

Testimonial: returning to work after a burn-out

After your burn-out, were you apprehensive about returning to your job?

Yes, of course. Going back to the office makes you feel shaky, anxious and sick to your stomach. You're afraid of prejudice and the way colleagues look at you, you're paralysed by the idea of not being able to do it, you're afraid of any changes (software, rules, etc.). Even if the shrink and the doctor think we're ready, we can't help thinking we're not. So anxiety and fear become pathological and socially disabling.

Did you prepare for this return to work in any particular way?

Yes, with my psychiatrist and my doctor. My psychiatrist gave me a lot of help and support at this stage. She tried to make me understand that returning to work is an integral part of recovery. She also asked the Bureau to set up an action plan to help me (which was not done).

How did you feel about the way other people looked at you on the day you returned to work?

It was very, very difficult. I had the impression that everyone knew, that everyone was looking at me and judging me.

Did you feel any empathy from your colleagues after your burn-out?

They were new colleagues who didn't know about my burn-out, and fortunately they didn't, otherwise it would have been hell.

Were any adjustments made for your return to work (teleworking, part-time, other)?

No, no arrangements were made, which is why today I find myself back in the same state as I was a few years ago. The worst thing is that I have the impression that the problem is mine, when it's just a lack of understanding and action on the part of the Office. The Office doesn't support its staff when they return to work. At least, that's what happened to me.

Have you managed to put in place a different way of working and gradually rebuild a new life balance?

I've tried, yes, like protecting myself from the effects of stress, learning to say no without fear of reprisals, getting away from toxic people... but I admit that it's very difficult.

What would be the priority actions that the ILO (as an organisation but also with colleagues) should consider to better support the return of a person who has suffered burnout?

- Secure the return to avoid a break or relapse by proposing adjustments to the post and working hours (gradual return, teleworking), avoiding an excessive workload, and also training to update knowledge (new rules, software, etc.). A transfer to another department could only be favourable. Offer a quality of life at work (empathy, benevolence, etc.).
- Remove the context and displace disruptive elements.
- Take concrete action to prevent and protect the health and safety of the person (specific supervision, support and confidence-building, implementation of benevolent management, etc.).

HR, MEDSERV and managers now need to be made aware of the need for preventive action: it's a priority. We need to support employees because they remain fragile!

It's vital to be well supported and not left to fend for themselves when they return to the office.

Is there any particular message you'd like to send to all your ILO colleagues on this subject?

Burn-out can happen at any time. It's a very violent episode in a person's life that makes even the strongest people falter. Just because you have a burn-out doesn't mean you're a weak person. Perhaps explain what a burn-out is and its symptoms. Burn-out isn't just about overwork. It is also due to :

- Shortcomings in working conditions
- Harassment (psychological, etc.)
- Abuse of power
- Lack of fairness between people, favouritism
- Conflicts of values
- Lack of recognition
- Lack of clarity in objectives, demands, etc.

All of these factors can lead to burn-out in people who have a high level of emotional commitment to their work.

How can we recognise this?

- Sadness
- Impaired memory/concentration
- Decreased motivation
- Fatigue
- Insomnia
- Anxiety
- Fear
- Stomach ache
- Tension throughout the body...

In my opinion, the Office is responsible for the health and safety of its employees. It has a duty to protect and safeguard its staff, and MEDSERV should monitor and analyse working conditions and offer accommodation to people suffering from burn-out. MEDSERV should also listen to those who are suffering and, above all, not play down the situation. The lack of recognition of a person's feelings by a doctor is the worst feeling a sufferer can have, and this failure to recognise the facts/symptoms causes the person to plunge or relapse.

We need a good prevention policy between HR and MEDSERV to avoid this new scourge.