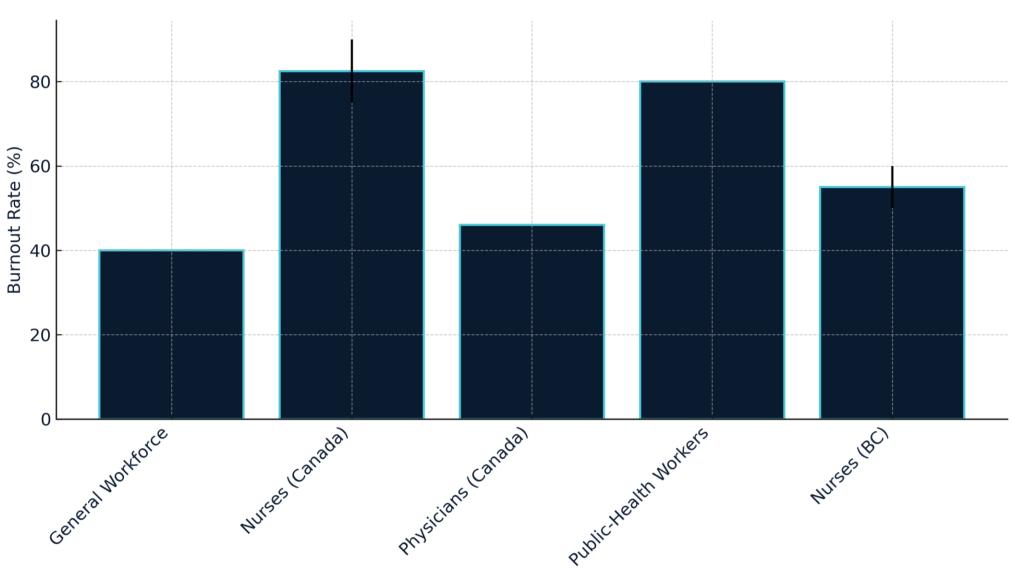


Mary-Lou MacDonald MSc



# THE COST OF CARING

#### Burnout Levels Across Canadian Workforce & Healthcare Sectors



## **Burnout in Long-Term Care Staff - Canada & BC**

Population & setting	Evidence base	What we know (plain language)
Care aides / PSWs (Canada, LTC)	Multi-province LTC studies	≈ 4–5 in 10 experience burnout-level emotional exhaustion or cynicism.
Care aides (Western Canada)	Longitudinal (pre- to post-COVID)	≈ 7 in 10 show moderate—high exhaustion; ≈ 8 in 10 show moderate—high cynicism.
Under-resourced LTC units	Unit-level Canadian studies	Burnout worsens where staffing, leadership, and communication are weak.
LTC nurses (British Columbia)	UBC + BC Nurses' Union	≈ 5 in 10 reported high emotional exhaustion even before COVID-19.
Nurses (Canada, all settings)	National surveys	≈ 9 in 10 report some burnout; ≈ 5–6 in 10 intending to leave cite burnout.

Burnout is the norm in long-term care — not the exception.

In many LTC settings, nearly half or more of staff show clear signs of burnout.

Even before COVID, BC LTC nurses were already burned out.

The pandemic intensified an existing system problem.

This is a systems issue — not a resilience failure.

Burnout rises with chronic understaffing and limited recovery time.

Burnout commonly measured using validated tools such as the Maslach Burnout Inventory

## **Three Layers of Cost**



#### **Human cost**

To your health, your identity, your family, and your sense of meaning.



## Safety and quality cost

To residents, clients, and teams



### System cost

Recruitment, retention, disability turnover, and the loss of experience and expertise



# WHO: Three Features of Burnout

- Exhaustion- depleted energy, feeling drained
- Cynicism / Mental Distancedetachment, negativity
- Reduced Effectiveness- lower performance, diminished capacity



## **Drivers of Burnout**

Workplace	Personal
Unmanageable workload & chronic understaffing	Empaths & caregivers (on and off the job)
Constant interruptions, time pressure, "doing more with less"	High performers with strong responsibility
Unclear expectations & shifting priorities	Perfectionism / "hero" narratives
Lack of control over schedule, breaks, or workflow	Complex home demands (children, aging parents, finances, partner stress)
Moral distress	Passion/purpose
Limited psychological safety	Health issues

#### **COMMON SIGNS OF BURNOUT**



- Frequent absence or late
- Reduced productivity, quality of work
- Interpersonal problems with coworkers
- Over-activity, inability to focus
- Missed deadlines reduced participation
- Changes in social habits (increased consumption of alcohol, substance)

# The Ripple Effect on Teams & Residents



Healing, Hope, Resilience





Creating
Cultures
Where
People Can
Thrive



# Healthy Workplace Standards/Frameworks/Training Healthy and Safe Culture by Design

- Mental Health Commission of Canada: The National Standard for Psychological Safety in the Workplace
- Workplace Strategies for Mental Health
- Excellence Canada: Healthy Workplace Standard; Mental Health at Work
- Wellness Works Canada
- WorkSafe BC

# REFLECTION

- 1. What is one small change we could make that would meaningfully lower the stress in our day?
- 2. How can we make it safer for people to say "I'm not okay" or "This is too much"?
- 3. Whare can we build in even a tiny bit more recovery on shift?
- 4. What support do leaders need, so they aren't burning out quietly while trying to care for everyone else?

