



BOTH ENDS OF THE CANDLE

ADDRESSING THE INDIVIDUAL AND SYSTEMIC ASPECTS OF PHYSICAL BURNOUT

BY SARAH BOURDON, RCC

Carolyn often thinks about leaving her job, something she never would have imagined a few years back. As a registered nurse case manager in a busy urban hospital and a parent to a young child, two years of worry and high-intensity work have taken a serious physical toll.

“The burnout symptoms I have experienced were present at the beginning of the first wave of the pandemic, but I was able to manage it OK. During this current pandemic wave, it seems worse and much more difficult to manage,” says Carolyn, noting an increase in fatigue and exhaustion, ongoing insomnia, irritability, mood swings, anxiety, and low mood. “I know I have definitely used more sick time this past year due to the mental burnout from the job. More than I have in my entire career as a nurse.”

The pandemic continues to amplify already stressful aspects of frontline jobs and has added ever-changing physical demands. The difficulty of the last several months in particular, with daily staff shortages and pressure to discharge patients quickly, has Carolyn considering a career change. Each day, she worries about the risk of bringing COVID from her workplace into her home and possibly passing it on

to high-risk family members. She struggles with not having enough mental stamina to support her family after she gets home from work. Carolyn describes most days as “almost impossible.”

For Zoey, a secondary school art teacher and parent of two children, trying to balance work and home creates a state of unrelenting exhaustion with little chance for meaningful rest or rejuvenation. She experiences daily fatigue, muscle spasms, headaches, and back and neck pain.

“The mild pain increases fatigue and a lack of desire, which manifests as inertia. Bursts of productivity lead to greater fatigue,” describes Zoey. “This impacts my ability to organize my classroom, complete all teacher and parent tasks and not ‘drop the ball,’ plan experiential or interactive learning, and continue to live meaningfully in a virtual and in-person pandemic world. Everything seems like it’s too much. But somehow it gets done and burnout increases, without the rest and nourishment required to rebuild, recharge, recalibrate.”

Zoey and Carolyn are not alone. The American Psychological Association’s 2021 Work and Well-being Survey of over 1,500 U.S. adult workers noted that 79 per cent of employees had experienced work-related stress in the month before the survey. Nearly 60 per cent of employees reported negative impacts of work-related stress, including lack of

interest, motivation, energy, and effort at work. Since 2019, there was a 38 per cent increase in burnout, with 36 per cent reporting cognitive weariness, 32 per cent reporting emotional exhaustion, and 44 per cent reporting physical fatigue.¹

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These statistics and the personal stories shared by Zoey and Carolyn underscore the cost and heartbreak of physical burnout. As the demands of the pandemic far exceed resources, people are in pain.

WHAT DOES PHYSICAL BURNOUT LOOK LIKE?

Frontline workers are not the only group reporting physical burnout. Across a range of demographics — people working from home, families, seniors, students, vulnerable folks — the pandemic has increased demands at home and work, resulting in more time in front of screens, less physical activity,

decreased sleep quality, and less healthy eating habits. For many, navigating the grind of daily pandemic life can make it difficult to recognize and piece apart the signs of physical burnout. Many people assume their symptoms are normal for this difficult time and believe they should just push through, but those in the health care field say it is important to notice and address the signs of long-term burnout.

Andrea Whelan, a Vancouver Island-based naturopathic doctor, explains:

“Often patients don’t recognize when they are burnt out, as many of these symptoms creep up over time and can be explained by other conditions. Once I mention it sounds like they are experiencing burnout, often it clicks right away.”

When talking with a patient, Dr. Whelan often takes it as a clue when the patient says they are “easily overwhelmed by small things, barely getting through their day, and often repeating behaviours that they so want to change” but can’t because they are so tired, depleted, and feel like they lack the control to change their circumstances. “I’ve experienced this

myself, and it’s an awful place to be.”

In her practice, Dr. Whelan most often sees the effects of burnout in the form of symptoms such as fatigue, insomnia, headaches, anxiety, depression, weight gain or inability to lose weight, digestive issues, and increased allergies and infections. Studies have gone as far as to link burnout to serious conditions such as type 2 diabetes, coronary heart disease, respiratory problems, and severe injuries.²

Physical pain is also very often connected with burnout. Annmarie Scanlan, a registered physiotherapist in Victoria, finds that burnout presents as an underlying cause of pain more frequently in her patients since the start of the pandemic.

“People don’t come to physio with the primary complaint that they’re burnt out, but it’s pretty easy to pick it up,” says Scanlan. “Starting around the end of 2020, it began to be obvious. There were signs of fatigue, being out of a routine, and low mood, often from a sense that nothing was really exciting and there was nothing to look forward to.”

Scanlan most commonly treats neck and back pain, jaw pain, and headaches. She highlights back pain, in particular, as having a clear link to chronic stress due to the close proximity of the sympathetic nervous system and thoracic spine. Scanlan also notes that patients’ chronic areas of pain are often reactivated during periods of intense stress and elevated stress hormones.

“Conditions such as depression can lead to more pain experiences. There is a lot of connection in pain science between people catastrophizing and attaching meaning to pain,” Scanlan says, offering the example of a person with a sore back assuming that they will end up permanently injured. “When

people go to the extreme, that can lead to an increased level of chronic pain.”

Anxiety about reduced access to health care and postponement of medical appointments and procedures since the start of the pandemic has further exacerbated many patients’ physical burnout symptoms. Scanlan observes that when people do not feel cared for, both physical complaints and worry increase. She offers the example of a recent patient who could not get an appointment with a doctor, so instead came to see Scanlan to seek a diagnosis for a serious medical issue that she was not qualified to diagnose. This story, she explains, points to the importance of accessible care and the dangers of widening gaps in the health care system.

Decreased daily movement is also playing a significant role in physical symptoms, such as muscle tension. Scanlan points out that this may not even be movement that people

acknowledge as being exercise, such as a brief walk to work. Many people are more sedentary with the switch to at-home work, and Scanlan has seen an increasing number of patients presenting with neck pain due to extended computer use and poor ergonomics. Using movement and ergonomics as a way of getting people to acknowledge burnout can be quite effective, especially for those patients who find it easier to seek treatment for physical pain than for mental health issues.

“People sometimes have a hard time talking about burnout or anxiety, but they have an easy time with ergonomics or movement, so it’s a safe way to address the problem,” Scanlan says.

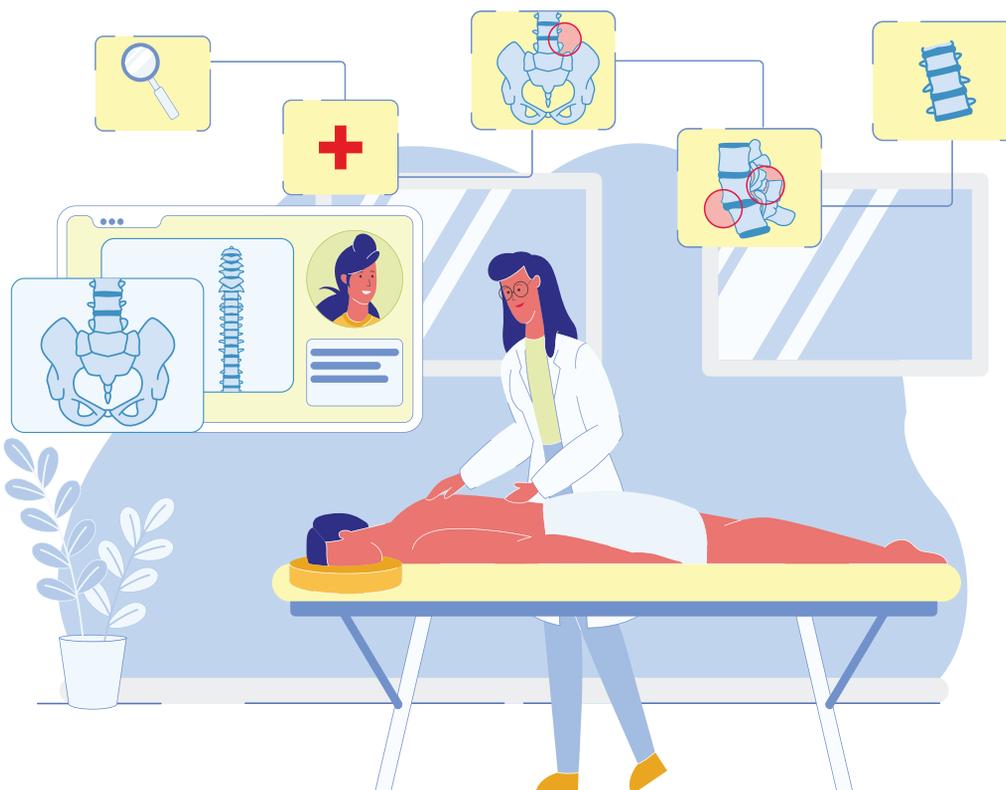
DEEPER ROOTS OF PHYSICAL BURNOUT

Burnout is often described as the result of too much demand or “overload.” In her extensive research on workplace

burnout, social psychologist Christina Maslach outlines the idea that work overload depletes a person’s capacity to meet the demands of the job and leaves little opportunity to rest, recover, and restore balance.³

Maslach’s work identified three dimensions of the burnout experience: the exhaustion dimension (wearing out, loss of energy, depletion, debilitation, and fatigue), the cynicism dimension or depersonalization (negative or inappropriate attitudes towards clients, irritability, loss of idealism, and withdrawal), and the inefficacy dimension or reduced personal accomplishment (reduced productivity or capability, low morale, and an inability to cope).⁴

Though Maslach’s work pertains specifically to workplace stress, these dimensions and the concept of overload can be applied to the demands of daily life beyond the workplace, including



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family responsibilities, health issues, and managing basic tasks. With the pandemic complicating so many areas of life, it makes sense that burnout is widespread.

According to Dr. Andrea Whelan, while chronic stress is an overarching cause of burnout, there is more to it. "I like to explain burnout as a condition where the body can no longer compensate in response to all of its internal and external demands. These demands are not only mental or emotional in nature, but also an accumulation of physiological stressors in the body," she emphasizes, adding that physiological stressors might include blood sugar imbalances, inflammation and immune dysfunction, bacterial imbalances in the digestive system, hormonal imbalances, nutrient deficiencies, and environmental toxins.

Since the beginning of the pandemic, Dr. Whelan has seen a notable increase in patients presenting with emotional distress and lack of connection, which can decrease motivation to attend to physical health.

"We rely so heavily on our social connections and activities to fill us up that, without this, life can be so much of a grind," explains Dr. Whelan. "One major change I've been witnessing is a general increase in anger and sadness from the current state of society and endless restrictions. The isolation has been devastating to many. I have seen how this has contributed to low energy states and, as a result, a strong lack of will to make healthy individual choices to help prevent or heal from burnout."

To add to the negative input of chronic stress and demand, Dr. Whelan adds the lack of positive inputs also makes a person that much more vulnerable to burnout. These include a balanced nutrient-rich diet, sufficient

sleep, regular exercise, time for relaxation and reflection, as well as strong and supportive relationships, and a sense of purpose and belonging. "Without at least some of these in place, the chronic stressors only drive the body into a greater state of imbalance and leave people feeling so unlike themselves."

SYSTEMIC CHANGES NEEDED TO ADDRESS BURNOUT

The fields of nursing and education provide compelling lenses through which to view the complexity of burnout. In health care settings, exhausted nurses are scrambling to meet endless needs within a stretched system. Within schools, the workload continues to grow as teachers try to support the emotional health of students and colleagues. As these roles become increasingly complex due to deeper issues around social justice and trauma, burnout extends to emotional demoralization, feelings of societal betrayal, secondary trauma, compassion fatigue, and moral distress, all of which impact physical health.

In a 2021 study of burnout rates in emergency department staff from two hospitals, an astounding 74 per cent indicated they were experiencing burnout.⁵ Maslach's work sheds light on the causes of the strain seen in helping professions: "Within such occupations, the prevailing norms are to be selfless and put others' needs first; to work long hours and do whatever it takes to help a client or patient or student; to go the extra mile and to give one's all." These norms place stress on workers to sacrifice personal wellness and rest in order to meet the demands of the job. Adding to this, writes Maslach, the organizational environments for these jobs are shaped by "various social, political, and economic factors (such as funding cutbacks or

policy restrictions) that result in work settings that are high in demands and low in resources.”⁶ Social injustice within communities is leading to increasingly complex problems for the people being served by frontline workers, but programming and funding are not keeping pace with the need.

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As an educator and a parent, Zoey expresses frustration with a widespread societal emphasis on individual self-care for frontline workers. Pressure to maintain gratitude and positivity within these professions leads many people to hide their burnout symptoms and ignore serious health risks. As Zoey explains, the system’s relentless “one foot in front of the other” mentality, coupled with a lack of authentic societal support or recognition, creates a culture of toxic positivity. Workplace practices such as “wellness challenges” are pushed on workers without addressing the deeper causes of their burnout.

“I didn’t legitimize my burnout symptoms until we were a year into the pandemic, and I realized that I wasn’t just tired or bored or lazy, but I was physically and emotionally and professionally burning out,” says Zoey. “Burnout levels continue to worsen, without a reprieve. A Sunday morning rest or a good night’s sleep isn’t enough to rebuild for the current world, expectations, and pandemic.”

For Zoey, recognizing that burnout is

not a personal failing has been the first step; to take care of herself, she takes sick or medical days more frequently and allows herself time for rest, which she takes as desired, not only as needed or as a reward. She intentionally makes an effort to be less busy, making fewer plans and accepting the opportunities



and limitations of more spontaneous weekends and evenings. These small changes help, she says, but they are not enough on their own.

In nursing, Carolyn feels more demand than ever, but without a sense of feeling genuinely cared for. She sees a need for increased mental health support and frequent check-ins for hospital staff, provision of healthy food as a sign of appreciation (“no more junk food!”), and more team-building activities outside the work environment to increase staff morale. Rather than encouraging workers to take better care of themselves on their own, Carolyn says employers should be providing care to the whole community.

To take care of herself, Carolyn prioritizes going for walks, spending quiet time alone and enjoying a cup of hot tea, and getting outside to enjoy her garden. Over the spring, she aims to increase her physical activity and learn to run. But she is still keeping the option of a career change on the table. “COVID has really encouraged me to think about what is important

to me in my life,” she says. “Do I want to jeopardize my mental and physical health so I can make more money? I am willing to survive with less money and have better mental and physical health.”

With research beginning to emerge around the effects of pandemic burnout, the study on burnout in ER staff presents a clear result, stating that “consistent, progressive measures to address staff well-being, and support frontline workers, are imperative going forward.”⁷ Both Zoey and Carolyn share this message: workers and communities need to feel cared for, appreciated, and connected in order to thrive. ■

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