

Burnout Among Educators and Health-Care Workers in Canada

Quantitative and Qualitative Approaches

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Introduction

As demonstrated by Mental Health Research Canada's (MHRC) national polling initiative, "Understanding the Mental Health of Canadians: Through COVID-19 and Beyond," certain employment sectors have been more likely to experience burnout during the COVID-19 pandemic and continue to feel its effects during the recovery period. Despite an increase in workplace mental health awareness, many Canadians are demonstrating heightened levels of anxiety and depression, which are exacerbated by factors directly related to the workplace.

According to the MHRC's polling data, health-care workers and education professionals are among those who have experienced the highest levels of burnout during the pandemic. This qualitative study aims to provide context to the quantitative data collected, to gain greater insight into factors that negatively impact mental health, and provide recommendations for actionable steps forward based on discussions with Canadians employed in these sectors. Respondents were recruited from those who had answered an online survey administered on behalf of MHRC. A total of 42 interviews were conducted with Canadians working in these industries, 17 with health-care providers and 25 with educators.

Summary

Burnout is described by the Canadian Psychological Association as "a group of signs and symptoms that consistently occur together and are caused by chronic workplace stress."^[1] One in three working-age Canadians (16-64) are experiencing burnout, which can lead to serious consequences, including physical and mental health issues, as well as decreased job performance. The COVID-19 pandemic has worsened this burnout epidemic, with many Canadians reporting increased stress from working from home, social isolation, and concerns about their health and loved ones.

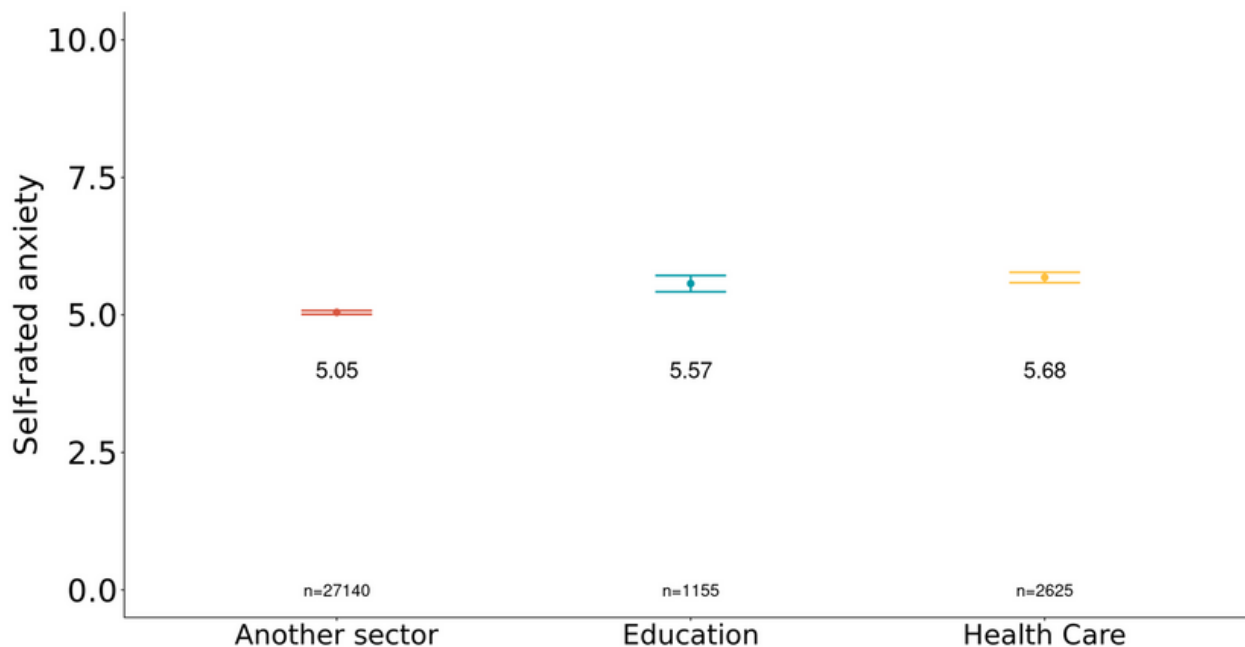
The health-care and education sectors have faced unique challenges related to the pandemic, such as increased workloads, lack of resources, and exposure to the virus, which have contributed to higher than average levels of self-rated anxiety and depression. Addressing burnout and associated mental health challenges requires a multi-faceted approach, including identifying and addressing the root causes of workplace stress, promoting and facilitating work-life balance, and providing employees with resources to manage stress, build resilience, and seek mental health support when needed.

[1] Webmaster, CPA. "Psychology Works' Fact Sheet: Workplace Burnout - Canadian Psychological Association." Canadian Psychological Association - The National Voice for Psychology in Canada, 2 July 2021, <https://cpa.ca/psychology-works-fact-sheet-workplace-burnout/#:~:text=The%20term%20burnout%20is%20used,caused%20by%20chronic%20workplace%20stress.>

Anxiety and Depression

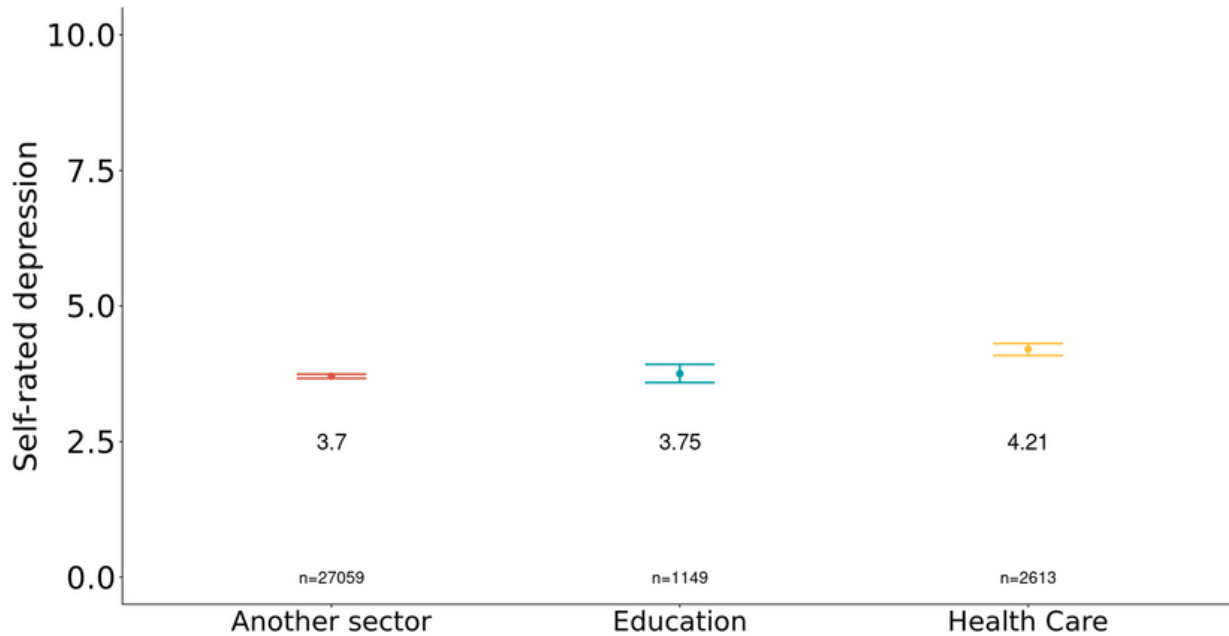
MHRC's quantitative data shows that many Canadians experienced mental health challenges during the COVID-19 pandemic. National data collection has demonstrated that some demographics report higher levels of anxiety and depression. These findings emphasize the importance of targeted mental health support for vulnerable populations during and after the pandemic.

FIGURE 1 – Self reported high levels of anxiety among Canadians in "Education", "Health care" and "Another sector"



As seen in the charts above (anxiety) and below (depression), **Canadians working in health care or in primary and secondary education are more likely to report high levels of self-rated anxiety and depression.** As indicated in MHRC's research brief "The Recovery Period: An Analysis of Recent Improvements in Mental Health in Canada"[2], self-rated high levels of anxiety among these sectors are improving, though they have not yet returned to pre-pandemic levels.

FIGURE 2 – Self reported high levels of depression among Canadians in "Education", "Health care" and "Another sector"



Beyond the daily stress of living through a global pandemic, Canadians employed in these sectors faced unprecedented challenges.

Burnout During and After COVID-19

The COVID-19 pandemic caused job situations to change for many Canadians. While workplace shifts varied, those in the health-care and education sectors experienced a lack of resources and additional workloads as primary consequences. Health-care workers in particular had to work extended hours due to a steep increase in patients and a shortage of personnel. The decrease in available staff was due to illness or leaving the profession altogether.

“ **There was an excessive workload. They were clearing out the hospitals to make room for COVID patients, so people were sent home early. They still needed care, and sometimes more complicated care... so, home care was called in. I have never been so busy.**

-Female, 33, New Brunswick, health-care provider

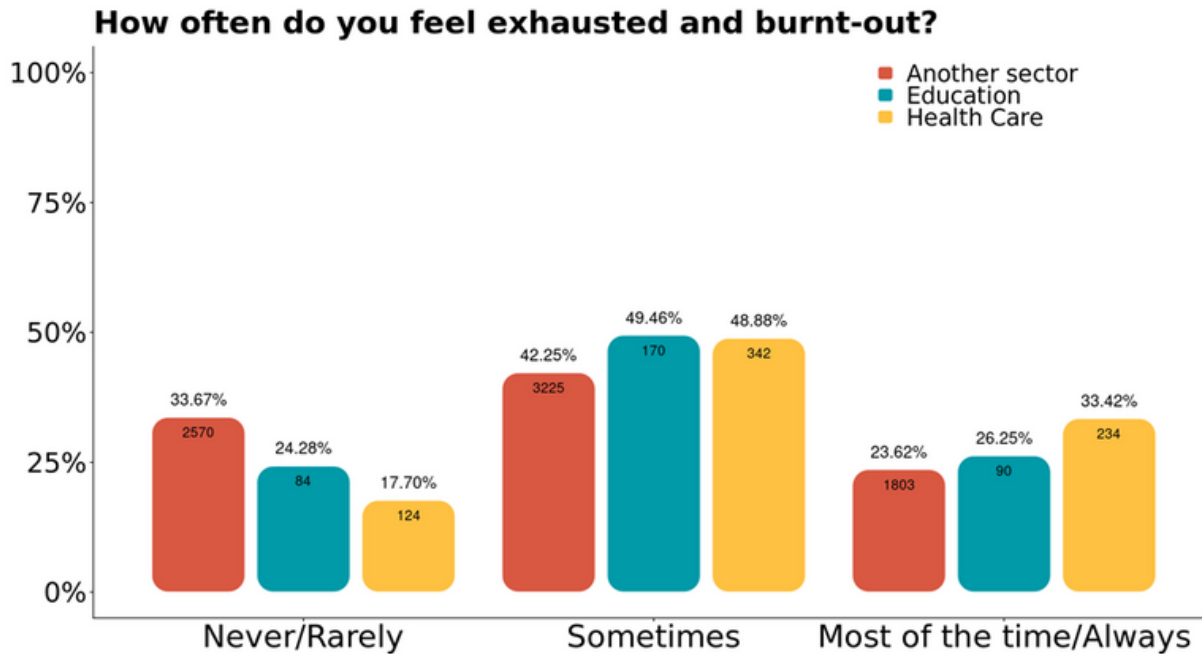
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[2] Major, Shauna. "The Recovery Period." Mental Health Research Canada, <https://www.mhrc.ca/the-recovery-period>.

BURNOUT AMONG EDUCATORS AND HEALTH-CARE WORKERS IN CANADA

The chart below, derived from MHRC’s national polling dataset, demonstrates that health-care workers and educators are more likely to suffer from burnout than the national average of 24%.

FIGURE 3 – Exhaustion and burn out among Canadians in "Education", "Health care" and "Another sector"



“ It was stressful. There was a lot of burnout, particularly during the outbreaks. But it was too hard to stop and take care of yourself. But there were days when you were thinking that you just couldn’t do it. Couldn’t go in again. But you did.

-Female, 40, Saskatchewan, health-care provider

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Teachers had to adapt to online learning and provide support for students who were struggling with the transition. The added pressure of juggling remote teaching, technology issues, and the emotional needs of students has made already challenging jobs even more difficult.

“ It was definitely a struggle. It felt safe to work from home, but it was hard to connect with my students. I had to learn how to do it online, with no prior training, no guidance was given. Once I figured that out, we had to go back to work.

-Female, 41, Saskatchewan, educator

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“ It was just hard to connect with the kids, to understand if they were getting it. It was hard to figure out if you were doing a good job.

-Female, 52, Manitoba, educator

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“ Sometimes you could see what was going on in a kid’s life, in their home. And it wasn’t good. But there was nothing you could do... nothing. You just had to hope they were safe.

-Male, 54, Ontario, educator

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Educators experienced constant anxiety during the pandemic due to the uncertainty surrounding their sector. They were left guessing when they would be back in the classroom and how long it would be until the next lockdown, forcing them to live in a state of flux. This unpredictability also extended to students and their parents, who often turned to educators for support or answers that they were not always equipped to provide.

“ You could see the stress everywhere; it was all around you. How stressed your co-workers were, all the kids were stressed, the parents were calling... Other people’s fear was really impacting me.

-Female, 46, British Columbia, educator

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“ Everything was done at the last minute... last minute changes because there were always changes, the government was always changing. Parents were always calling with for questions and I didn’t know the answer.

-Female, 63, Ontario, educator

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Cancelled extracurricular activities, limited social interaction, and the stress of adapting to a new learning environment have all taken a toll on students' mental and emotional wellbeing.

“ Now it is different. Kids are on edge, doesn't take much to set them off, so dealing with violence. Kids also have no stick-to-it-ness. They don't work, because they feel they don't have to, they don't do anything. You are babysitting more than teaching. Exhausting.

-Male, 54, Ontario, educator

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In addition to a lack of resources, the pandemic exacerbated the emotional toll of working in these sectors. Health-care workers, in particular, felt demoralized by the lack of physical care and support they were able to provide to patients, and had to watch patients die alone.

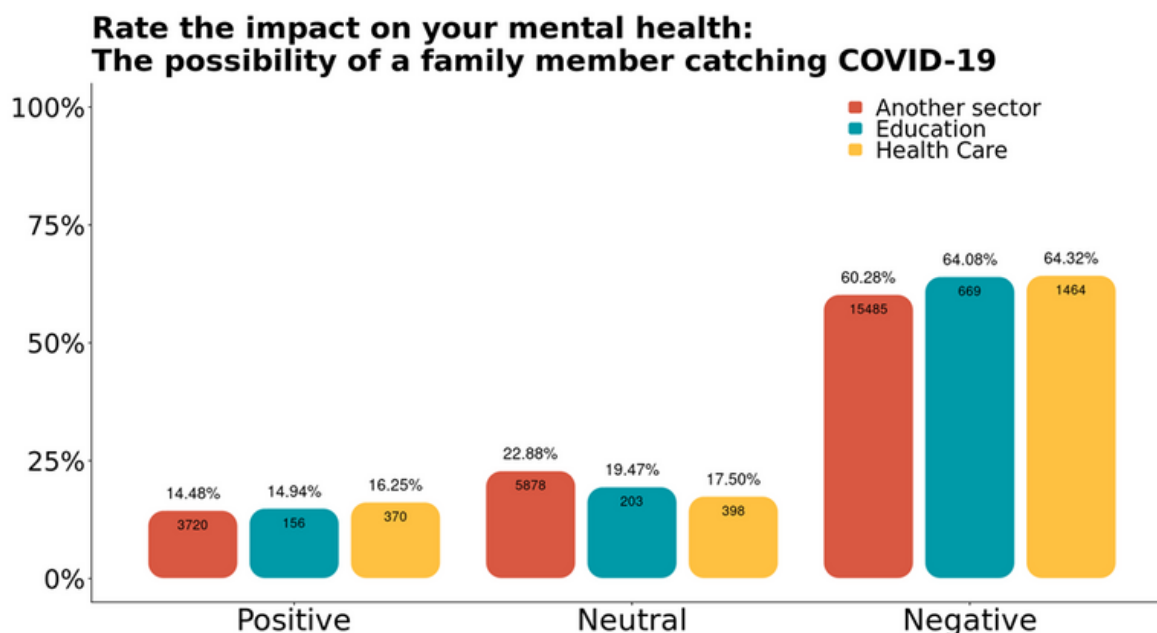
“ It was hard because people were getting sick and then when we were short-staffed, other people just chose to leave. Part of me was desperate for a break too. But there were so many people who needed help... elderly people who were isolated and they were dying alone. It was so emotional. It was hard not to bring it home.
 -Female, 34, Newfoundland and Labrador, health-care provider ”

Others in the health-care sector felt that they were limited by policy in how they could provide support despite a severe need for human resources.

“ As a midwife, I know I could have done more. I could have helped. But they didn’t want me. They put me in a little box and said no, you can’t do more than this. This is all you can do. It was frustrating. When faced with so much need, yet they wouldn’t let me help.
 -Female, Ontario, 49, health-care provider ”

Another factor of anxiety for health-care workers throughout the pandemic related directly to the virus and its associated health risks. Beyond the fear of catching COVID-19 themselves, many in this sector harboured fear of bringing the illness home to family members; this **forced isolation from support systems has been seen in our qualitative data to have a drastically negative effect on the mental health of Canadians**. This is demonstrated in the chart below which shows factors attributed to increased mental health challenges among these sectors.

FIGURE 4 – Fear of a family member catching COVID-19 as a mental health stressor among Canadians in "Education", "Healthcare" and "Another sector".



Many of the factors that contributed to increased levels of burnout among health-care workers and educators during the COVID-19 pandemic continue to persist during the recovery period. Staff shortages have required employees in both sectors to work extended hours with inadequate resources. As educators have returned to in-person classes, concerns around catching the virus and bringing it home to family remain a cause of anxiety for many.

“ There are the cutbacks... they are cutting everything. They had to spend a lot on COVID so now they are cutting back... we are short on staff, we are short on supplies.
-Female, Ontario, 66, educator”

“ Just expectations are higher than before. They have cut more support staffs. Now we are dealing with larger classes and coupled with high expectation, not just with in the classroom, but with extracurricular activities. And all this when I have to support my family who are also coming out of pandemic, my kids, parents, and husband...
-Female, 41, Saskatchewan, educator”

Although there has been a decrease in pandemic-related deaths and population-wide anxiety, COVID-19 is not over for many who work in public spaces. A lack of control over work environments, as well as policies that require employees to enforce pandemic precautions, has added an extra strain to an already stressful situation.

“ The hospital is still really annoying. They are still COVID conscious. So, visitors are coming, and we have to make them follow protocol. They are getting frustrated, they sob and scream, they complain ‘why are you doing this? Nobody else is doing this!’
-Female, 36, Ontario, health-care provider”

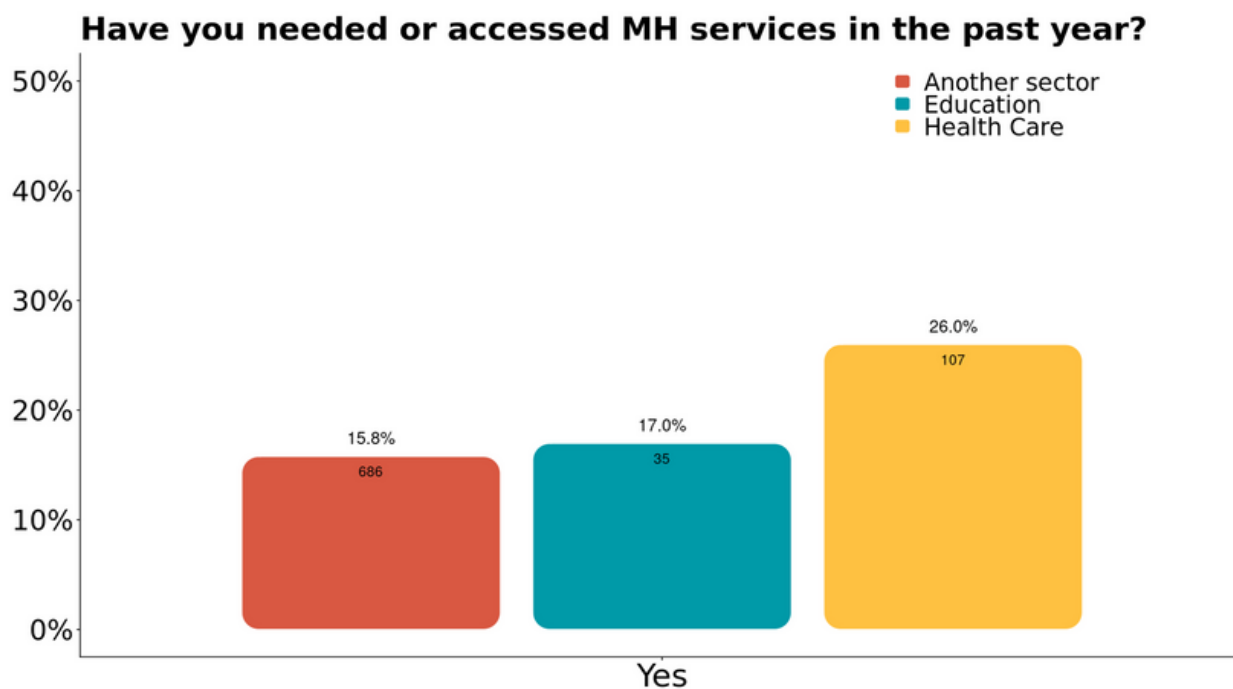
“ We are back in person. People are getting sick, and it is fine. There are no restrictions, they come to school sick, and it is supposed to be fine.
-Female, 41, Saskatchewan, educator”

The COVID-19 pandemic has had a significant impact on the health-care and education sectors, leaving a lasting mark on employees as shown in the discrepancy in levels of anxiety, depression and burnout as demonstrated in the charts above.

Access to Mental Health Care

For many in these sectors, mental health support will be critical in alleviating the extreme levels of burnout. That said, only 16% of health-care workers and 13% of educators have sought mental health care in the past two years, though more have indicated that they need it, as demonstrated in the chart below.

FIGURE 4 – Canadians in "Education", "Health care", and "Another sector" who have needed mental health support in the past year



“ It would be one more thing to do... to schedule. There is no time. Work says they have supports, but their supports don't work, that is even if you know where to find them! And then, to use them you need to take time off, which you can't get. ”
-Female, 33, Alberta, health-care provider

A primary barrier to obtaining mental health supports come from within the industries themselves. Both health-care professionals and educators say they do not feel supported by their employer when it comes to their mental health. Despite a growing prevalence of workplace mental health promotion, particularly among these industries, heightened expectations and staff shortages make receiving any form of mental health care unrealistic.

“ They expectations are so high... they expect you to do everything, the extra curriculars, the extra projects... They don't say anything directly, but they make passive aggressive comments, so you know you have to do it. They don't care what is going on in your life. Everyone has to do it. ”
-Female, 41, Saskatchewan, educator

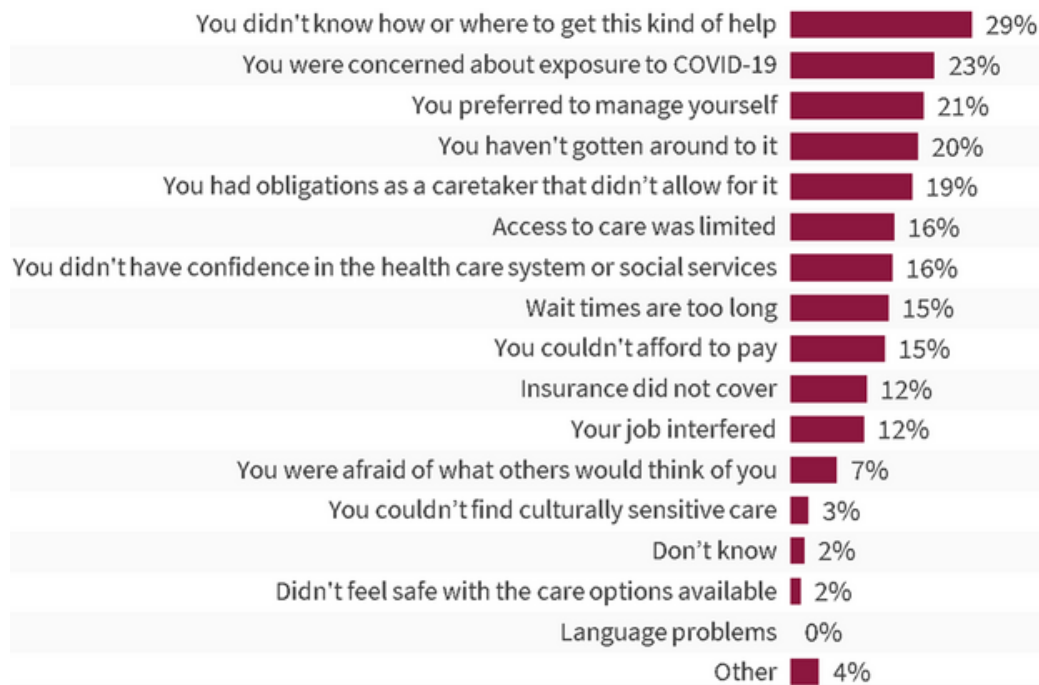
The additional obstacles preventing employees in these industries from accessing mental health support are like those faced by the majority of Canadians who feel they should be receiving care but are not.

“ I went to see a psychologist... I had to pay out of pocket. Sure, I could claim it after but I had to pay. And even when I claimed it... it was only for four sessions. I needed more than that – but it is all I could get. ”
-Female, 52, Ontario, health-care provider

“ I have contacted multiple providers, but so many didn't respond. One responded, but they had a wait time. It was difficult to get a regular appointment – 2 to 4 week wait. But it was helpful once you got in. It is hard to get in. ”
-Female, 41 Saskatchewan, educator

Financial concerns, wait times and lack of knowledge about where to access these supports are common. The chart below demonstrates the most frequently cited reasons for why Canadians do not access mental health care despite feeling that they need it.

FIGURE 5 – Causes cited by Canadians for not accessing care despite feeling they needed it



Despite working in sectors assumed to have ample resources in accessing professional support, many are unsure about what supports are available to them. It is clear that systems within these sectors must support employees beyond promoting mental well-being. Ample time must be provided without consequence for preventing and addressing mental health concerns. Lastly, organizations should provide clear information about the resources available and support staff in accessing the help they need.

Looking Forward

It is crucial to recognize the immense challenges that essential workers have faced during the COVID-19 pandemic, particularly those in the health-care and education sectors who have had to deal with a lack of resources and increased workloads.

Despite these challenges, many essential workers have risen to the occasion and shown incredible resilience and dedication. Health-care workers have risked their own health to care for others, while teachers have gone above and beyond to ensure their students continue to receive a quality education.

While workplace mental health promotion is becoming more prevalent, it is important that employers take concrete steps to support their employees' mental health. This can help to prevent burnout and other negative mental health outcomes and ensure that employees are able to provide high-quality care and education to those they serve.

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For more information on MHRC's national polling project "Understanding the Mental Health of Canadians through COVID-19 and Beyond" or our qualitative initiative contact Brittany Saab at bsaab@mhrc.ca
Full reports of our findings can be found at www.mhrc.ca