Instrument Selection Brief

Sample: burnout in hospital staff, Germany. Invented request, real evidence.

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1. The request

The request is synthetic: no hospital group sent it. The instruments, sources and terms are real.

Point	As understood
Construct	Burnout: work-related exhaustion and its core symptoms
Respondents	Nurses and physicians of one hospital group in Germany, self-report, in German
Purpose	Evaluation of a staff programme: the same staff before and after, reported for groups only
Limits	Free to use or low-cost licence only, at most 25 items, ten weeks to the first measurement

2. Recommendation: BAT, the 12-item form

The **Burnout Assessment Tool (BAT)** measures exhaustion, mental distance, cognitive impairment and emotional impairment. Its short form, BAT-12, has three items for each, taken from the 23 core items. Of the instruments considered, it is the only one with both a published study in German hospital nurses and free terms confirmed on the developers' own site.

Why 12 and not 23. The test manual recommends the 23 items for individual assessment and says the 12 can be used just as well for monitoring, which is the purpose here: total scores correlate .99 in the Dutch and Flemish samples, and six-month stability of the total is .72 to .74. The 12 items roughly halve the burden at each wave and are the form already used in German hospitals; in exchange, shorter forms have less power to detect change and the exhaustion subscale is less reliable, so the 23 items are preferable only if one subscale is to be the main outcome.

- **German hospital data.** In 1,502 nurses from eighteen hospitals, alpha of the 12 items was .90 (Kleine et al., 2026). The study was not designed to validate the form.
- **German form.** The developers' questionnaire page offers the German work-related form. The German form credits its translation and validation to Glaser and Seubert at the University of Innsbruck.
- **Structure, 23 items.** In 1,073 people drawn from the German labour force, representative of gender by age group, one burnout factor above four subscales fitted with CFI .961, TLI .957, RMSEA .081 and SRMR .037 (de Beer et al., 2020). Equal item loadings and thresholds held across seven national samples, including Germany. The 12 items are a subset of these.
- **Measurement of the 12 items.** The form met the Rasch criteria in Dutch and Flemish employees, and worked in the same way by age, gender and country there, according to a later article that summarises the development study (Hadžibajramović et al., 2024). Alpha of the total was .92 and .95 in the test manual.

Conditions. Use the total as the only main outcome and leave out the secondary symptoms. Report no individual scores and no share of staff above a cut-off: the published cut-offs come from the Netherlands, Flanders and Finland, and their authors allow their use in similar European countries only provisionally (Schaufeli et al., 2023).

Strength of the evidence. Reliability in German hospital nurses is supported by one study; physicians are not covered by it. The German test of structure is for the 23 items, and that study did not examine invariance over time. The manual's stability figures are Flemish; it reads the remaining variation, in the 23 items, as sensitivity to change, which is not the same as showing that a programme moves the score.

3. Alternatives

Instrument	Evidence read	When it is the better choice
Copenhagen Burnout Inventory (CBI), personal burnout	The German Copenhagen Psychosocial Questionnaire (COPSOQ III) has three burnout items, with alpha .84 in 249,133 respondents (Lincke et al., 2021). A survey in hospitals of a major German city used the three CBI items of the COPSOQ, with 684 nurses in the total sample and alpha .85 (Khouri et al., 2026). The full 19 items were used with 719 nurses in German care homes; alpha of the subscales was .90 to .91 (Swoboda et al., 2026).	When the COPSOQ is already used for risk assessment, or when German reference data matter most. It measures exhaustion, not mental distance or cognitive impairment. Terms for using the scale alone need written confirmation.
Shirom-Melamed Burnout Measure (SMBM), 14 items	Physical exhaustion, cognitive weariness and emotional exhaustion. The three-factor model fitted the German form in 311 adult workers and 201 police officers (Schilling et al., 2019). The workers were recruited through students in Basel; neither sample comes from a hospital. At least weak invariance across gender was supported.	When the outcome is depletion alone and cognitive weariness is wanted separately. The terms have to be confirmed in writing.

The CBI is placed first: it has larger German samples and has been used with German nurses.

4. Instruments not shortlisted

Instrument	Reason	Basis
Maslach Burnout Inventory, forms for human services and medical personnel	The publisher sells licences to administer, so the cost recurs at every wave. A German form is listed for human services; none is listed for medical personnel.	Publisher's product page and list of translations
Oldenburg Burnout Inventory, 16 items	A study of invariance in German nurses could not be obtained, and no page of a rights holder with terms was found.	Not verified
BAT-4	Four items, one score. In Germany one item worked differently by age and another by gender, and shorter instruments have less power to detect change (Hadžibajramović et al., 2024).	Article read

5. Licence path

Instrument	Terms read on 24 November 2026	Action
BAT	Non-proprietary; free of charge without asking permission. The instrument should not be modified, and the 2020 development article must be cited (home page).	Download the German form from the developers' site and keep a dated copy of the terms. The 12 items are listed in the test manual; take their German wording from the form, unchanged.
CBI	The institute's scale sheet states no terms. The COPSOQ network publishes COPSOQ III under CC BY-NC-ND 4.0, free to use under its guidelines, and requires researchers to contact the national member, if there is one, first. Neither page settles use of the scale alone.	Ask the German COPSOQ team in Freiburg for the German wording and for written terms for the scale on its own.
SMBM	Not verified: no rights holder's page with terms was read.	Ask the authors of the German study which form they used and on what terms.

6. Adaptation and pilot

No new translation is needed for the BAT. Use the German wording unchanged, in the work-related version. Ten weeks leave room for the steps below if the works council and data protection review begins in week one.

- **Pretest.** Read the form aloud with four nurses and four physicians from different wards. Ask in particular how staff on rotating shifts read the items on exhaustion.
- **Structure at wave one.** Fit one burnout factor above four subscales to the 12 items with an estimator for ordered responses. Report omega for the total and each subscale, and check age and gender on the two items in which the BAT-4 showed differences in Germany.
- **Nurses and physicians.** Test configural, metric and scalar invariance between the two groups before setting their means side by side.
- **Invariance over the two waves.** Repeat the test over time, with residuals of the same item correlated across waves. If scalar invariance fails and no defensible partial model is found, do not report the mean difference as change.
- **Change.** Include wards that receive the programme later and measure them over the same interval. Keep mode, season and recall instruction the same, and link waves with a code the employer cannot trace.
- **Floor.** Report the share of staff at the lowest possible score at wave one; a staff group already at the floor cannot show improvement.

7. Open points

Question	Status
Is there a German form with evidence from Germany?	Resolved. Structure: general workforce, 23 items. Reliability of the 12 items: hospital nurses.
Is the use free?	Resolved for the BAT. Written confirmation is needed for the two alternatives in Section 3.
Does the structure of the 12 items hold in hospital nurses and physicians?	Not resolved. Wave one decides it.
Will scores from the two waves be comparable, and do they respond to a programme?	Not resolved. The invariance test and the comparison wards in Section 6 decide it.

8. Sources and material read

Read in the parts used: the articles in the reference list, the developers' home page and questionnaire page, the test manual, and the pages linked in Sections 4 and 5. Not read: the German manual by Glaser and Seubert, which was not found, the original development study of the BAT-12 in full, and the OLBI invariance study.

Declaration and signature

This is a selection judgement for research and evaluation. It does not guarantee validity in your staff, is not a clinical recommendation, and contains no item text, scoring keys or norms. Permission statements are a path to confirm at source, not legal advice. None of the instruments named is owned by the reviewer or the Center, and neither receives payment for recommending one. Your intake is confidential and is deleted six months after delivery, or earlier on request.

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