

# Mitigating Patient Burnout in the New Normal

By Annie Bray,  
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We are trained as RMTs to assess and treat patients with various physical conditions. Although massage therapy focuses on assessing and treating conditions of the soft tissue and joints, our treatments and our presence also support patients physically, emotionally, and mentally. Many patients with mental health issues seek massage therapy as part of their treatment plan alongside medication and other support. We may treat patients who see us for other reasons but also have mental health issues that impact how they respond to our treatment.

While our training provides a foundational framework to understand and navigate the landscape of mental health diagnoses, it can be challenging to offer warm, relational, and effective care to our patients while practicing within the scope of an RMT and maintaining healthy boundaries.

Socioeconomic fallout from the pandemic has made this situation even more difficult. Increasing numbers of patients present with signs of burnout—and other mental health issues—while concurrently reporting challenges in finding adequate, affordable mental health care. This puts RMTs at risk of taking on the emotional burdens of our patients and experiencing burnout ourselves, unless appropriate strategies and support are put in place. It may also leave some RMTs feeling uncertain about how to best help our patients experiencing signs of burnout.

## Recognizing Burnout

As is often the case with clinical terminology, “burnout” gets used differently in casual conversations and clinical settings. We’ve all heard someone share how “burned out” they feel after a busy week at work. It’s normal for



terms to be used colloquially; of course, we know exactly what that friend, colleague, or patient is trying to describe when they say it.

As clinicians, however, it’s important to rely on a formal definition of burnout when we conduct intakes and assessments and create treatment plans for our patients experiencing pervasive symptoms that may indicate a need for intervention.

The term burnout was first coined as a technical term in 1975 by Herbert Freudenberger, who defined three components:

- Emotional exhaustion—the fatigue that occurs from caring too much for too long.
- Depersonalization—the depletion of empathy, caring, and compassion.
- Decreased sense of accomplishment—an unconquerable sense of futility or feeling that nothing you do makes any difference.

While the World Health Organization (WHO) does not recognize burnout as a health condition, the concept is clinically relevant and is included in the WHO International Classification of Diseases



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as an occupational phenomenon. It is “a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed.”<sup>1</sup>

The WHO asserts that the word “burnout” refers specifically to work-related situations and should not be used in relation to other areas of life. Others, such as Emily Nagoski, who wrote the book *Burnout*, believe that burnout can and regularly does apply to those who work in a caregiving capacity, whether that work occurs in a traditional, paid workplace, in the home, or elsewhere.<sup>2</sup>

What’s important to understand is that since the pandemic’s onset, the number of people showing signs of burnout has been steadily increasing,<sup>3</sup> and we are seeing more of these patients in our treatment rooms.

### **Burnout: Intake and treatment plans**

There are important ways that massage therapy can support patients who are nearing, experiencing, or recovering from burnout. Before we can offer this support, we need an effective intake process to understand our patients’ experiences and needs relating to their experience of burnout.

### **Compassionate and effective intakes**

Improving our intake and assessment skills can foster patient rapport and trust. This can support the conditions needed for patients to disclose burnout symptoms and

other mental health concerns, reducing the risk of being misunderstood or stigmatized. An understanding that many patients who belong to marginalized groups face added layers of stress and burnout due to ongoing systemic discrimination in the workplace is both valuable and necessary.

The questions we ask in our intakes are crucial, but the verbal tone and pacing we use while asking them often determines how willing patients are to share concerns about their mental health. We can offer a reassuring and caring space for this kind of disclosure by slowing down and offering eye contact and warm vocal tones.

It’s important to mention that burnout symptoms can present nearly identically to other mental health issues, such as depression. They can also present similarly to deficiencies related to low iron or hypothyroidism. When we see red flags for burnout in our patients, it’s important to mention that these symptoms should be addressed with their primary care physician and differentially diagnosed, if they haven’t been already.

### **Developing a treatment plan**

Sometimes patients will present with both a physical condition needing treatment and symptoms of burnout. Other patients arrive specifically hoping to alleviate their burnout with massage therapy. These scenarios will generally require different treatment plans.

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“Meeting our patients from a place of shared humanity, compassion, and attuned presence can set the tone for treatments that make a difference.”

An effective treatment plan must focus on soothing and regulating the autonomic nervous system. By approaching our intake with compassion and at a doable pace, we allow our patients to regulate their nervous systems with our supportive presence and pacing. Our treatment can build on that rapport and connection.

Patients with a physical condition may require a modified treatment plan that includes a specific injury treatment while prioritizing support of the nervous system. This may include reducing the intensity of pressure and the amount of time spent using advanced techniques while communicating with patients so that we understand their needs and preferences. Patients whose primary focus is burnout recovery will likely prefer a treatment that creates the conditions for rest and recovery.

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### **Mitigating burnout for our patients and ourselves**

The pandemic has increased the number of patients presenting with burnout while concurrently causing a decrease in accessible and affordable mental health support in the

community. This results in an increased risk of patients' symptoms worsening and an increased risk of RMTs developing burnout, which could lead to some of us leaving the profession due to feeling under-resourced for the demands of the job. In a sense, seeing more patients experiencing burnout can leave RMTs at increased risk of burnout ourselves.

### **Building a strong and diverse referral network for our patients**

Once we have created a treatment plan that falls within our scope and capacity as therapists, assessing whether a patient requires additional support is important so that we don't inadvertently take on more mental health care than we should.

As therapists, we are busy with patient care and business administration, and we also have continuing education to think about—not to mention nurturing our personal lives—making it easy to overlook the need to develop a robust referral network. It may be a bit of extra work up front, but creating a list of referrals—both for mental health and other health issues that fall outside our scope—ensures that when a patient discloses mental and emotional distress that is more than we have the capacity for, we can suggest additional providers who are qualified to assess, diagnose, and treat them.

Here are three ways we can build our referral lists:

- We can ask friends and family for mental health resources they'd be willing to share. This has the added benefit of normalizing conversations about mental health.
- We can ask patients if they are willing to share the names of providers and services they benefit from. It's important to remind them that their connection to this provider will remain confidential, but that we may reach out to the provider to ask if they are taking new clients and/or are comfortable being on a referral list.
- We can research mental health providers, groups in the community, and crisis support

lines, and other resources. Becoming familiar with the network of health care providers we are part of will reveal that it's full of valuable resources.

It's well worth making sure that a referral list reflects a range of cultural experiences and backgrounds to meet the needs of patients. Once referrals are obtained, it can be useful to create a document that can easily be added to and printed or emailed to patients as needed.

### **Creating a wide base of support for ourselves as regulated health professionals**

We often hear about frontline health care workers burning out and leaving their professions due to intolerably stressful working conditions. Having a comprehensive and reliable support base as health care practitioners has never been more critical. Even when working within the scope of practice, RMTs can experience burnout due to the added layers of stress we've experienced, both professionally and personally, since the pandemic began. While RMTs have less of a frontline health care role, it's important to consider how the last three years have affected our capacity, mental health, and enthusiasm for work.

Although strategies to address therapist burnout are highlighted in other parts of this issue, it's important to focus on essential ways to help protect ourselves from burnout. This includes peer support, which can help reduce the risk of burnout but can be difficult to find for some RMTs, especially solo practitioners. Community-Based Networks set up by the Registered Massage Therapists' Association of Ontario can be a good option for peer support, as can other options on Facebook and other social networking platforms. There are also things we can do to break the cycle of stress and lessen the impact it has on our bodies. Examples include being physically active, laughing, crying, engaging in a creative pursuit, getting

additional rest and sleep, and receiving physical affection.

Mindfulness-based interventions have also been shown to increase feelings of well-being and compassion and to decrease burnout symptoms in the short term. Some benefits of mindfulness can be accessed for free via apps and online programs. Benefits increase when mindfulness can be practised in supportive settings with others.<sup>4</sup> This is another option that can be helpful for both RMTs and patients concerned about the impacts of burnout.

### **Conclusion**

These are still challenging times. We've collectively experienced extensive challenges and changes since the onset of the pandemic. Although some things have returned to normal, many things are not the same as pre-COVID. Many RMTs and patients remain at an increased risk of feeling burned out.

As we settle into our "new normal," with COVID an ongoing part of our lives, this is a good time to review our strategies for offering excellent patient care, providing mental health referrals when appropriate, and, equally importantly, reaching out for the support we need ourselves, as health care providers and as humans.

By addressing our personal resource gaps, unpacking our stigmas and biases around mental health, and developing our communication and treatment skills, we can support our patients as they navigate burnout while reducing our own risk. ■

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