



Using the COPSOQ to guide individual behavioral interventions for burnout and depression.

Guy G. Potter, PhD

Department of Psychiatry & Behavioral Sciences

Employee Occupational Health & Wellness

Duke University



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Limitations of top-down intervention

- Organizations change slowly; but leadership can change mind frequently
- Penetration to all levels of management is challenging
- Organizations do not always prioritize employee needs
- Organizational interventions guided by the average responses, but individuals may have different needs



Benefits of bottom-up intervention

- Even in a well-functioning job environment, some individuals need more support than others
 - Maladaptive coping behaviors
 - Problematic work environments
- Skill building can generalize to future stressors, carryover to non-work context
- Empower individuals to positively influence their work environment (autonomy)
- Better fit to individual needs = better outcomes



Behavioral Activation Therapy (BA)

- Empirically validated and effective treatment for depression (e.g., review: Kanter et al., 2010)
- Engaging in positively reinforcing behaviors improves mood (positive feedback loop)
- Activation is key ingredient in change
 - Structured
 - Values driven



Key BA principles

- Emphasize activities that are naturally reinforcing (value-driven)
- Act as a coach
- Emphasize a problem-solving empirical approach (e.g., SMART goals)
- Troubleshoot possible and actual barriers to activation
- Emphasize incremental change; all results provide useful data



BA for psychosocial job stress

- Activate antidepressant effect of positively rewarding job activities
- Loosely on Job-Demands Resources (JD-R)
 - Emphasize job resources as consistently rewarding
 - Less emphasis on job stressors (quantitative demands, work pace, emotional demands), which are inflexible in many jobs
 - Can integrate work efficiency skills (demands)
 - Can integrate emotional coping skills as needed



Depression predicting 12-month burnout

Variables	<i>b</i> *	95% CI	<i>t</i> value	<i>p</i> -value	<i>b</i> *	95% CI	<i>t</i> value	<i>p</i> -value	<i>b</i> *	95% CI	<i>t</i> value	<i>p</i> -value
Depression	0.35	0.32, 0.39	19.53	<.001	0.34	0.30, 0.37	19.15	<.001	0.34	0.30, 0.37	19.10	<.001
Time, in months	0.001	-0.004, 0.006	0.46	.65	0.002	-0.004, 0.007	0.57	.57	0.002	-0.004, 0.007	0.57	.57
Age	-0.09	-0.16, -0.02	-2.44	.02	-0.10	-0.17, -0.04	-3.16	.002	-0.09	-0.16, -0.02	-2.67	.008
Sex	-0.38	-0.66, -0.11	-2.72	.007	-0.35	-0.60, -0.10	-2.80	.005	-0.38	-0.62, -0.13	-3.02	.003
Demands					0.27	0.21, 0.34	8.25	<.001	0.27	0.20, 0.33	8.07	<.001
Resources					-0.17	-0.23, -0.10	-5.08	<.001				
Influence									-0.13	-0.21, -0.06	-3.57	<.001
Freedom									-0.02	-0.10, 0.05	-0.56	.58
Development									0.05	-0.01, 0.12	1.54	.13
Role Clarity									0.01	-0.07, 0.08	0.16	.88
Leadership									-0.08	-0.150, 0.003	-2.05	.04
Social Support									-0.07	-0.141, 0.001	-1.99	.047
AIC	6707				6618				6629			



Table 3
Fixed Effects and Contribution to Between-Individual Variation in Depressive Symptoms over 12 months.^a

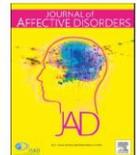
	Model 1		Model 2		Model 3		Model 4		Model 5	
	Estimate (SE)	<i>p</i> -value								
Age ^b	0.01 (0.02)	0.72	0.02 (0.02)	0.17	0.02 (0.02)	0.22	0.03 (0.02)	0.10	0.03 (0.02)	0.07
Male	-0.53 (0.86)	0.54	-0.34 (0.70)	0.62	-0.41 (0.68)	0.55	-0.46 (0.64)	0.47	0.20 (0.63)	0.75
Black race ^c	-0.58 (0.73)	0.43	0.45 (0.60)	0.45	0.22 (0.63)	0.73	0.14 (0.61)	0.82	0.27 (0.59)	0.64
Other race ^c	-2.00 (0.98)	0.04	-0.29 (0.80)	0.71	-0.36 (0.77)	0.64	-0.22 (0.73)	0.76	-0.28 (0.70)	0.69
Married	-0.64 (0.47)	0.18	-0.32 (0.38)	0.41	-0.12 (0.37)	0.74	-0.09 (0.36)	0.80	-0.05 (0.35)	0.88
Social inhibition ^d	—	—	0.07 (0.04)	0.05	0.07 (0.03)	0.05	0.05 (0.03)	0.10	0.05 (0.03)	0.12
Negative affectivity ^d	—	—	0.36 (0.04)	< 0.001	0.31 (0.04)	< 0.001	0.14 (0.04)	< 0.001	0.12 (0.04)	0.004
Nurse ^e	—	—	—	—	-0.44 (0.94)	0.64	-0.66 (0.91)	0.46	-1.07 (0.88)	0.22
Quantitative demands ^f	—	—	—	—	0.04 (0.01)	0.002	0.03 (0.01)	0.009	0.009 (0.02)	0.48
Work culture ^f	—	—	—	—	-0.80 (0.23)	< 0.001	-0.55 (0.22)	0.01	-0.36 (0.23)	0.12
Self-sufficient ^g	—	—	—	—	—	—	-0.12 (0.33)	0.71	-0.09 (0.31)	0.78
Social support ^g	—	—	—	—	—	—	-0.08 (0.28)	0.77	-0.15 (0.27)	0.59
Avoidant ^g	—	—	—	—	—	—	1.9 (0.32)	< 0.001	1.78 (0.31)	< 0.001
Humor ^g	—	—	—	—	—	—	0.10 (0.19)	0.59	0.11 (0.18)	0.56
Religion ^g	—	—	—	—	—	—	-0.13 (0.16)	0.43	-0.12 (0.16)	0.43
Exhaustion ^h	—	—	—	—	—	—	—	—	2.49 (0.52)	< 0.001
Disengagement ^h	—	—	—	—	—	—	—	—	-0.88 (0.52)	0.10
% Between-Individual Variation Explained	0.9%		36.4%		41.5%		49.5%		53.5%	



Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

Journal of Affective Disorders

journal homepage: www.elsevier.com/locate/jad



Research paper

12-month trajectories of depressive symptoms among nurses—Contribution of personality, job characteristics, coping, and burnout

Wei Duan-Porter^{a,b,*}, Daniel Hatch^c, Jane F. Pendergast^{c,d,e}, Gabriele Freude^f, Uwe Rose^f, Hermann Burr^f, Grit Müller^f, Peter Martus^g, Anne Pohrt^f, Guy Potter^h





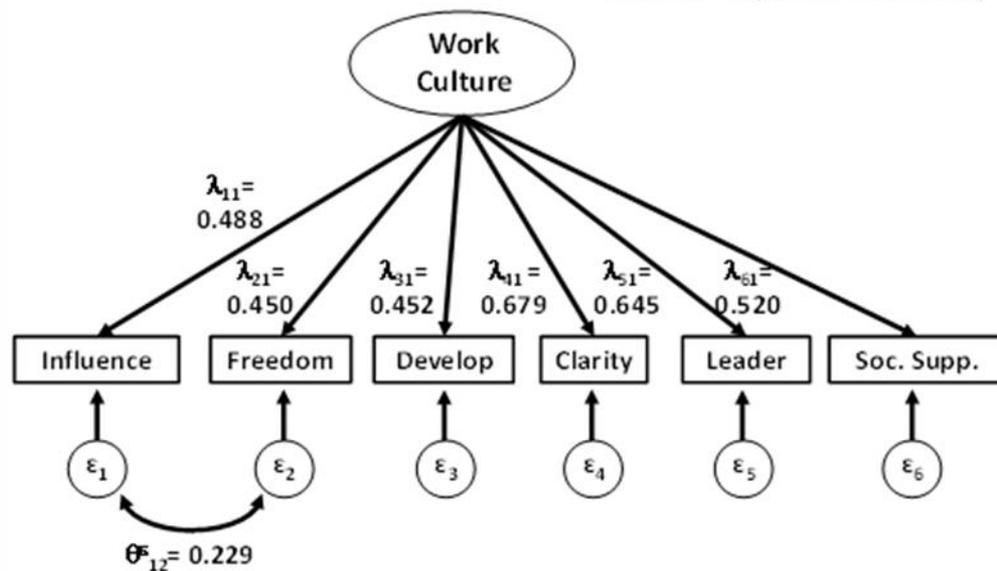
B. Unitary Factor Model

Fit Statistics:

$\chi^2 = 6.47$ p-value = 0.595

AIC = 32.5 BIC = -41.5

RMSEA = 0 (90%CI NA, 0.051)





Why COPSQQ?

- COPSQQ scales provide a “vocabulary” for discussing job stressors and values to organize BA
- Multi-dimensional
 - Broad enough to capture actionable stressors for most individuals
- Flexible to different theoretical approaches
- Empirical research indicates what scales are associated with burnout and depression



Case example

- Mid-career woman treated for acute stress reaction following critical incident involving multiple employees
- After treatment of acute stress, residual loss of motivation and interest in her job as a fundraiser
 - Could not motivate for work tasks
 - Less engaged & less energy for work
 - Worried about performance implications
 - Work less important; becoming a burden



Case example

- Completed COPSOQ core items + burnout
 - Non-diagnostic review of results
- Found high Quantitative Demand + high autonomy (active job)
- Job resources reflecting low:
 - Social Support from Supervisors
 - Vertical Trust
 - Organizational Justice
 - Quality of Leadership



Case example

- Based on COPSQQ results, employee was able to identify a violation of values
 - Supervisors and leadership who “moved on” and forgot about those with chronic trauma reaction
 - Rapid shift by supervisors to recovery of lost work time vs. emotional recovery of individuals
 - Lack of trust for information from leadership about incident



Case example - Intervention

- Developed hierarchy of behaviors to restore job resources regarding trust and support
- Balance of most valued vs. lowest (worst) score
 - Coached employee on activity toward behaviors that would restore positivity
 - Find a champion for employees in **leadership**
 - Organize **social support** network of affected employees
 - Committee to work with leadership to disseminate information in a sensitive manner (**vertical trust**)



Case example - Outcome

- Crisis counselors to return to worksite regularly following next year
- Organized informal social support group
- Employee champion meets with leadership and provides feedback on decision making (e.g., return of possessions, relocation, dissemination of information)



Goal is to have integrated empirical approach to employee wellness based on COPSOQ/JD-R principles

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Discussion

- Although COPSOQ conventionally used as an organizational survey, it may serve as a useful measure for defining and prioritizing psychosocial job stressors for behavioral (and cognitive) interventions – individual & small group
- Individual level use provides information on using COPSOQ for positive change
- Does deviate too far from purpose of COPSOQ?
- What are standards for use of COPSOQ on individual level?



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