitive and emotional impairments and mental distance, allowing for a more detailed understanding of burnout and helping identify employees at risk more effectively [53]. Consequently, the BAT offers an alternative to the MBI, suitable for both research and practical applications in workplace health and well-being assessments [54].

Our review of the burnout literature in crisis situations and discussion of recent developments opens avenues for future research. For example, the different manifestations of burnout in crisis situations need further exploration. Different burnout interventions exist that have proven their effectiveness in normal circumstances, but will they be similarly effective in crisis situations or are adjustments needed? The literature is relatively silent on this matter. Additionally, professional settings might matter; hence, which interventions are most effective in preventing and managing burnout in different professional settings becomes a relevant question. Ultimately, as flagged in the final sections, there is some debate about how to measure burnout and what the factors are that constitute it, indicating that our understanding of burnout's multifaceted nature is still limited and under development.

6. Conclusion

By implementing a comprehensive approach that includes organizational, social, and individual interventions, public service organizations can effectively reduce burnout among their employees. These strategies not only increase the well-being and resilience of public service workers but also ensure the continuity and reliability of essential services during crises. Addressing burnout using a holistic perspective that includes the organizational, social, and individual domains benefits both employees and organizations. Additionally, it strengthens the stability and effectiveness of public services in crisis situations.

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