Abstract
Burnout has been included as an occupational phenomenon in the International Classification of Diseases. Health behavior promotion through workplace physical activity policies, incentives, and supports has the potential to be a multilevel, cost-effective intervention to preclude burnout.

Keywords: burnout; workplace health; sedentary; physical activity; health promotion

Main Text
In May 2019, the World Health Organisation classified burnout as an occupational phenomenon in the International Classification of Diseases (World Health Organization, 2019). The expression to be “burned-out” describes a condition where an individual is no longer able to “burn” or be productive in order to meet job expectations (Ochentel, Humphrey, & Pfeifer, 2018). Occupational burnout is a work-related stress syndrome characterised by three dimensions—exhaustion, cynicism, and lack of professional efficacy—that results in substantial losses for both employers and employees (Maslach & Leiter, 2016). The global burden of burnout through absenteeism, decreased productivity, staff turnover, and compensation costs in excess of $300 billion annually (Bretland & Thorsteinsson, 2015).

For many of us, a significant portion of our waking hours is spent at work. Recent estimates indicate that a full-time worker clocks 38.9-40.5 hours of work per week (U.S. Bureau of Labor Statistics, 2018). Rapid changes to the modern labour market have resulted in a large increase of workers engaged in sedentary behavior—essentially low energy sitting time in waking hours—such as desk jobs and other low-activity occupations (Waters et al., 2016). Added to this, travel time spent sitting in motorised vehicles and leisure-time spent in front of computers and televisions has minimized movement from our daily lives. Estimates indicate that working age adults average 9.5 hours per day of sedentary time (NIOSH Total Worker Health, 2017). Studies have hypothesized that regular physical activity may constitute an effective buffer
against burnout, particularly for sedentary workers (Naczenski, Vries, Hooff, & Kompier, 2017).

Employers are exploring ways to promote healthy behaviors at workplaces in order to recruit and retain staff, support health and, in the process, boost productivity (Kaspin, Gorman, & Miller, 2013). Examples include subsidised gym membership, free yoga and mindfulness classes, weekly massages, treadmill desks or standing desks to break sitting time, mental health awareness training, provision of shower facilities, locker rooms to encourage physical activity such as cycling to work, and in some cases, incentives to encourage take-up of these activities (Tsai, Alterman, Grosch, & Luckhaupt, 2019). For participating employees, such programs have been associated with a reduced risk of chronic illness and lower health care costs (Levy & Thorndike, 2018). Workplace wellness programs also result in employee satisfaction, team bonding, enhanced social support and other positive outcomes (Magnon, Vallet, & Auxiette, 2018).

Burnout prevention and reduction through tailored physical activity programs is a non-invasive, cost-effective solution and can be easily implemented on a large scale. Workplace policies might be effective for promoting physical activity not only during work but also activities out of work (e.g., transport-related, leisure-time) (Crespo, Sallis, Conway, Saelens, & Frank, 2011; Fransson et al., 2012). Studies suggest that effects of workplace environments can spill over to leisure-time activity and impact entire lifestyles (Watanabe et al., 2018). Workplaces are hubs from which large groups with existing social networks can be targeted to promote healthy behaviors. Thus, workplaces represent viable intervention sites with the potential to affect a broad audience over time. Health behavior promotion through workplace physical activity policies, incentives and supports has the potential to be a multilevel, economical intervention to preclude burnout (Andersen et al., 2015). However, there is little evidence to confirm which aspects of physical activity are effective in reducing burnout to allow exercise professionals, individual employees, and employers to adapt workplace programs to the type, frequency and
duration most applicable to burnout as experienced by a particular employee (Naczenski et al., 2017). Since each workplace is unique, evidence is needed to design tailored workplace interventions that purposefully support the transition from initiation to maintenance of behavior change.

Human resources are the most important assets of any organisation. Building an evidence base to guide policy and promote interventions to reduce burnout incidence are paramount for workplace productivity. Realizing the potential of workplace policies and programs to promote healthy behaviors will be contingent on rigorous research that improves understanding of theoretical (e.g., self-determined motivation, confidence) and contextual (e.g., target group characteristics, physical and social environment) factors that may influence their effectiveness and uptake (Andersen et al., 2017; Pescud et al., 2015). A robust model for measuring and reporting on the benefits of employer investments in health and well-being may improve employers' understanding of the business case for investment.

Reversing the trend and reducing the causes that fuel the burnout cycle is the shared responsibility of clinicians, occupational safety and public health practitioners, and policy makers. Given the rising costs of healthcare and burden on local healthcare systems, this has profound implications for both employers and employees, requiring focused action to promote healthy workplaces that will, in turn, foster a healthy workforce.

**Conflict of Interest:** The Author declares that there is no conflict of interest.

**References**


