Chapter 5
How Organizational Change Impacts Burnout for First–Responders and Emergency Healthcare Workers:
Firefighters as a Case Study

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ABSTRACT

First-responder and emergency healthcare workers face a higher risk of burnout than most occupations. Drawing upon the effort-reward imbalance model we examine how the growing effort required from them is increasingly met with diminishing reward. As a result, there are global shortages of workers in these occupations and the workers who remain are at greater risk of burnout. These front-line workers deal with significant occupational stressors but using the challenge-hindrance model of workplace stress we highlight the potentially greater significance for burnout of

organizational stressors i.e. stressors created less by the work itself and more by the organization. Using a case study of firefighters in the UK we show how organizational change can increase both stress levels and the risk of burnout.

INTRODUCTION

The concept of burnout has been widely researched over the past decades leading to an increased understanding of the negative impact of burnout on employees across a diverse range of occupations (Halbesleben & Buckley, 2004). Burnout is commonly understood as a chronic stress syndrome characterized by three primary symptoms: emotional exhaustion; depersonalization; and a reduced sense of personal accomplishment (Maslach, 1982; Maslach & Leiter, 1997; Maslach et al., 2001). Emotional exhaustion occurs when workers have used up their emotional resources in trying to cope with the demands they are facing (Freedy & Hobfoll, 1994). With depleted resources, workers no longer have the capacity to positively invest in their work, losing interest, and therefore unlikely to make a positive contribution (Bakker & de Vries, 2021). This leads to a process of depersonalization whereby workers disengage from and develop a cynicism towards their work, their coworkers, their clients and their organizations (Halbesleben & Buckley, 2004). Workers come to believe that they are no longer able to perform their work effectively, leading to a reduced sense of personal efficacy and a diminished sense of personal accomplishment (Bakker & de Vries, 2021).

Burnout has implications not only in terms of individual wellbeing but also in terms of organizational effectiveness (Halbesleben & Buckley, 2004). At the individual level, burnout has a detrimental impact on both physical and psychological health and wellbeing (Abareshi et al., 2022; Alves et al., 2023; Durand et al., 2019; Kim et al., 2020; Kumar & Narula, 2021; Tarcan et al., 2017). Additionally, this impact spills into an individual's family domain leading to family conflict and strained family relationships (Pluut et al., 2018). At the organizational level, burnout reduces productivity and performance whilst simultaneously increasing workplace errors, absenteeism, intention to quit and employee turnover (Bakker et al., 2014). Furthermore, there is a recognition that burnout can spread from one employee to others through a process of burnout contagion (Bakker et al., 2001). A wide range of organizational factors have been identified as triggers for burnout including the nature and content of job roles, the level of workload, the level of employee fit with their role, competing workplace demands, and strained workplace relationships (Edú-Valsania et al., 2022). Research conducted within public sector organizations has identified a range of organizational factors as contributing to employee burnout including, increasing work demands combined with decreasing work rewards (Bi-

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