

File 2. Proposed questions with analyses for STOBS-VD workshop

Question	Variables	Analysis
<i>Target population</i>		
Q1: Who encounters burnout and who does not and how do they differ? (st_confront)	Age, gender, profession, specialty for physicians, specialty for psychologist, mean job duration, work settings, number of consultations	Chi squared independency test for all variables except mean job duration Mean job duration: Independent t-test or Mann-Whitney U test if the assumptions are not met
Q2: Who treats burnout and who does not and how do they differ? (st_cover)	Age, gender, profession, specialty for physicians, specialty for psychologist, mean job duration, work settings, number of consultations	Chi squared independency test for all variables except mean job duration Mean job duration: Independent t-test or Mann-Whitney U test if the assumptions are not met
<i>Efficacy of intervention²</i>		
Q3: How the perception of recovery from burnout (st_healing) impacts the treatment options (st_treatment 1)?	Predictor: st_healing Outcome: st_treatment 1, 2, 3 and 4bis (with all psychotherapies + _17 diachotimized)	Logistic Regression ¹ compare to multilevel logistic regression with region and profession as random effect variables
	Perform analysis only on physicians.	
Q4: How does the treatment options selected by practitioners (st_treatment 1) reflects the stages of burnout (st_stade)?	Predictor: st_treatment 1 Outcome: st_stade Perform analysis only on physicians.	Multinomial Logistic Regression
Q5: Who thinks it is possible to recover from burnout ? And who thinks it is not possible ?	Predictors: Age (st_age), profession (st_job), job specialization (st_specia_med and	Multinomial Logistic Regression

	<p>st_specia_psy), financial aspect (st_care 2), waiting time to have the consultation (st_care), number of consultations, treatment options (st_treatment 1) + 7 régions</p> <p>Outcome: st_healing</p> <p>Perform analysis on all the respondents who reported having burnout patients (physicians, psychologists, nurses).</p>	
Q6: How the proportion of relapse (st_relapse) were influenced by the treatment options (st_treatment 1) or stage of burnout (st_stade)?	<p>Predictor: st_treatment1 and st_stade, and other?</p> <p>Outcome: st_relapse recorded in 4 classes</p> <p><i>st_relapse_bis</i> recorded in < 25%¹ =1 and =>25% =2</p>	<p>Multinomial Logistic Regression</p> <p>Logistic regression</p>
Q7: Who encounters the most relapsed cases of burnout?	<p>Predictors: Age (st_age), profession (st_job), job specialization (st_specia_med and st_specia_psy), financial aspect (st_care 2), waiting time to have the consultation (st_care), number of consultations, treatment options (st_treatment 1) + Régions</p> <p>Outcome: st_relapse_bis</p>	Logistic Regression
Q8: How does the treatment options selected by practitioners (st_treatment 1) impact the proportion of	<p>Predictor: st_treatment 1</p> <p>Outcome: st_fit_for_work_bis</p>	<p>Logistic Regression compare to multilevel logistic regression with region and</p>

¹ If too few case in 0-25%, then try with 50% as a cut-off

return to work (dichotomise using cut-off profession as random effect
(st_fit_for_work)? 75%) variables

Q9: Who had the most Predictors: Age (st_age), Logistic Regression
patients who were able to profession (st_job), job
return to work? specialization

(st_specia_med and
st_specia_psy), financial
aspect (st_care 2), waiting
time to have the consultation
(st_care), number of
consultations, treatment
options (st_treatment 1)

Outcome:

st_fit_for_work_bis
(dichotomise using cut-off
75%)

Q10: Do fit_for_work et Outcome : fit_for_work 0-
relapse vary depending on 50, 50-75, >75 // relapse 0-
collaboration? 50, 50-75, >75

¹In case of significant results for univariate regression we include the variables for the full model of (multinomial) logistic regressions

²for the efficacy of intervention, when we find significant results in the regression model, we update our knowledge on the target population. We select the professionals with highest recovery and return to work and lowest relapse.