

Burnout Isn't Just A Buzzword: How Mental Health Impacts Healthcare Teams And Workplace Dynamics



In recent years, municipalities have made great strides in fostering respectful workplaces. Codes of conduct, training programs, and workplace policies have emphasized civility among staff and council. Burnout in healthcare is more than an individual struggle. It is a systemic issue that affects team dynamics, communication, and psychological safety. Since the COVID-19 pandemic, the prevalence of burnout has surged, with frontline healthcare workers bearing the brunt.

A 2021 survey by the Registered Nurses Association of Ontario (RNAO)¹ found that over 75% of nurses reported burnout, especially those in hospitals and frontline roles. The Ontario Medical Association (OMA) revealed that nearly 73% of physicians experienced some level of burnout in 2021, up from 66 percent the year before, and just over one-third (34.6 per cent) reported either persistent symptoms of burnout or feeling completely burned out in 2021, up from 29 per cent in 2020.²

These figures underscore a broader concern about burnout and the role it may play in contributing to dysfunction, conflict, and even harassment complaints. Healthcare teams, including nurses, midwives, personal support workers, and physicians, operate in high-stress environments where chronic fatigue and emotional exhaustion erodes morale and trust.

The National Standard of Canada for Psychological Health and Safety in the Workplace (the National Standard), developed by the Mental Health Commission of Canada, provides a globally recognized framework to help organizations address these challenges.³ It outlines 13 psychosocial factors, such as workload management, high demand and low control over work, the potential for violence, civility and respect, and psychological protection, that directly influence employee well-being and organizational culture. In healthcare settings, where burnout is prevalent, these factors are often at the core of workplace investigations and culture assessments.

Understanding Burnout in Healthcare

Burnout is defined by the World Health Organization (WHO)⁴ as chronic workplace stress that is not successfully managed. Symptoms include:

- Feelings of energy depletion or exhaustion

- Increased mental distance from one's job, or feelings of negativism or cynicism
- Reduced professional efficiency

The RNAO's Best Practice Guideline, "Preventing and Mitigating Nurse Fatigue in Health Care,"⁵ highlights contributors such as long shifts, high patient acuity, inadequate staffing, and lack of control over work conditions.

Data from the Canadian Institute for Health Information (CIHI)⁶ shows Ontario has lagged in RN-to-population ratios for nine consecutive years, with shortages most pronounced in hospitals, long-term care, and community settings. Additionally, while the number of physicians grew in 2023, this increase was driven entirely by specialists. The number of family medicine practitioners declined, signaling a strain in primary care which has a domino impact on other health care settings⁷ such as hospitals, emergency departments and urgent care centers.

Burnout as a Psychological Health and Safety Issue

Burnout manifests in emotional exhaustion. When left unaddressed, it fosters disengagement, undermining psychological safety in the workplace and violating the principles of the National Standard. These dynamics can escalate to formal complaints and investigations, revealing systemic risks that require proactive organizational responses, such as leadership development, team support, and restorative practices, to rebuild trust and foster psychological safety.

As workplace investigators, we frequently encounter burnout as a contributing factor in the cases we review. It often doesn't appear as the central issue at first, but upon closer examination, chronic stress and emotional exhaustion are at the root of many workplace complaints. Burnout can erode communication, trust, and psychological safety, eventually culminating in formal investigations. These cases highlight the importance of addressing systemic risks early, before they escalate into conflict or allegations.

The Role of Workplace Culture Assessments, Training and Restoration Efforts

This is where workplace culture assessments, training, and restoration efforts become vital. Culture assessments help identify early signs of dysfunction by evaluating team dynamics, leadership practices, and communication patterns. Rather than waiting for issues to escalate, proactive assessments allow organizations to intervene and support teams before burnout escalates to conflict.

Training programs focused on psychological safety, respectful workplace conduct, and trauma-informed leadership build resilience and foster supportive environments. These initiatives empower healthcare professionals to navigate stress and maintain healthy interactions, reducing the likelihood of harassment and disengagement.

The Role of Investigations and Restoration

When burnout leads to inappropriate behaviour or conflict, workplace investigations may be necessary to understand the root causes and ensure accountability, but they should be complemented by restorative practices. Restoration involves rebuilding trust through leadership development, team-building, and ongoing support. It is not just about resolving complaints, it is about creating functional cultures where healthcare workers feel safe, respected, and empowered. Workplace restoration, which focuses on building intentional culture through functional leadership practices that foster trust and engagement, also has better results when initiated at the first signs of dysfunction.

Conclusion

Organizations that prioritize psychological health and safety are better positioned to prevent burnout by managing workloads, encouraging open communication, and safeguarding employee well-being. Aligning with the National Standard helps healthcare employers foster environments where staff feel safe, respected, and empowered.

Burnout is a systemic workplace issue, not just a personal one. Unchecked burnout erodes trust, morale, and productivity. Proactive steps like culture assessments, restoration, and training foster environments where professionals thrive.

As we reflect, we must ask: Are we fostering environments where healthcare professionals thrive, or contributing to dysfunction? By listening to frontline voices and advocating for systemic change, we can build workplaces rooted in compassion, collaboration, and well-being.

Footnotes

1 <https://rnao.ca/policy/work-and-wellbeing-survey-results-2021>

2 <https://www.oma.org/advocacy/physician-burnout/>

3 <https://mentalhealthcommission.ca/national-standard/>

4 <https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases>

5 <https://rnao.ca/bpg/guidelines/preventing-and-mitigating-nurse-fatigue-health-care>

6 <https://www.cihi.ca/en/number-of-physicians-and-nurses-per-10000-population-by-health-region-2021>

7 Canadian Institute for Health Information. Available at: <https://www.cihi.ca/en/physicians> [Physicians | CIHI]

The content of this article is intended to provide a general guide to the subject matter. Specialist advice should be sought about your specific circumstances.

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