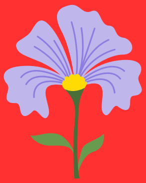
Burnout: the interplay of capacity and care within community-centred organizations



By Crystal Chan, Emilio Castillo and Marie Succar

Submitted to Ontario College of Art & Design (OCAD) University in partial fulfillment of the requirements for the degree of Master of Design (MDes) in Strategic Foresight and Innovation
Toronto, Ontario, Canada, 2025

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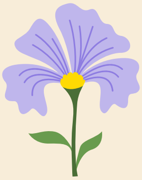
Abstract

This research project explores the potential of life-centred design approaches within community organizations to respond to distressing employee experiences. The study investigates how dynamic and intense professional expectations contribute to distress impacting personal capacities, affecting personal well-being and ability to give and receive care. Through foresight and participatory design research methods — such as causal layer analysis to examine underlying causes, to identify emerging patterns and journey mapping to visualize employee experiences — the research aims to uncover new holistically-focused insights and impacts to support care providers.



Dedication

To those who hold care
and yet remain un-held by it.

To those who are most harmed
by narrow perceptions
and misaligned systems.

Your presence matters
You are seen, heard, and felt
You are deeply valued

The work that you do
to sustain our communities
and collective wellbeing at all levels
is cherished at all and every level.

Emilio, Crystal and Marie
Ontario, Canada
March 2025

Acknowledgement

This work was done in Tkoronto – a place that allowed us to convene, to be cared for and to care for one another.

We remember and honour the land that cares for us, sustains us and allows us to gather. We honour its ancestral history and the vibrant communities whose connection to this land predates our presence here.

We acknowledge those who care for the land, those who provide for it and those who support the caregivers of the land.

We appreciate and cherish our circles of support — both intimate and broad — who witnessed the emergence of our full spectrum of feelings throughout our journey, from frustration to excitement, uncertainty to wonder and all in-between. The generosity of time, attention and care shared with us is not taken for granted. Thank you for holding space for this work to unfold.

We thank our professor and advisor, Suzanne Stein, for her ongoing guidance, wisdom and encouragement throughout our learning journey. Her years of refined expertise, ocean of experience and unwavering solid support were instrumental in shaping this body of work.

We acknowledge and honour the people who have shared their lived experiences with us and in moments of their most vulnerable selves. Their willingness to share has given us the profound depth and meaning to this work.

Lastly and most importantly...

We are eternally grateful for the time and space shared, the collective silences that gave way to moments of truth.

In the spirit of gratitude and respect, we recognize that in analyzing, paraphrasing and verbalizing what was shared with us, the nuance, tone, depth and the unspoken moments risks being diluted and/or lost. Yet, in our efforts to be true and honest to the process and our commitment to care, we hope you – our dear reader – just as in any work of art and design, will be able to willingly receive and be open to feel what we felt.

Positionality

> ‘If we are willing to work together and learn together, we can all benefit from the mistakes of our time, and, seeing with the eyes of compassion and understanding, we can offer the next century a beautiful garden and a clear path’
>
> Thich Nhat Hanh

We are three researchers—Crystal Chan, Emilio Castillo and Marie Succar— who have come together by our shared desire and commitment to explore the experience of burnout among care providers, using a holistic and intersecting approaches.

Crystal Chan is an occupational therapist and strategic designer working at the intersections of healthcare innovation, community-based research, and strategic foresight. As a clinician-designer currently rooted in mental health and aging care, she brings a relational approach and systems-informed lens to bridge institutional and community approaches in reimagining care delivery. With experience in inclusive design, participatory methods and project management, her work reflects a commitment to learning, unlearning and fostering sustainable care systems where care providers and communities feel seen, valued and empowered as co-creators of health and wellbeing.

Emilio Castillo is a multidisciplinary designer in training. He comes with over a decade of experience across various fields, from conflict resolution to not-for-profit work. His travels to conflict-stricken areas have reframed his notions on ‘empathy’, ‘relationality’ and ‘connectedness’. A storyteller by nature and nurture, Emilio designs at the intersections of academia, the corporate and the creative world; it is there where he unboxes critical potentialities for expression, problem solving, and motivating social change.

Marie Succar is a creative with extensive experience in branding across a landscape of geographies, industries and communities. These enriching, mind and eye-opening experiences continue to shape her thinking and design process. As she integrates community-based research and systems thinking to her knowledgebase, she steps into the work recognising that at the depth of our humanity is an interwoven tapestry of connections that crosses generations, cultures and boundaries. With a childlike curiosity, Marie is driven by meaning and purpose, a philosophy that she lives by as she navigates life and her multitude of roles in it.

Collectively, this team deeply cares and desires to support those in our communities that lead in caring for our most vulnerable folks. The very systems that we rely on to support those who provide care are often misaligned. At that, this research is not just an intellectual pursuit, but one that is personal, reflecting our collective desire to honour the importance of care providers as critical pillars in both our communities and our systems, across Canada and beyond.

Our intent: A burning issue

Without those who care, our systems fall apart.

We want to better understand the complexities of burnout in those who care for our communities – its quiet toll, the weight of amounting expectations and the consequences of feeling overlooked. This work is about exploring the physical, emotional and mental weight that care providers hold, and how it might ripple out – impacting not just them, but those they care for as well.

We are looking at the wellbeing of those they care for and those who care for them, and how it becomes compromised when care providers are burnout.

What brings us here?

Our journey is grounded in lived experience. Each of us have felt and witnessed burnout - whether in healthcare, education, community work, or in our personal circles. This major research project, led by Crystal Chan, Emilio Castillo and Marie Succar, explores burnout through the lens of giving and receiving care in Ontario. Grounded in qualitative and participatory methods, our work looks at how care and capacity cycle through demanding work environments – these care ecosystems that shape daily life, relationships and the spaces we share.

It was evident in our lives and part of our daily conversations. In many instances it wasn't us who observed it within ourselves. In Marie's case, it was her brother who pointed it out right after an incident of physical collapse. "You are burnt out," he said. – It took time for the realisation to sink in; 'I am burnt out' – this was followed by a series of questions that felt auto-investigative; But why am I burnt out? How will I stop working? What happens now? This doesn't feel right! – This vocal reflection was answered when her 10-year-old looked her in the eyes and said; 'Your mornings start at 4 am, it only makes sense that you are burnt out.' A child could see what she couldn't —she is a single mother juggling countless responsibilities. Her work is based in Dubai, which only adds to the pressure and makes coping nearly impossible.

For Crystal, it was similar when she was found herself run-down a year prior to this study. In the middle of the pandemic, she was expected to cover two full-time equivalents at the hospital for two weeks...that rolled into nine months. Even denial couldn't hide how buried in work she was in and how normalized she became with exhaustion and a perpetual feeling of her capacity to care was never enough. In clinical practice, a seemingly simple visit in a war survivor's bedroom - for a simple routine task of updating a whiteboard – turned into a profound, eye-opening experience for Crystal and her relationship with work in the face of burnout. The ninety-year-old lady asked, "who really cares?" with frustrated and sullen eyes and that hit a nerve.

Her subsequent sharing of heartache for hope stirred the heart. That two-minute turned into a two-hour visit and before parting for lunch, she left Crystal with one encouragement: Keep sharing your art. When you don't have a lot of time, slowing down became a pivotal moment of reflection for Crystal for she recognized the relational aspect of her opportunities at work, and the art of presence to share with herself and others. The presence we bring, in the many hours spent at work, shape us as much as we impact others in our communities as we care for them.

Familiarity with burnout may also be a lifelong experience. As a first-generation immigrant, Emilio and his family faced burnout in a cyclical nature as they attempted to create stable academic livelihoods in Canada. Accentuated by his acquired brain injury at a young age, Emilio always felt that he had to try harder than his peers to achieve in his studies and interests. He normalized paradigms of working himself to the bone to reach fulfillment, recognition, and contentment for his professional and personal life. Two decades of this productivity focused perspective caused constant psychological phenomena for him in the forms of depression, anxiety, and burnout. For Emilio, learning of new ways to care for oneself and inviting care from others back into his life, he now looks to revisit harm and trauma that he has experienced and continues to carry with him. Understanding that he was not alone in his experience and seeing the importance of sharing care with others, Emilio seeks to connect deeply with the subject matter of burnout and those who carry this burden in their livelihoods of providing care to others to build foundations of change for creating more caring futures.

We often start our careers from a best intention to care, and yet we find ourselves face to face with the reality that the structures and systems we work in weren't always designed to support us. What becomes apparent is that burnout started to reflect a broader, systemic issue, leading those who care left feeling unseen, unsupported, and ultimately burned out.

This story is not unique.

Why does it matter?

Burnout is not a distant worry – it's real and often comes without warning, showing up as an inching anxiety, a constant pressure or sense that we might be carrying more than we should. When we feel systems have not prepared or supported us in ways we would like, we are left to manage alone. Sometimes we need others to notice what we cannot yet name ourselves and recognize burnout is happening within us. This gap of support in care is what shaped our research.

Burnout is commonplace in community-focused work. Our study highlights how essential it is to create thoughtful spaces for shared reflection, conversation and new ways of approaching care. By centering the voice of care providers, we hope to spark dialogue and foster healthier, more sustainable work environments and compassionate ways of working.

What is our intent?

Our intent is to better understand these vulnerable moments of burnout, not as an individual failing but as a systemic and relational one – shaped by how we give and receive care, and by the capacity to provide that care within our organizations. We ask how the perceived ability to give and receive care in both personal and professional contexts impacting burnout individually and in teams.

Our primary research questions are

How might capacity to give and receive care in personal and professional environments impact burnout among individuals and teams?

How might relational approaches to care transform experiences of burnout towards sustainable and desirable ways of working in the future?

Our approach

We arrive at this work with open minds and open hearts – shaped by our own experiences of burnout and the humility that comes with it. That openness extended to our community partners and participants. We are not looking for quick answers. We wanted to hold space for honest reflection that could help explore beyond the surface.

We recognize care looks different for everyone. Burnout doesn't follow a script or protocol – it's deeply personal, shaped by time, context, culture and the systems we are a part of. We want our approach to make room for that, allowing diverse and personal lived experiences in its simplicity and complexity.

We leaned into participatory methods to centre the voices of those most impacted. We did not want to speak for care providers, but with them. Our methods are intentionally flexible, rooted in inclusive design and collaboration.

Our work is not about offering a simple solution – because there is not one.

We are here to ask the right questions – especially the questions that matter most to those living the reality of burnout.

Our qualitative, participatory research uses relational dialogue in workshops and focus groups where we engage in affinity mapping and aspects of appreciative inquiry. This work is guided by a life-centred and desire-based approach, causal layer analysis, decolonial and relational perspectives and systems thinking. We also drew on Brofenbrenner's ecological model to consider care from the personal to the policy level (Brofenbrenner, 1979).

We have been through burnout ourselves – more than once. We've learned what healing can look like, and what it means to witness and support our families and communities to go through it.

We recognize that burnout is not just personal – it's systemic, influenced by social, environmental, and institutional forces.

We believe that change takes place in relationships. By engaging with care providers meaningfully, we can uncover insights needed to imagine something better – perhaps, a better way.

This research is an invitation for all - to reflect, learn, and imagine our care systems where care providers are cared for too. Together, let's ask how might we do better—for each other and for the communities, that rely on us?

What are we offering through this study?

We see burnout not as a personal failing, but as a sign that our care ecosystems may be at risk of breaking down. This research study offers a relational and systemic lens to look at the bigger picture.

Here's what we're contributing

Centering relational autonomy

We focus on the agency of care providers leading change in their workplaces.

Valuing community engagement

We show how participatory research can spark meaningful dialogue and reflection within community organizations. Integrating participatory research methodologies provide an amplified voice for care providers to ensure insights are informed by what matter most to those impacted.

Introducing the Care Currency as a workshop tool

A practical way to explore burnout.

Our outputs include this detailed report which highlights key themes around care and capacity, as well as an interactive workshop to help other engage with the process through hands-on, personal and perspective-shifting activities.

This research is
an invitation for all -

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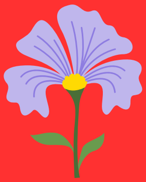

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Introduction

Entering this area of analysis on the phenomenon of burnout, the researchers understood that contemporary burnout experiences for care providers, community members, and general populations were not rare or mild in nature.

In parallel to partnering with an Ontario-based care organization and its care provider, the team found value in incorporating literature on burnout from diverse geographies and sectors of research to elevate our study.

The nature of care as a service and the expertise of care provision as a profession in Ontario has drastically shifted over the last century. Despite upholding large segments of social and community wellbeing, care providers face extremely high rates of burnout associated with having limited finances for service delivery, complex relationships to their work, and, lacking meaningful support to process emotional, physical and mental burdens (Šalienė et al, 2024).

In support of those who care the most in our communities, this major research project studies the lived experience of burnout among those who serve others in Ontario through an intersecting lens, focusing on an analysis of the relationships between care providers, complex systems interactions, social and internal dynamics, and healing from traumatic experiences.

This study is grounded in transdisciplinary literature from psychological, social, community, employment, and philosophical sectors, alongside co-creation of insights with our partnered Ontarian community organization's care providers.

Background

Research Problem

In Ontario, community care providers – especially those working in social services, community housing and outreach programs and non-profit organizations – hold society together and maintain the stability of our care systems.

Yet today, those who sustain our communities face increasing systemic pressures while upholding care systems including role overload, resource gaps, precarious work conditions, underfunding, significant staff shortage and emotional labour at work while remaining underrecognized (Kuluski et al., 2017; Webber et al., 2024; Evans, Waddell, Lavis, 2022). While 73% of Ontario physicians report some level of burnout in 2021 (OMA, 2022), within critical care emotional exhaustion flares among mid-career care providers, aged 40-49, with 24% of staff reporting persistent burnout (Critical Care Services Ontario, 2022). In contrast, homecare rehabilitation professionals have 5.46 times higher odds of emotional exhaustion compared to hospital staff (Nowrouki-Kia et al., 2024).

Burnout among care providers emerges as a critical global issue across various professions, particularly community-based service professions where chronic job-related distress undermine both individual well-being and organizational resilience (Edú-Valsania, S., Laguía, A., & Moriano, J. A., 2022). Despite its prevalence, much of burnout research – its causes and consequences – within the medical field dominate a siloed discussion that overlooks compounding factors, such as diverse socio-cultural dynamics and systemic inequities, and miss the factors that shape burnout experiences in diverse contexts, such as Ontario community care spaces.

This is where our research begins.

Our approach to this body of work is relational and exploratory

Our research focuses primarily on the relationships between individual experiences of care providers and receives in our community, their organizational structures and broader systemic dynamics at play.

In this paper, we gather and integrate three main sections:

1. A cross-disciplinary **literature review** to contextualize burnout, capacity and care within time (i.e. historical and contemporary frameworks) and identify conditions in current approaches to understanding and addressing;
2. Insights generated from **participatory research** with a partnered community organization to explore lived experiences of organizational and systemic challenges and envisioning desirable futures;
3. **Reflections** capturing our embedded experiences as researcher-observers to uncover insights on resilience, workplace culture and systemic barriers at play.

Why this work matters?

When 50% of critical care workers in Ontario report complete burnout (Critical Care Services Ontario, 2022), we hold concern where community care providers lack support in recognition.

By integrating these approaches, our synthesized findings map how burnout manifests in community care spaces, challenges traditional approaches to supporting employees experiencing burnout and proposes areas of opportunities at individual, collective, operational, leadership and policy levels to cascade change. By engaging with the subject matter of burnout in spaces of care through relational practices, dialogue and understanding, this study aims to create greater space for meaningful engagement at organizations that care for the community. Creating new tools and language to connect may allow our partner organization to set precedent for best practices to support employees experiencing distressing and traumatic experiences as they provide critical services to Ontario's communities.

This isn't just about fixing systems. Our ambition for this work is to inform life-centred strategies that foster resilience and promote well-being among care providers, aiming to meaningfully respond to the critical challenges within our Ontario's community care system for functionality and flourishing. It's recognizing that the wellbeing of our community caregivers is the foundation of our community's health and designing futures that enable both to thrive.

Research Questions

Our group has two primary research questions:

How might capacity to give and receive care in personal and professional environments impact burnout among individuals and teams?

This study explores how perceptions on care and capacity impact burnout, particularly in workplaces, as burnout often results of insufficient support and/or resources. As an underutilized tool to support community-centred organizations, the operationalization of transdisciplinary (medical, social, community, employment, and philosophical sectors) approaches offers a lens to analyze critical pain points within organizations for a deeper understanding of the perceptions, experiences and current interventions.

This deeper understanding informs tailored solutions at the levels of operations, leadership, management and policy, while also considering social paradigms around burnout experiences.

How might relational approaches to care transform experiences of burnout towards sustainable and desirable ways of working in the future?

Present and historic paradigms that contribute to lacking recognition of care provider demographics in Canadian society inspired this study to focus on the lived experiences of these individuals. The evocative nature of caregivers emotional and psychological experiences as they undergo burnout is seen as a major area of complexity for understanding points of intervention for greater support through a human-centred approach. By exploring these lived experiences, the findings may help create resilient opportunities for care by addressing what matters most to care providers.

We recognize burnout is influenced and shaped by a complex interplay of systemically and deeply personal factors, from a myriad of experiences valid for cross analysis. Our approach to study burnout experiences takes an intersecting approach, to analyze overlapping contributors to distress and identify thematic patterns across community service operations, and to honour the shared experiences. Through the incorporation of co-design and reflective workshops with care providers and providers at our partnered organization, literature on burnout is triangulated to create new insights on the nature of burnout. In recognizing these shared experiences as valid and interconnected, our findings aim to inform employee support strategies that are cost-effective, and meaningful, and sustainable, in which organizational approaches are proportionally responsive to the need of employees at community organizations.

Research Objectives

Understanding distress at the workplace within the lens of burnout

An extensive literature review of the burnout, and its key components informs its evolution through time and space. This job-related perspective informs design strategies and design methodologies that are of the time and relevant to the people served by various community and care providers.

Understanding at depth people's daily lives

Adopt a holistic approach that looks at the compounding effect of people's environments, understanding how everyday life impacts their relationship with the world and the ecosystems in which they live in. Shift from individual perspectives to systemic challenges and worldviews to get a grasp of their beliefs and the impact that each of these experiences have on their emotional, physical and mental capacities.

Understanding the work culture of 'care industries'

Examine how work conditions and organizational culture impacts employee distress and capacity building to identify design opportunities for creating supportive environments within community-centered organizations.

Understanding what actionable changes look like

Consider short-term and long-term frameworks within the context of uncertainty, as well as systemic realities and barriers to guide and inform the implementation of design-driven strategies in addressing challenges face by community and care providers.

Literature Review

Our literature review began by examining the concept of work distress, focusing on its key component: burnout.

We want to understand burnout
not as a modern buzzword
but as a complex phenomenon
with deep roots and far-reaching
consequences throughout time.

Burnout – What wearing oneself out looks like

Burnout has a significant historical context. While the term appeared in Graham Greene's 1960 novel "A Burnt-Out Case," it was American psychologist Herbert Freudenberger who systematically described burnout as a psychological concept in 1974; a response to stress and to a demand that an individual may make upon themself in terms of a requirement for perfectionism or drive. Freudenberger had borrowed the term from the illicit drug culture where it colloquially referred to the devastating effects of chronic drug abuse. He later used the term as a consulting psychologist to describe the gradual emotional depletion, loss of motivation, and reduced commitment among volunteers of the St Mark's Free Clinic, whom he observed. For Freudenberger, burnout was based on three components; emotional exhaustion, decreased sense of accomplishment and depersonalisation. He later described it as the unconquerable sense of futility, feeling that nothing you do makes any difference (Sones, 2021; Mental Health).

In the 1980s, Christina Maslach, an American social psychologist and professor emerita of psychology at the University of California, known for her research on occupational burnout, developed the widely used Maslach Burnout Inventory (MBI) for assessment. MBI is considered the "gold standard" for measuring burnout looking at 3 scales: emotional exhaustion, depersonalization, and personal accomplishment. By closely linking burnout to personal accomplishment, the assessment signaled the significant correlation of our times between burnout and productivity in the workplace.

In 2019, The World Health Organisation officially recognized burnout in the 11th revision of the International Classification of Diseases (ICD-11) (WHO, 2019) as "a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed". This definition positioned burnout as an occupational phenomenon, shifting the focus from individual responsibility to workplace conditions.

Burnout in the workplace has become not just a systemic issue but the ultimate disconnects.

Anne Helen Peterson, in her book ‘The Burnout Generation’ writes that ‘we are wearing ourselves out psychologically and physically and it’s still not enough to feel secure.’ Productivity in the workplace does not correlate to happiness or to a deeper sense of fulfillment in trying to achieve a higher purpose. We prioritize productivity to such a great extent that we don’t realize how unhappy we’ve become.

Peterson found that people often don’t realize they’re how burnt out they are until someone else points it out (Peterson, 2020).

In ‘Understanding workplace burnout’, Nelani suggests that burnout progresses through stages, beginning with initial enthusiasm, moving through chronic stress, to full-blown burnout and finally to a state of sustained burnout that becomes the new norm.

Similar to Peterson, Nelani points out that burnout is often acknowledged by people around the person before the person themselves. Burnout is characterised by emotional and physical exhaustion, often impacting both the individual but those around them (Nelani, 2023).

The interplay between burnout, depression, and resentment is common, exacerbated by sustained stress and poor work-life balance.

The global deterioration of mental health is concerning. Gallup’s 2024 State of the Global Workplace report indicates that 41% of employees report experiencing “a lot of stress.”

Gallup’s CEO, identifies that stress levels varies significantly depending on how organizations are run. He adds; those who work in companies with poor management practices are nearly 60% more likely to be stressed than those working in environments with good management practices. In fact, experiencing “a lot of stress” is reported approximately 30% more frequently by employees working under bad management than by the unemployed (Clifton, 2024).

But when did stress first surface
as a symptom of the systems we live in?

To answer this, our research led us to take a step back to look at the evolution of burnout beyond just our present times.
Emerging in this 1890s was the Mental Hygiene movement, pioneered by Adolf Meyer who became concerned that industrialisation and urbanisation were undermining human adaptability and leading to dramatic changes in work patterns and lifestyle. These shifts created new sources of stress and anxiety, which Meyer directly correlated to distressed mental wellbeing. Linking psychiatry with neurology, biology, and physiology, he conceptualized and described mental hygiene as

The art of preserving the mind against all incidents and influences calculated to deteriorate its qualities, impair its energies, or derange its movements. The management of the bodily powers in regard to exercise, rest, food, clothing and climate, the laws of breeding, the government of the passions, the sympathy with current emotions and opinions, the discipline of the intellect—all these come within the province of mental hygiene.

The movement faced criticism for its lack of scientific basis and its focus on sociological factors. Torn by differences, psychiatrists devoted to treating the mentally ill through biological means and mental hygienists attempted to promote mental health by changing societal institutions. (Meyer, 1908). It wasn’t until 1934, that a mental hygiene study unit was established at Johns Hopkins to increase the scientific basis for mental hygiene activities

Even today, we see two independent streams in burnout studies:
(1) a practice-based approach focused on burnout cures, offering workshops, training programmes, counselling, psychotherapy, organizational consultancy, and so on; and
(2) academic research, which produced thousands of scientific publications (75,000 according to Google Scholar and 10,000 according to PsychInfo in March 2017).

Fast forward to 2025: the best-selling works of two authors:
Dr. Bessel van der Kolk, a Boston based psychiatrist noted for his

research in the area of post-traumatic stress since the 1970s, and Dr. Gabor Maté, Canadian renowned addiction expert on trauma, addiction, stress and childhood development, strike a chord in their attempt for a more integrative approach when it comes to stress and burnout. In his studies, Maté suggests that burnout might be a result of a multifaceted human experience that can be a result of mental, physical or emotional factors. He writes, “the more we learn, the more we realize that our health is a complex consequence of all our relations (Maté, 2018).”

Care – What holds us together

Within the crux of burnout lies the concept of care – whether it is known as ‘self-care’ or ‘community care’. Our exploration of burnout led us to examine the concept of care, revealing the tight interconnectedness between these two states.

Researching the etymology and ontology of the word "care", we came across the myth of Cura, a key cornerstone to thinkers, philosophers and psychologists who have tried to pin down what the notion of ‘care’ is to humans throughout this past 200 years.

In the Greek mythology, while crossing a river "Cura" (the Latin root of the word care), the Roman goddess gathered clay and engrossed in thought, thoughtfully picked up some mud and began to fashion a human being.

While she was pondering what she had done, Jupiter came along. (Jupiter was the founder of Olympian society, a society of the major gods and goddesses who inhabited Mount Olympus after most of the gods had already appeared.) Cura asked him to give the spirit of life to the human being, and Jupiter readily granted this.

Cura wanted to name humans after herself, but Jupiter insisted that his name should be given to humans instead. While Care and Jupiter were arguing, Terra arose and said that the human being should be named after her, since she had given her own body. (Terra, or Earth, the original life force of the earth, guided Jupiter's rise to power.)

Finally, all three disputants accepted Saturn as judge. (Known for his devotion to fairness and equality, Saturn was the son of Terra and the father of Jupiter.) Saturn decided that Jupiter, who gave spirit to the human, would take back its soul after death; and since Terra had offered her body to the human, she should receive it back after death. But, said Saturn, "Since Care first fashioned the human being, let her have and hold it as long as it lives."

In this myth, the word "care" reflects the Stoic sense of an uplifting, attentive solicitude; it is in light of this positive side of care that we can understand the deeper meaning of the Myth of Care. Yet the word "care" is not without tension: The lifelong care of the human that would be undertaken by Cura entails both an earthly, bodily element that is pulled down to the ground (worry) and a spirit-element that strives upward to the divine (Burdach, 1923; Grant, 1960).

The positive side of care dominates in this story, for the primordial role of Care is to hold the human together in wholeness while cherishing it. It is significant that a myth communicates the meaning of care, for one of the major functions of myths is to offer ancient narratives that make it possible for people to understand the meaning of their experiences regarding the basic characteristics of human life (Doty, 1991; Frye, 1971).

The Myth of Care conveys an understanding of how care is central to being human, highlighting its dual nature: concern and devotion. On one hand, concern as the absorption into the world, and on the other hand, devotion in the sense of care.

The word ‘care’ has two fundamental but conflicting meanings. It meant worries, troubles, or anxieties, as when one says that a person is "burdened with cares." Care also meant providing for the welfare of another; aligned with this latter meaning was the positive connotation of care as attentive conscientiousness or devotion (Burdach, 1923) - duality that encapsulates the modern experience of burnout. Care as burden and care as solicitude--as well as the radical importance of care to being human.

Philosophers like Goethe, Kierkegaard, and Heidegger explored care as fundamental to human existence and the search for meaning. Goethe's narrative demonstrates that striving for one's own life goals while shutting out a sometimes worrisome and painful concern for people and institutions results in terrible external and internal harm. He states, ‘In the pursuit of one's destiny, a human cannot avoid care’. For Goethe, one must first deal with the heavy side of care, rejecting its power to engulf and destroy, and then convert this care, which is the root of all human striving, into a positive, solicitous concern for people and institutions. Care becomes conscientiousness and devotedness.

In psychology, Erik Erikson in 1963 framed care as an adult developmental task, balancing self-absorption with concern for others.

Milton Mayeroff's 1971 book on caring described it as helping others grow, involving elements like devotion, trust, and patience.

Care takes on different meanings across cultures. In Black communities, it is often linked to healthcare access and mental health services. "Rest Is Resistance: A Manifesto," a book written by Tricia Hersey, explores care as a form of rest which is often a foreign notion to Black communities as they strive to continuously search for self-worth and validation within the context of "post-emancipation era".

Hersey, also known as the "Nap Bishop," argues that rest is a form of resistance against capitalism and white supremacy, systems that have historically exploited and dehumanized Black communities. She ties the concept of rest to the history of American slavery, where enslaved Africans were regularly sleep-deprived. In her work, Hersey emphasizes that rest is not a luxury but a necessity for survival, particularly for Black individuals who continue to experience the effects of systemic oppression.

Asian cultures often root care in filial piety, emphasizing adult children's duty to honor, respect, and care for their parents and elderly relatives.

This concept, known as "Xiao" in Chinese culture, is a central tenet in many Asian societies, including China, Taiwan, Japan, Korea, and other East and South Asian countries. Filial piety encompasses not just physical care, but also emotional support, obedience, and preservation of family harmony.

In contrast, Western societies often share the duty and responsibility to care between families, and government institutions. This shared approach to care is more evident when our healthcare systems are strained, leading to increased demands for community-based care. These challenges faced by these systems are recognized by government bodies and non-profit organizations in the social and community sector.

These cultural perspectives extensively widen our perspective in how care is an intergenerational, interpersonal and cultural notion that is very much a result of both lived and inherited experiences.

The interplay between public and private healthcare is complex by nature. In Canada, specifically, between these two governing bodies ‘care’ has been on one hand institutionalised and compartmentalised.

In her article published in 2022, "How care holds humanity” Marie Nelson writes; ‘When I hold my son in rough-and-tumble play, I am also holding together forms of knowledge. I connect many different forms of knowledge—my intimate experiences with him, my research experience from disability studies, the bits of knowledge I have received from medical and educational professionals and many others —with one another. Moreover, the knowledge I produce—from the actual holding, from being skin to skin and from sensing if he cannot understand others—is used in knowledge translation: I use it to stretch the understandings of medical professionals beyond uncertain prognoses. I also use it to connect the knowledge of the preschool teachers—a knowledge which mainly deals with so-called ordinary children—with the lives of extraordinary children such as my son.’ In Hyginus' text, Cura too holds together what otherwise would have been separate: Had it not been for Cura's holding, and Saturn's verdict, humanity would have belonged to either Jove or Tellus.

A recent 'appeal to the medical humanities' uses the potential of this narrative. In it, Kristeva et al. (2018) use the myth of Cura to explore how humanity 'belongs to different ontological domains' held together by care.

Individual Capacity – What ‘lack’ looks and feels like

The notion of human capacity has long been abstracted for it to be relevant and understood; it is often both visualised and verbalised as a cup or a container that determines the volume and the threshold of what we can take on. In some visual comparisons the battery analogy is often used as a direct correlation to our energy levels.

Although abstracted, capacity’s quantifiable metric represents binary opposites of a spectrum, such as ‘high and low’, ‘full or drained’, ‘maximised or minimal’ or ‘limited or abundant’. Professional settings aside, it is rare to find an everyday person, in our circles, that couples the word capacity with a parameter that describes a median or a notion of ‘moderate capacity’ – it is mostly used socially as a way to refer to lack, drain, limited energy; terms that are closely associated to our main subject matter ‘burnout’.

The same does not apply to workplaces functioning under capitalist systems, where productivity and efficiency are highly valued and have been closely linked to the notion of time and availability to take on more tasks.

We often hear it repeatedly in our different work environments ‘Do you have the capacity to take that one more job on?’ – to which the answer in highly productive workplaces and cultures is mostly a ‘yes’. The affirmation is driven by several factors; our ability to take on more tasks enhances our reputation as highly productive and efficient employees. It has also become a prerequisite for career advancement; the higher the capacity to take things on, the higher the productivity and therefore the higher the value.

These perceptions can critically drive one upwards in a hierarchal structure that is driven by the notion that if you want to be deemed as successful in terms of position and income ‘the only way is up the ladder’. Our value and self-worth become closely interlinked with our value at work (Šalienė et al, 2024), as we expand on our services and our task list, we are now considered highly valuable assets, or as some work culture describe it as ‘a valuable investment’ to the company.

We are now worth every penny that we are paid.

But the question is: do we really have the capacity?

To answer that we had to look within our literature review at how capacity is framed within mental, emotional, physical and other realms. Then relooking at capacity through the lens of burnout in highly productive workplaces and particularly within the ‘care industries’ – the findings were quite compelling.

In 2005, the United Kingdom released the Mental Capacity Act (Mental Capacity Act 2005, c. 9, Part I, Section 2(1)), in Part I the act mentions the following “ (1)For the purposes of this Act, a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain." It also adds that the mental disturbance or impairment can be both of permanent and impermanent nature. It is not only the United Kingdom that has introduced a mental capacity act, but a similar act was also introduced in Singapore (2008), Australia (2014) and a few others. While governments and within their legislative nature are more focused on one's mental ability to make decisions pertaining to legal matters, our point of interest and focus is the word ‘lack’ – and a synonym to it that was found in our research is the word ‘limitation’.

In fact, not just in legal context but in medical context, mental capacity is defined as our own mental abilities in the process of understanding, retaining and weighing in on information that often takes part in our decision-making process (Mental Capacity Act 2005, Section 2(1)). It is also defined as our own ability to communicate and socialise the decisions that we have made (NHS, 2025). These decisions are time and context specific; they don’t exist in the void

(SCIE, 2023). And although some decision making can directly be affected by a state of distress in one moment or the other, having made one unwise decision alone does not indicate lack of capacity.

What we have come to learn is that mental capacity fluctuates under certain conditions whether these conditions are prevalent in us or are a result of an environment that we are in. OFH Care, a UK based institution who assess mental capacity, emphasizes the importance of being mindful of its fluctuating nature and the significance that has on both the assessment itself and the outcome (Ariyo et al., 2021).

Since the spectrum of capacity oscillates between a polarity, from lack to abundance in this case, therefore, our mental capacity is then defined by the spectrum that determines our mind/brain's functions at a certain point in time. Particularly, in relation to how highly capable we are of receiving, processing and synthesising information versus a state of complete drain.

Emotional capacity is highly intertwined with another very similar term 'Emotional Capability', and we can easily mistake one for the other. Emotional capability is the spectrum that determines how capable we are to perceive and understand our own emotions as well as to give and receive emotions in the context of the time and space in which we are experiencing the flow of emotions (Goleman, 1995).

According to the talent optimisation platform 'The Predictive Index', emotional capacity, is determined by our ability to overcome limiting beliefs, which is a measure of our resilience when it comes to stress management and the ease in adapting to challenging situations (The Predictive Index, n.d.).

The human resources team at TestGorilla, another talent acquisition platform based in Norway, have added skills to their definition; stress management, adaptability, self-regulation and coping with adversity. They follow that with a label that says, 'Work impact' and underneath it they mention the consequences of having those skills in the workplace. The list includes; 'Higher productivity, Reduced burnout, Better crisis handling' –

Higher productivity, Reduced burnout – in other words workflow optimisation; a symptom of a system that idolises productivity and assumes that humans are these constant high-performance objects with everything, including downtime, being one click away. As mental capacity is perceived as a state in fluctuation that is contextual to a certain moment in time and space and directly correlates to our energy levels and our output capabilities.

Thus, emotional capacity is the ability to manage emotions of distress to keep up with the high-performance attitude required for us to be productive. Physical capacity isn't just about the physical ability for us to perform a certain task that requires the interaction of our different body parts, our muscular endurance, and our walking speed. This aspect of capacity extends to include our biological aging process. In his book 'Outlive' Peter Attaiah explains the importance of expanding our physical capacity to live out healthy and fulfilling lives (Attia, 2023) – more so a desire-based outcome in a system that really leaves little room for life management, let alone time management.

Insomnia, chronic fatigue, dizziness, gastro-intestinal discomfort are all physical symptoms that are early signs of burnout. They are signs of our limited physical capacity (Broxterman, 2018) as we start becoming aware of our lives being disrupted because of fatigue manifesting as persistent exhaustion.

Persistent exhaustion, does not occur in a sudden and surprising manner, it builds up to a point where our bodies start signaling that they are physically incapable of partaking in a normal everyday task, such as waking up from bed, or walking to the closest supermarket often coupled with an inability to sleep, for example (WebMD, 2024). As we mentioned earlier, more so for communities of experts and professional working in distressed work environments, while our mental capacities are at low levels, we will only start realising the failure of our own operating system when it is felt physically, because simply these are symptoms that one cannot ignore, because these symptoms, unlike other symptoms, stop us from performing normal physical tasks, and that is a main reason why physical low capacity often takes precedence in the hierarchy of capacities including mental and emotional (Maslack and Jackson, 1981; WHO, ICD11).

Collective Capacity – A macrocosm

Living in different communities that make up our ecosystems, the radius of our research naturally expanded to shift from individual to collective capacity and how that specifically shows up in work cultures.

In his 2010 book, All Systems Go, Michael Fullan called collective capacity a hidden resource that “generates the emotional commitment and the technical expertise that no amount of individual capacity working alone can come close to matching. (Fullan, 2010)”

Now let’s shift this phrase to reflect the opposite end of the spectrum; a collective capacity that is at the lowest end generates emotional exhaustion and a deterioration in the quality of care, service or expertise that is provided by the staff (Maslack and Jackson, 1981).

It is evident that the relationship between burnout work culture and loneliness is a reciprocal one. Burnout can lead to increased feelings of loneliness.

Today, and according to the Gallup Report 2025, one in five employees' reports experiencing loneliness. By looking at the literature, the fact that when people feel overwhelmed, exhausted and depersonalised, it heightens their risk for isolation (Gallup Report, 2025).

Social isolation and chronic loneliness have devastating effects on physical and mental health. Harvard Professor and Gallup Senior Scientist Lisa Berkman and her colleagues studied the relationship between social and community ties and mortality rates over a nine-year span. The risk of mortality among people who lacked community and social ties was two times greater than that of people who had many social contacts. These differences were independent of physical health, socioeconomic status and health practices (Holt-Lunstad et al., 2010).

Prosocial capacity is at the other end of isolation; it is characterised by the ability to take on tasks and responsibilities for the benefit and interest of those in one’s community. These kinds of shared roles require both an individual capacity for self-regulation and emotional intelligence as well as the prosocial skills necessary to work collectively in a group environment for the success and wellbeing of all (Charbonneau & Nicol, 2002). For relational leadership to arise as a primary archetype of engagement, requires that individual participants demonstrate prosocial capacity.

Findings by Gian Vittorio Caprara and Patrizia Steca, Italian psychologists known for their research on self-efficacy beliefs and their impact on various aspects of human functioning, including psychosocial adaptation, well-being, and prosocial behavior, have shown that agreeableness, self- transcendence values, and empathic self-efficacy beliefs are major correlates of individual differences in prosociality (Alessandri et al., 2009; Caprara & Steca, 2005, Caprara & Steca, 2007; Graziano et al., 2007; Schwartz, 2010).

Moreover results from their most recent study further corroborates the hypothesis that agreeableness compared to other traits, self-transcendence compared to other higher order values, and empathic self-efficacy beliefs compared to social self-efficacy beliefs are relatively strong predictors of individuals’ tendencies to behave prosocially. They also add that prosociality in younger years significantly predicted later agreeableness and empathic self-efficacy in accordance with the idea that behaving prosocially may strengthen people’s reports of their own agreeableness and their beliefs about their capacities to meet others’ needs.

Understanding that prosocial capacity as the capacity to create interaction points for profound relationality is key to understanding collective sense-make or the lack of it in systemic failures as well as opportunities for change.

Individual's personality traits of empathy and empathetic self-efficacy, as mentioned earlier, is a large determinant on how and why they engage in prosocial activity.

However, this capacity for change in an individual's perspective and their ability to support others seems to remain highly malleable, as programming to grow an individual's capacity appears to be direct and proportional to the change individuals may create.

Our findings seem to indicate and further highlight the importance of relationality to creating supportive and empathetic futures. Desire for change seems to be at the intersection of who we are, our beliefs, personalities, cultures, and the creation of profound opportunities that are tailored to the communities we live in. It is more-over, evidently and clearly, about having the capacity to meet at that intersection!

The Inter-relationality of Burnout, Care and Capacity –

In examining the lived experiences of burnout, it is important to consider the relationship between care and capacity.

What we also observe and realise is that the inter-relationality that is happening within our biology of self is also happening in the world we live in; and this is what Thich Nhat Hanh describes as the ‘Interbeing’.

In his book ‘Zen and the Art of Saving the Planet’ Thich Nhat Hanh beautifully speaks about breaking through the notion of ‘living beings’ and the separation of sentient and non-sentient matter. Science tells us that not only do we have human and animal ancestry but also mineral ancestry.

To separate out living beings from the inanimate world and make the divide is untrue; it is not a true depiction of our realities.

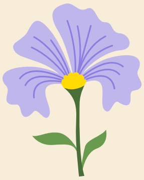
Thich Nhat Hanh writes that we are not just the body, his notion of interbeing stems in his radical belief that even with the passing away of people we love, and as we continue to live, they live with us.
We carry them all in us.

With the insight
of inter-being, we realise that
we are not alone.

We are all part of past
generations and all future
generations.

In our present moment,
we are the culmination
of past and future generations -
the combination of all living
and non-living matter.

The coming together of our
experiences and what remains
of our relationships.



These pieces of literature review offer lens to look at burnout, capacity and care and the methodologies that can help us approach our research questions.

With this we realise that as much as interbeing may exist within our neurobiology and the external world – and similar to the notion of 'omnipresence', where all things coexist in the pluriverse of the present moment – care and burnout are of the same nature, to 'burnout' is to give beyond our natural point of giving. Because giving just as receiving starts by self-initiation, empathy or even duty to our communities, and when care is depleted and not replenished, it starts depleting from our notion of Self. As the Self starts isolating, because of that depletion, it loses the space where we cross to meet the other at the intersection of relationality – and that space, that presence is what we have labeled verbally as capacity.

Care providers – Honing in

As we navigated the intersecting of burnout, care and capacity is what pins down our subject matter and our primary and secondary research question. We started a journey of investigating the type of work cultures that are most distressed, in our communities, specifically within the peripheries of Ontario. Our research straddled between communities that are at high risk of burnout; whether racially, culturally or from a professional standpoint. In a study released by Statistics Canada, on 19 September 2023, the industry with the greatest prevalence of work-related stress was health care and social assistance, where 27.3% of the employed experienced high or very high levels, with the rates for men and women being similar. The study also adds that in April 2023, those employed in health care and social assistance were more likely than the average worker to cite a heavy workload (32.3%, compared with 23.7% on average) and the emotional load (21.4%, compared with 11.7% on average) as causes of work-related stress.

There is irony in the experience of care providers lacking care critical for continuing their livelihoods and profession. Based on the 2025 budget notes released by Toronto Employment and Social Services, caseload declined with the onset of the 2020 pandemic as residents who might otherwise have required social assistance were able to access federal income support programs and fewer refugee claimants settled in Toronto as borders were closed. But since the Canada Emergency Response Benefit ended in October 2021, caseload has increased steadily and is expected to hit 109,000 by the end of 2024 with 76% higher than the lowest point in September 2021 at 62,100. These numbers are projected to continue increasing by the end of 2025 – mainly driven by high rates of migration, inflation and cost-of living, emergency housing needs, and systemic barriers to employment – what we can title as a ‘massive systemic social crisis’.

So for us to explore in an inter-disciplinary and holistic approach on work-distress within the realms of capacity and care and for us to find design methodologies that brings us into an expansive non-compartmentalised result we worked closely, in workshop setups and with systemic tools, alongside our partner that operates in the care industry, specifically a partner that provides social assistance to underserved people in our communities.

Methodology

We take a qualitative and community-based participatory research methods approach, informed by principles of design-based and life-centred design.

This approach brings us into exploring the lived experiences of care providers who support and care for our community.

Our Research Approach

Community-Based Participatory Research

This exploratory study is community-based participatory research (CBPR) where relationships, reciprocity and shared learning is valued (Marquez et al., 2022). This participatory method emphasizes relationship over extraction, presence over prescription, and helps us to remain accountable to care practices and the communities at the heart of this work (Vaughn & Jacquez, 2020). We use participatory research methods in guiding how we gather knowledge and how we intentionally hold space – for trust, reflection and voices that can often be sidelined.

In collaboration with an Ontario-based organization dedicated to community care, we come together with care providers -- those who are most connected to the lived experiences -- to make meaning of what emerges and imagine possibilities for change.

Qualitative Methods

To better understanding how care providers relate to capacity and care, we take a qualitative approach to our research method, where we can intentionally create space for meaning to be co-constructed together. We invite community care providers to take part in our focus groups and workshops designed for reflection and dialogue. Their insights, perspectives, values and priorities guide our findings in a way that move us beyond numbers, where affinity mapping, causal layer analysis and thematic analysis helps surface nuanced insights that reflect the lived experiences of community care providers. As such, qualitative methods deepen our understanding of how care providers perceive capacity and care – in relation to themselves, their communities and the systems they live and work in.

Our Guiding Design Principles

Desire-Based Design – 01

When it comes to care providers, burnout is often tied to a deficit or a lack of capacity. A desire-based design emerges as an approach that shifts the perspective from identifying deficits or problems – such as burnout - to understanding what matters in the context of care. Unlike conventional needs-based models that focus on what is lacking and broken, a desire-based approach prioritizes aspiration and creative thinking to help imagine plausible futures (Leitao, 2020). In challenging the deficit focus that accompanies burnout, desire-based design fosters possibility and renewal in its place. By tapping into the deeper motivations, values and visions that guide care providers' choices, we can explore burnout in a more nuanced and holistic way.

This desire-based design comes to life in our third workshop module. Through storytelling, visualization and collective visioning, care providers participating are invited to imagine an ideal plausible future where capacity is abundant and envision ways to bridge the gap between the ideal plausible future to the present shaped by burnout.

Life Centered Design Approach – 02

Life-Centered Design expands the focus beyond individual needs and well-being to consider the broader social, ecological, and organizational systems in which people live and work. By decentering humans, this approach broadens our exploration of burnout to include the needs of all entities, both human and non-human (Lutz, 2022). This perspective invites us to see care providers not as individuals who simply become exhausted, but holds space to recognize them as insightful, creative and whole - even within complex and challenging systems. In doing so, we position care providers within the communities and systems they are a part of, encouraging dialogue about their role, challenges and potential.

Life-centred design became core to our research as we explore the lived experiences of individuals facing the growing realities of burnout in fast-paced, high-pressure work environments within the community services sector. Guided by our primary questions, our literature review and the directionality of our research it became essential that our approach to the work and the design captures the diverse lived experiences where care is shared and received as a way to observe and acknowledge how these experiences flow into one another and intersect in current and future states on micro- to meso-levels.

Case-study Approach – 03

This exploratory research centres on community care providers working in Ontario. To reflect their experiences, we follow a case study approach with the development of three personas informed by literature review and real-world experiences. Incorporating these personas living at three levels of burnout (beginning, inflamed, and severe) within a specific context allows for an in-depth exploration of their challenges, coping mechanisms and support systems.
In this section below, we will take you through our research methods, our approach to the work, our modules for the workshop and their implementation.

Our Guiding Principles for Workshop Space and Dynamics

Grounding our work with a commitment to relationality, openness and transparency, four principles are used as a foundation to ensure meaningful engagement with participants and ultimately support in generating outcomes that would inform and generate impact across micro and macro levels.

Creating a reflective space

We prioritize the creation of a co-reflective space where participants feel heard, seen and valued. This space fosters an environment where participants can share their experiences openly, embracing uncertainty and respecting moments of processing, empathy, and silence that naturally emerge as part of vulnerable experiences.

Allowing for safety through relationality

In this relational process, as designers, we too are open to connect and exchange stories and experiences of symptoms, feelings and thoughts during vulnerable moments in our lives. In bringing in this personal approach, we hope to create spaces for safety, where everyone is equally engaged and equally valued.

Curating the experience; from highly relatable to highly personal

Identifying that the topic of burnout as highly sensitive, we design with the intention of our content to be relatable and relevant to our participants.

Keeping an eye and a tone on our audience

Our workshop modules are designed purposefully with an intent to be perceived as uncomplicated, simple to understand and engaging.

Our tone of voice is relatable and avoids any overly-complex jargon or terminology – there's a hope to be humble towards the topic of burnout – so that the audiences engaging in this work and the subject matter can connect.

We designed the workshops around three modules that aimed to deepen the interaction with our participants. Initiating experiences that 'one can relate to' experiences that one connects with 'this could be me' and leveraging the space of safety and conversation.

Participants are split into groups of three to five people; each group with a research team member facilitating through the entire workshop one module at a time.

Module 01

Case-study of care providers

Contextualising burnout through the profiles and stories of three burnt out care providers.

In order to create that first level of relationality, we followed a case study approach and developed three personas. These personas are informed by the literature review and real-world experiences, each centre their lives around care.

Our approach was based on 4 main pillars or points of entry (PEMP);

1. The People Pillar (P) – The individuals or communities such as family and friends, that receive care from the persona and give the person the care they need.

2. The Emotional Pillar (E) – How does our persona feel throughout their burnout experience at different points of interaction and challenges.

3. The Mental Pillar (M) – How does the persona process this interaction within the context of the passing of time.

4. The Physical Pillar (P) – How does this leave the personas body feeling? Did those feelings change over time.

Our personas – Maria Gonzales, Ethan Chen and Lynn Jacobs – are care providers, of diverse demographics and roles in care giving, yet living at three different stages of burnout (beginning, inflame, and severe). Each persona's profile was designed to fit a small card. The front gives a clear description of their age, occupation and traits. The back is designed with a narrative of their story, their traits and information that made each profile easily relatable (see fig 1.0, fig 2.0).

Maria Gonzalez
Most experienced PSW
on her team

Age 46

Occupation
Personal Support Worker (PSW)

Location
Burlington, Ontario

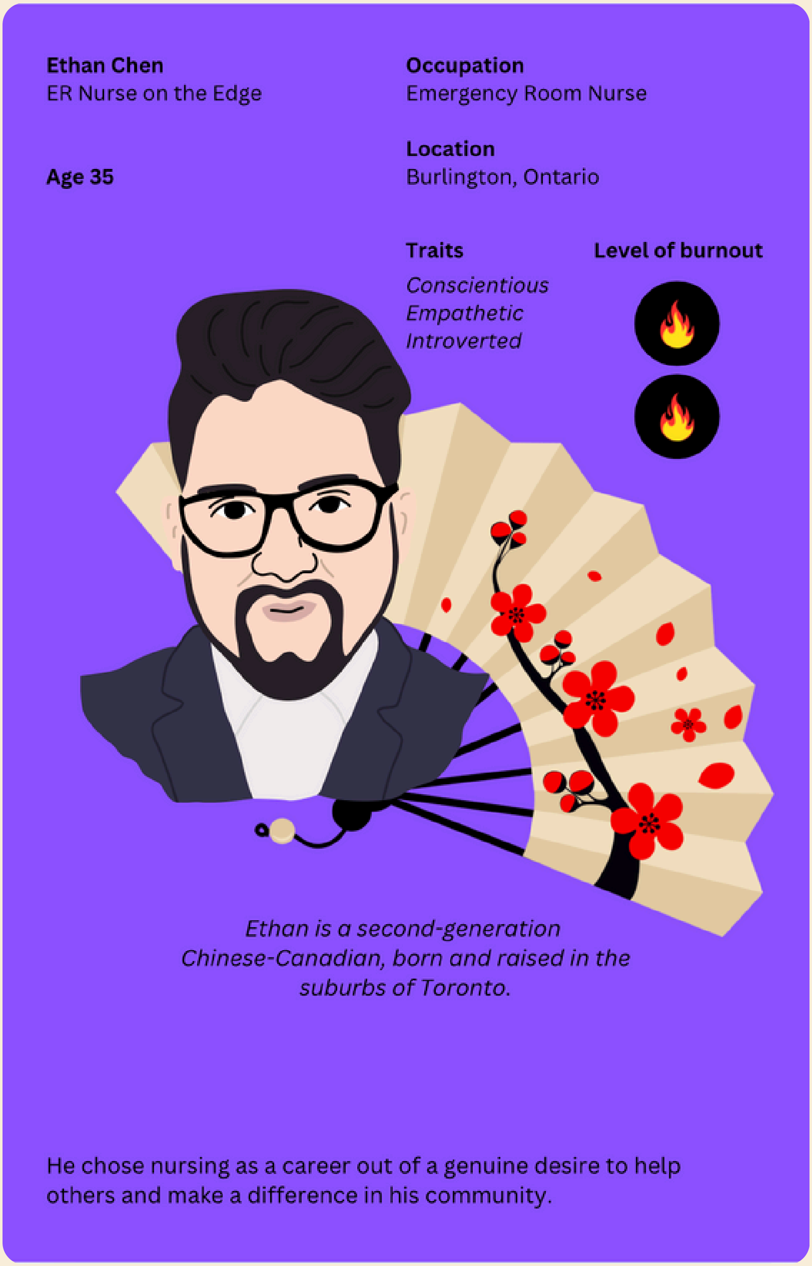
Traits
Compassionate
Empathetic
Deeply committed

Level of burnout
🔥🔥🔥

Maria is a Colombian immigrant to Canada, who has lived in Burlington, Ontario since she was a teenager.

Maria became a Personal Support Worker driven by a desire to provide hands-on, compassionate care for seniors. Her career choice was inspired by her experience helping her elderly grandmother navigate the complexities of long-term care after immigrating to Canada.

Fig 1.0, Persona – Front Card Design
Maria Gozales, Burnout Level 3



Ethan Chen
ER Nurse on the Edge

Age 35

Occupation
Emergency Room Nurse

Location
Burlington, Ontario

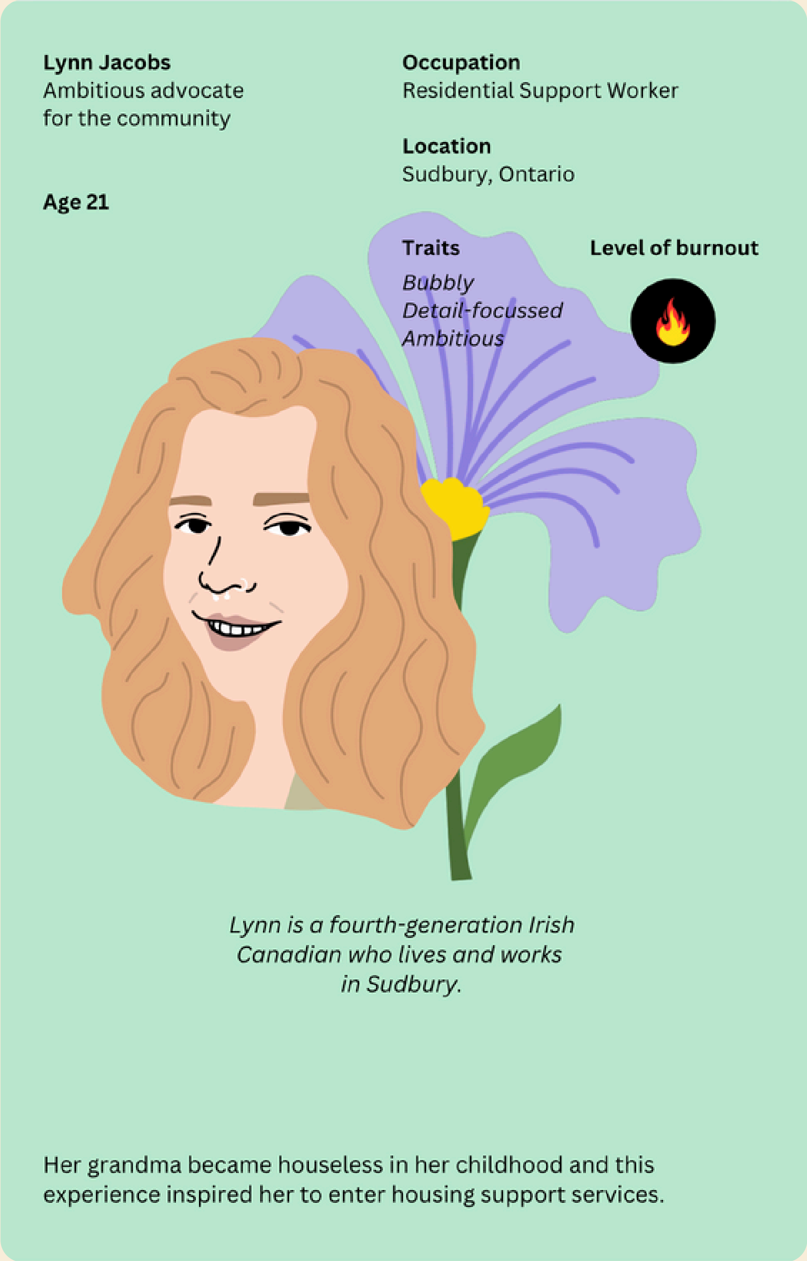
Traits
Conscientious
Empathetic
Introverted

Level of burnout
🔥
🔥

Ethan is a second-generation Chinese-Canadian, born and raised in the suburbs of Toronto.

He chose nursing as a career out of a genuine desire to help others and make a difference in his community.

Fig 2.0, Persona – Front Card Design
Ethan Chen, Burnout Level 2



Lynn Jacobs
Ambitious advocate
for the community

Age 21

Occupation
Residential Support Worker

Location
Sudbury, Ontario

Traits
Bubbly
Detail-focussed
Ambitious

Level of burnout
🔥

Lynn is a fourth-generation Irish Canadian who lives and works in Sudbury.

Her grandma became houseless in her childhood and this experience inspired her to enter housing support services.

Fig 3.0, Persona – Front Card Design
Lynn Jacobs, Burnout Level 1

Experience
2 Years

Role
Early career

Workplace
Housing support service

Reputation
Known for her gentle but firm approach

Lynn's Story

Lynn Thompson, a 21-year-old Residential Support Worker in Newmarket, juggles a demanding schedule as a recent U of T graduate. The fourth-generation Irish Canadian balances her full-time job with two volunteer projects while adjusting to life in a new shared apartment. With two years of experience in housing support, Lynn feels stretched thin across her commitments. She's coping with loneliness and the recent loss of her cat. Despite these challenges, Lynn remains motivated to gain diverse care field experience and harbors dreams of writing a book, all while learning to set clear boundaries.

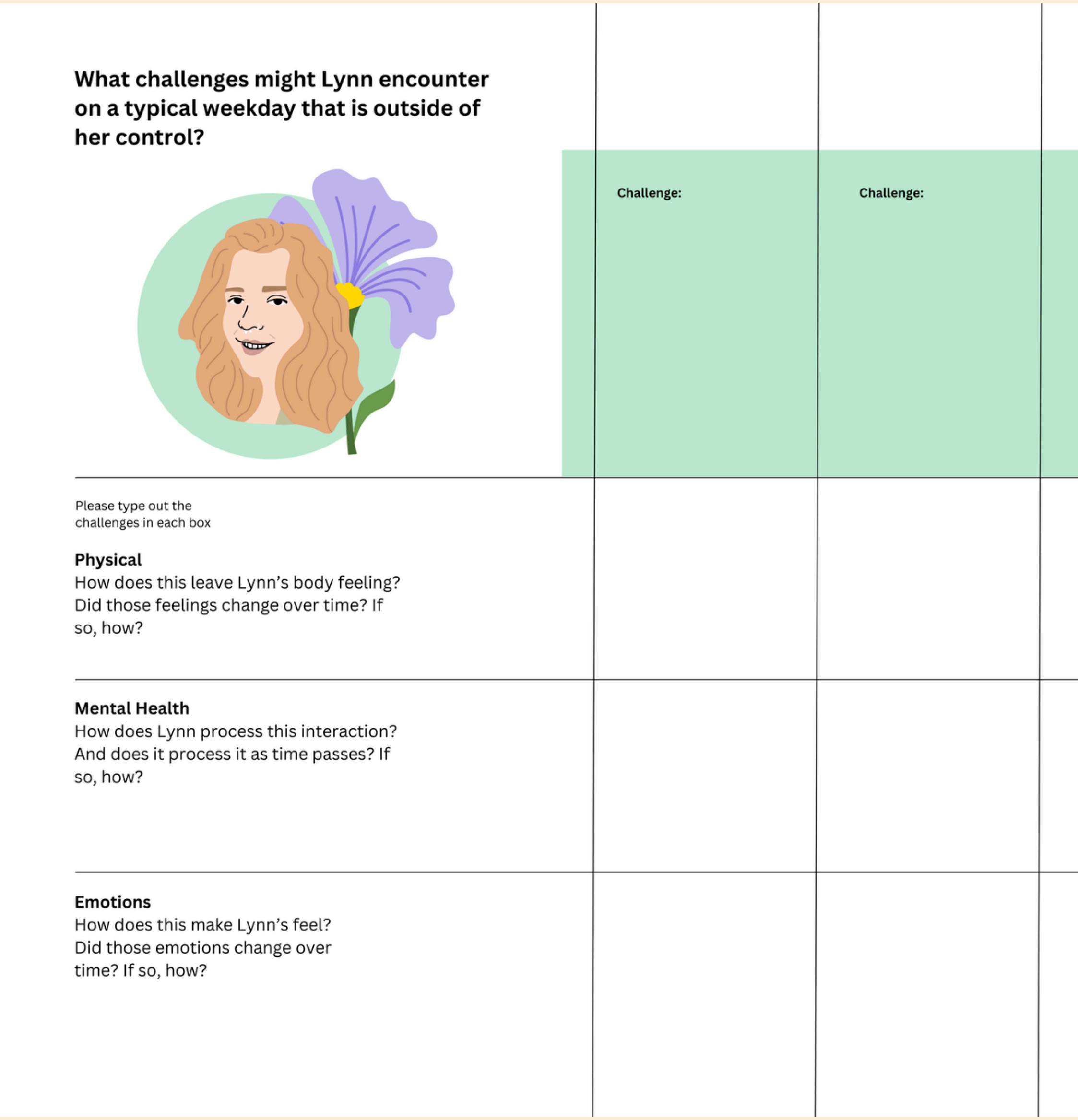
Personality Traits
Bubbly / Detail-focussed / Ambitious

Current Challenges
Work-related stress / Car repairs / Paying back OSAP debt

Values and Motivations
Gaining experience in housing services/ sets clear boundaries / Wants to write a poetry book

Fig 4.0, Persona – Back Card Design / Story
Lynn Jacobs, Burnout Level 1

This aim of this exercise is to start building a connection between the participants and the three personas through relationality; empathy and understanding. This is later followed by a "perspective-taking exercise" where each group of participants maps out their persona’s daily challenges and how does that affect them emotionally, mentally and physically (see fig 3.0, fig 4.0).



What challenges might Lynn encounter on a typical weekday that is outside of her control?

	Challenge:	Challenge:
Please type out the challenges in each box **Physical** How does this leave Lynn’s body feeling? Did those feelings change over time? If so, how?		
Mental Health How does Lynn process this interaction? And does it process it as time passes? If so, how?		
Emotions How does this make Lynn’s feel? Did those emotions change over time? If so, how?		

Fig 5.0 - Letter Size Printed Worksheet
Above our examples of the worksheets designed for Module 1

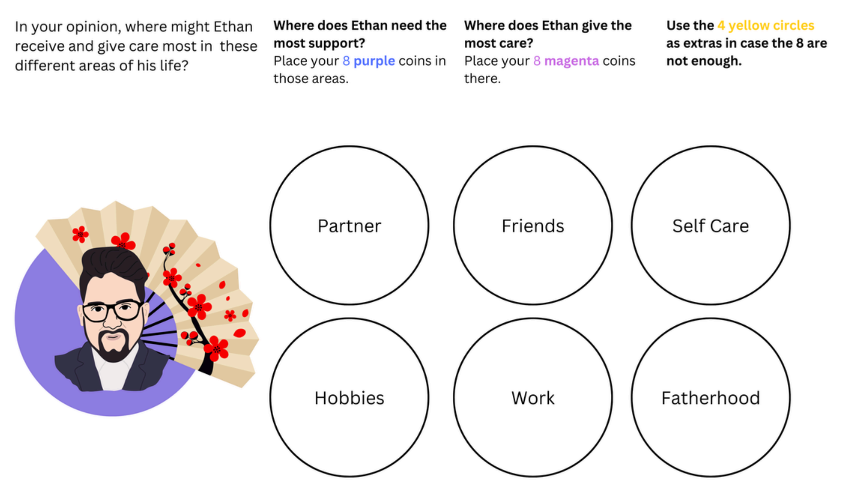
Module 02

Mapping capacity to care as currency

Understanding how does Care impact one’s capacity to engage in personal and professional life.

Our studies clearly indicated that the notion of capacity runs from a spectrum of lack to abundance. But since the given is that burnout is a state of ‘lack’, this exercise aimed at tangibly translating the notion of care as a resource to our participants – therefore we created the care currency; coins that are of a limited number that participants would spend around key aspects of each of their persona‘s life.

The activity in module 2 is divided into two frameworks, one framework presented the persona's current life and as the world views it today; where six separate circles represent areas of care and interest relevant to each persona’s life (see fig 4.0).



In your opinion, where might Ethan receive and give care most in these different areas of his life?

Where does Ethan need the most support?
Place your 8 **purple** coins in those areas.

Where does Ethan give the most care?
Place your 8 **magenta** coins there.

Use the 4 yellow circles as extras in case the 8 are not enough.

Partner

Friends

Self Care

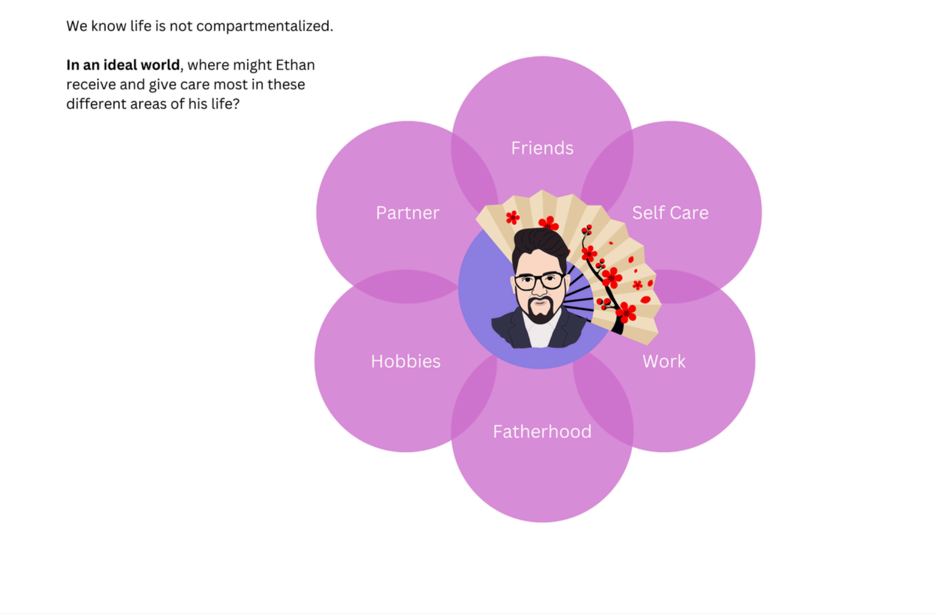
Hobbies

Work

Fatherhood

fig 6.0 - Letter Size Printed Worksheet
An example of 6 circles, in Ethan’s case, for example are; partner, fatherhood, work, friends, hobbies and self-care.

The second framework we named ‘The Flower of Life Framework (see fig 5.0) which showed these circles of care intersecting to bring to life the concept of ‘no circle exists in silo – each persona is at the centre of their own life, i.e. when all these circles come together’ -



We know life is not compartmentalized.

In an ideal world, where might Ethan receive and give care most in these different areas of his life?

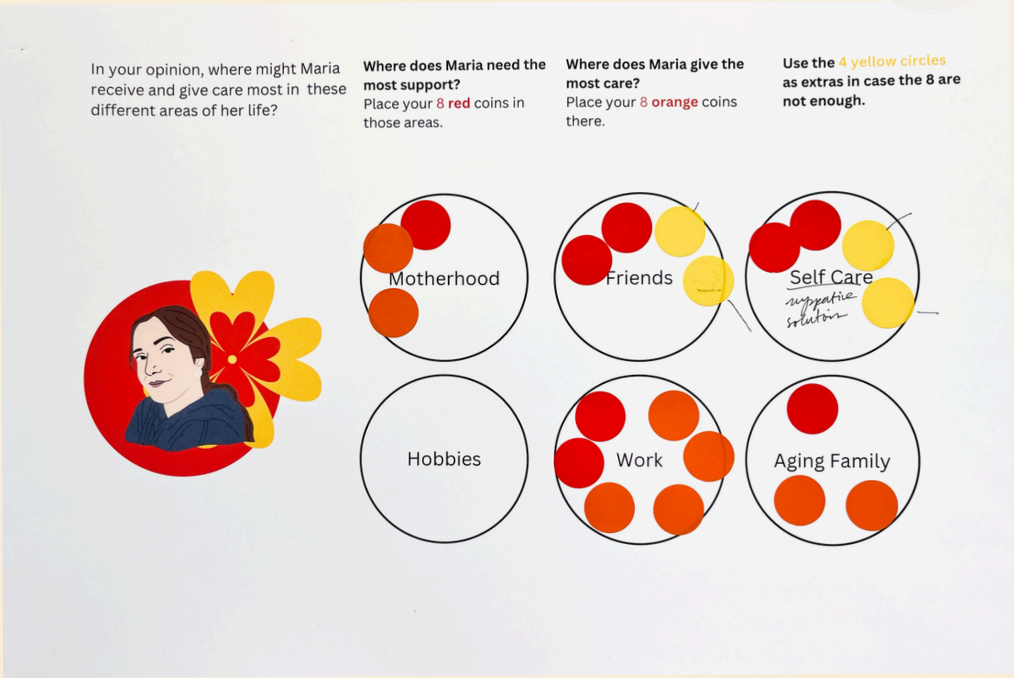
fig 7.0 - Letter Size Printed Worksheet
The Flower of Life framework which showcases 6 intersecting circles of care to bring to life the concept of ’interbeing’

The idea behind this workshop is to give each group of participants ten care coins of ‘care they would give’ and ten coins of ‘care that they would receive’ and ask them to spend it according to the person's lifestyle and priorities that the participants would assume.

Moreover, each focus group is given four extra coins to be spend as a representation of when care is overly extended. Think of these as extra care coins, that are a loan from the care bank, that the persona gives but doesn’t have (see fig 6.0 and fig 7.0).

🔴 Care given by Maria
🟠 Care received
🟡 Extra care

fig 8.0 - Care Coins
Set of circle stickers to represent care coins given per team



In your opinion, where might Maria receive and give care most in these different areas of her life?

Where does Maria need the most support?
Place your 8 **red** coins in those areas.

Where does Maria give the most care?
Place your 8 **orange** coins there.

Use the 4 yellow circles as extras in case the 8 are not enough.

fig 9.0 - Letter Size Printed Worksheet
An example of the care coins being placed

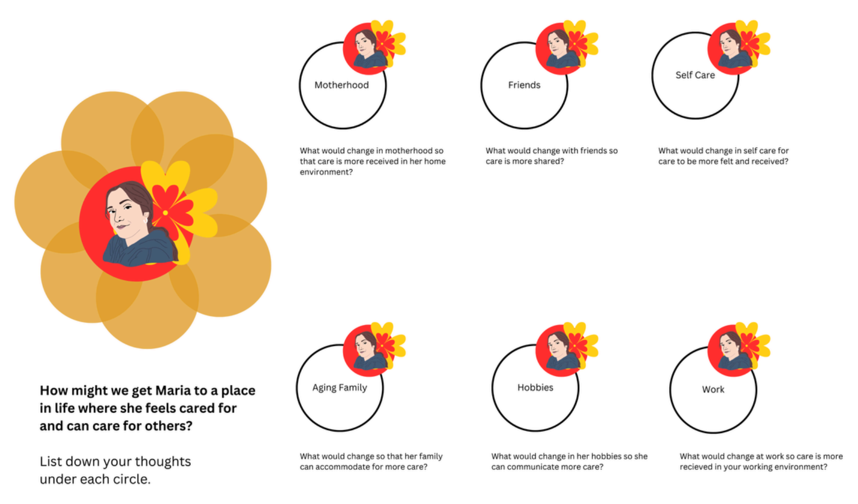
Module 03

Imagining Interventions

Co-designing the shifts; the transitions from the present world to the ideal world.

In recognising that challenges ripple out from personal, to organisational and systemic. The third module is a framework that allows the participants along with us, the facilitators, to collaborate together in a co-design session to come up with possible initiations / solutions / interventions that would support the transition of the present world, that they had mapped out with the care coins earlier, to the ideal world.

The exercise allows for co-designing solutions and most importantly relies heavily on self-reflection to ensure that the initiations / solutions / interventions are doable, within reason and in some instances can be self-initiated by the persona (see fig 7.0).



How might we get Maria to a place in life where she feels cared for and can care for others?

List down your thoughts under each circle.

Motherhood

What would change in motherhood so that care is more received in her home environment?

Friends

What would change with friends so care is more shared?

Self Care

What would change in self care for care to be more felt and received?

Aging Family

What would change so that her family can accommodate for more care?

Hobbies

What would change in her hobbies so she can communicate more care?

Work

What would change at work so care is more recieved in your working environment?

Fig 10.0 - Letter Size Printed Worksheet
The Flower of Life framework which showcases 6 intersecting circles of care to bring to life the concept of 'interbeing'

Workshop Implementation

Our partner organization sent out an internal invite for all employees to participate in workshops about burnout experiences at their organization.

Two workshops were held in two separate locations to collect data on burnout experiences in their various nuances to different teams and regions.

Our first workshop was joined by ten participants who had diverse roles, genders, cultural backgrounds and age groups within the partner organization. We divided them into three groups, each led and observed by a research team member.

Our second workshop was joined by four participants. This workshop was done collectively in one large group of all four participants.

Participant value, safety, and acknowledgment of experiences was prioritized in the workshop as participants were provided with informed consent and confidentiality agreements. Each participant signed both agreements, ensuring that no recording or photography was taken in the workshop, and all information would be kept confidential and anonymous.

Workshops began with personal sharing from research team members to provide clarity on the purpose and intent behind the workshop. In addition to providing space for vulnerability, as each member shared their personal closeness and experience with burnout in present and past contexts.

Once team members finished sharing their own experiences, participants were invited to share their own perspectives and experiences on burnout. All participants identified as being burnt out, appreciating and relating to the vulnerability expressed in these spaces. They responded by sharing their perspectives and emotions on current burnout experiences and their intentions of wanting change for the future.

This allowed the initiating of workshops to start from conversational spaces of reflection, understanding, and empathy.

Engagement with the personas was received with openness and understanding, as participants identified with symptoms of challenges faced by their persona. The participants understood the stories behind each of the three personas and worked together to start mapping out challenges through the PEMP framework.

Shifting from Module 1 to Module 2 the conversations became less theoretical and more tangible as the participants grappled around the reality of Care being limited due to capacity. This limitation made way to interesting conversations and brought to the forefront the tension in setting priorities. As the desire based future exercise presented similar challenges in one's circles of care coin division, despite the creation of new opportunities.

This allowed participants to identify systemic challenges that were beyond the persona's control and focus on tangible changes that were possible and meaningful in facing burnout.

Module 3 focused on collective brainstorming on various ways an individual or organization could begin actioning precedents of desired future in the present. This naturally led to moments of self-reflection on the importance of communities of care, such as family, 'the village' of support structures, and care opportunities provided by workplaces.

These sessions worked together to uncover themes and insights into both personal and systemic challenges participants face related to burnout – their care for themselves, one another, and their capacity to care for their organizational systems.

Research team members embraced the roles of both guiding the workshop and as active observers, providing points of empathy and connection between participants experiences. Recognizing that under-supported communities heavily rely on public and private funding, team members critically reflect on the ways in which burnout is not solely personal but also deeply structural.

We were consciously trying to stay attune to both explicit statements and implicit themes arising with what participants shared - from spoken words to the unspoken aspects through subtle, non-verbal cues recognized in behaviour and emotional reactions during the workshop.

Throughout the workshop, we captured inputs in writing as the team supported the completion of modules (as shown in figures in the sections above). The writing was open and free for participants as they added their ideas and jotted down their personal anecdotes and shared challenges. Group dynamics were conversational and highly relational around our topic, with moments of emotional resonance and resistance, as well as tensions that surfaced naturally.

Our main challenge was time. Capping time in some instances was difficult especially when the conversations were expanding upon profound collective insights. After each workshop, sensemaking and analysis of observations were had to ensure aligned data management and processes in an ongoing capacity.

Through this, perceptions and understanding of burnout evolved throughout the research, as intersecting notions of care and capacity arose.

Data Collection and Analysis

To answer our research questions, a combination of methods and tools of life-centred and systemic design supported our data collection and analysis.

Thematic Analysis – 01

We use thematic analysis to identify recurring patterns related to burnout, care, systemic challenges, coping mechanisms and support systems. Data coding particularly identified key themes and sub themes emerging around care exchange (how workers give and receive care), burnout instigators /triggers (emotional labours, physical representations, psychological impact and systemic stressors), coping mechanisms (personal and organizational responses to burnout) and support systems.

Causal Layer Analysis – 02

We use the causal layered analysis (CLA) as a four-level sense making approach and an integrative and transformative methodology (Inyatullah, 2004) to synthesize results. This tool creates clarity on the interrelation between different experiences and challenges, and personal and systemic factors, breaking down the experience of burnout into deeper layers. Results were entered into the four layers (litany, systemic causes, worldview & discourse, and myth & metaphors) of causal analysis to create greater understanding of the complex factors in burnout and how they may interact.

Litany

Overwork, heavy caseloads, emotional exhaustion, lack of institutional support

Systemic Causes

Resource limitations, colonial hierarchies of labour, neoliberal funding models, racialized and gendered expectations in caregiving

Worldview and Discourse

Identities and cultural narratives around caregiving and shame

Myth and Metaphor

Deeper beliefs of “self-sacrificing caregiver” trope devaluing the need for reciprocity in care relationships

Our data collection and analysis led us to some key findings that informed our synthesis process with much more rigour and elaboration.

Unseen daily burdens, organizational challenges and systemic barriers were dictating a limited access to care as capacity was being strained every day. This created a nuanced stressor in burnout experiences, creating high prevalence and intensity in burnout symptoms.

Results

Throughout the workshops, participants were guided to express, reflect, empathize and imagine experiences of burnout in its present form and the desirable futures which we can work towards. These sessions informed the perceptions, emotions, thought processes, and challenges faced by care providers at our partnered organization when experiencing or witnessing burnout.

Insights from these conversations were framed in relation to their impact on the physical, emotional, mental, and psychological wellbeing of participants and the personas they were given.

In beginning the workshops, participants in both sessions expressed how they and their colleagues dedicated most of their time, energy and care to providing services for their roles at work. Resonating with the framing of burnout in relation to individual and collective capacity, participants noted how commitment to their roles impeded and constrained time from other commitments or stopped them from engaging in other activities.

This limited participants critical points of care from themselves and their support systems such as, frequently exercising, meeting with friends or family, having hobbies, cooking meals, and maintaining awareness of their physical, emotional and psychological health.

Regarding individual capacity, this paradigm left participants feeling ‘stretched thin’ throughout their daily lives as a ‘work-life imbalance’ had been created (Module 1 & 2).

Points of exacerbation in burnout experiences were then highlighted, particularly those which most increased the severity of burnout or added to the symptoms felt throughout burnout experiences. Across both workshops, three major sources were found, those being, personal, systemic and organizational root causes.

Personal sources are causes relating to the social, interpersonal, and emotional beings of an individual, such as mental health and private and professional relationships.

Systemic sources are causes associated with financial and political challenges faced by an individual, like inadequate resourcing due to constrained budgets, and issues related to health, housing, and social services crisis.

Organizational sources are causes pertaining to our partnered organizations activities which exacerbate burnout experiences. This relates to issues such as frequently needing to take overtime to manage workloads, being short staffed, and facing stressful and traumatic situations during work hours.

These three sources were also understood to be intersecting across many challenges identified by participants, as multiple challenges faced during burnout experiences were found to be rooted in multiple areas.

This may be seen in challenges such as ‘feeling stretched thin’, ‘financial pressure’, ‘work-life imbalance’, and ‘lacking in support’, as all these burnout challenges occur from intersecting stressors from personal, systemic and organizational causes.

The complex nature of burnout and the way it may be intensified allowed for greater relationality to be understood across burnout experiences. Beyond this, it grounded dialogue in interconnecting experiences between all facets of one’s life and how one carries this complexity of the lived experience in their interactions throughout daily life.

The profoundness of these relationships was then further expanded on through the concept of burden. Not only insofar as these complex components must be carried and actioned upon in constant and sometimes confusing experiences, but also in how one’s stress and burnout experience affect others in their life. Participants noted how when one goes through burnout, they inherently create burden for others, whether this be in terms of needing to ‘pick up the slack’ of a colleague at work, or the physical, emotional, and psychological burden this creates for those in one’s support system.

Dialogue on this topic revealed how participants struggled emotionally with the hardship they created for others when needing greater care or support as they faced burnout. This need for more support from others was perceived as an unfair or even unnecessary additional weight added upon their support systems. Especially considering the exertion of extra care one would need to bounce back from intense burnout experiences. This highlighted the complex interactions occurring within oneself as they realize they need help, yet upon this realization, feeling grief in the fact that they perceive themselves in some sort of deficit. Interacting with one’s own or others vulnerability was met with this grief particularly due to the perception that there are limited or few spaces to express vulnerability and receive adequate care. Further revealing sentiments that perceive cultures and precedents focusing on care of oneself and others as rare in their organization and their greater communities.

Reflecting on these perceived opportunities for receiving support during burnout, participants highlighted caring for oneself as a major source for slowing down and reducing burnout experiences.

In our dialogue, most forms of self-care identified operated on the expression of one's physical or emotional being. As characterized by doing hobbies that require physical exertion such as sports, running or lifting weights. Along with this, actions which allow for emotional expression were also highly valued such as, caring for pets, making routines of sharing one's feeling with their support groups, or creating deeper connections with their colleagues.

Although most participants agreed upon these actions as being replenishing and supportive in facing burnout experiences, these forms of care were seen as the hardest to maintain. Participants noted that long-term commitment to routines and activities in these areas were the first to be substantially disrupted when one enters severe burnout.

Concluding our dialogue on vulnerability, wellbeing, and challenges, participants were prompted to reflect on their experiences in their role and share where they see tangible opportunities for tackling burnout. In this, workplace support was highlighted as an area which could substantially benefit participants and their teams as they manage workplace activities.

Identifying core areas where their workplace could better support them in their daily operations and management of burnout, participants generated suggestions for improvement of their organization. Participant's suggestions towards our partner organization for improvement were grouped into five major areas: *Improved pay, Sustainable work hours, Sufficient staffing, Supportive work culture, and Investment into professional development*.

Improved pay –
Suggests for advocacy in increasing wages to match costs of living, paid sick time, paid time off, encouragement to take time off when needed, and more benefits for various roles at partnered organization.

Sustainable work hours –
Suggests for more stringent boundaries on ‘unofficial work hours’, reduce pressure to take overtime, increase in vacation time, development of greater flexibility in shifts, accommodating work hours to allow for employees to care for themselves (ex. Being able to attend fitness classes before starting a shift), and increase advocacy for having time away from work for grief.

Sufficient staffing –
Suggest meeting staff shortages by hiring more staff or creating more adequate staffing programs.

Supportive work culture –
Suggests for greater support for experiences of racism or sexism that occur during work hours, increase staff appreciation efforts, advocate for a workplace culture that support self-care and self-advocacy, provide opportunities for shadowing or mentoring, create space for debrief after stressful or traumatic work days, and introduction of a menstrual leave policy.

Investment into professional development –
Suggests for increase in resources for professional development in the forms of shadowing and mentoring, and expansion of educational and professional opportunities such as offering educational programs and courses, including those offered at the Crisis Prevention Institute.

Synthesis

The participants in co-design workshops provided clarity in analysing burnout experiences on both a professional and interpersonal level. Particularly by providing nuance in thematic, narrative and meaning analysis of care providers burnout experiences.

Through this analysis precision was given to the definitions of burnout symptomology, the profound nature of burnout experiences as interrelated phenomena to one’s capacity, and clarity of how vulnerability plays a part in creating meaningful care interactions (Aikene et al, 2011).

Co-designing the foundations of our insights allows the researchers to gain practical and profound understanding of critical dialogues occurring at both an organization and systemic level. Additional language and imaginative practices allowed participants to engage in these discussions by interrogating potential transformative mindsets, impacts and consequences, desirable future states, and emerging potentialities (Hichert & Schultz, 2024).

Imagining of desired futures were prompted to participants with questions such as: What are we taking for granted? What is our relationship to change? How do we explore the impacts changes might have on burnout? How can we explore what the future may bring? What do we want to experience in the future? How can we shape a more desired future?

To determine significant relationships between participant's burnout experiences, care and capacity, reflexive analysis was done on the thematic, narrative and meaning that were generated during the workshop. Dialogue and module input on these topics were compared across one another at the end of workshops and iterated upon during synthesis to identify critical nodes of relationality between burnout, care and capacity. These nodes highlighted profound intersectionality on the systemic, social, individual and philosophical components of care provider' burnout experiences.

Key Insights

Re-framing Language

This research assumes profound and intersecting understandings of the areas of community, family and the workplace. Defining these subjects through complex prosocial perspectives, understanding of these topics is as follows:

Assumptions on Community -

Communities are ecosystems that interact together in a natural, organic and relational manner.

They encompass the human made and built ecosystems and expand to include nature, resources and minerals that make up the foundational physical structures of where they exist but they also go beyond the physical into the metaphysical where they include the wider networks of verbal and non-verbal associations and impact in a direct and non-direct manner, our mental, physical and emotional states.

Like nature and networks existing within nature, community is an intersectionality of lifelines and timelines that carry within them relational aspects that involve combinations of human and non-human interactions.

Assumptions on Family -

A social structure that is a combination of humans and non-human that are bound by kinship, values, principles, cultures or mindsets. These connections extend past lineage and interact with the concept of chosen family members.

The structure, which goes beyond, blood ties, creates a blanket of support where one feels safe enough to ask for support and vulnerable enough to showcase their real nature.

Assumptions on the workplace -

A place framed by space and time where one is asked to be productive and in terms of time, efficiency and measurable output Assumptions on these areas of understanding position this research to have biases in the areas of service design, community support, resource allocation, strategic planning and problem-solving prioritization. In grounding this work through prosocial perspectives of analysing these methods of approaching and understanding burnout, suggestions for interventions and opportunities will not align with productivity or performance-based understandings of this topic.

Findings

By gaining insight into the complexity of care provider's burnout experiences, major pain points were found within organizational and systemic interactions. Despite various challenges arising from conditions that are either systemically or personally informed, this study was able to identify key intersecting insights in care provider's burnout experiences. Insights have been organized into two sections. The first pertaining to the current state of operational, personal, and systemic experiences for care provider as they navigate community and individual burnout experiences.

Second, those abstractions identified in the emerging potentialities of creating more meaningful care interactions and opportunities for the management and healing of burnout symptoms.

Current State

The meaning of care

Gaining clarity on both the care giver and patient interaction points throughout a community care experience revealed the need for precision in delivering and receiving care. In understanding that each person's care experiences are unique and informed by the nuanced interactions one has in their personal, professional and private life, it was also found that the definition of care along with its performance very vastly from person-to-person. As a community of practitioners and complex individual's, care providers identified the unique forms of care that are needed to respond to and reduce burnout symptoms. These areas of care reside in three distinct facets, Systemic Care, Organizational Care and the Self.

Systemic Care – Referring to structural care services provided by local or federal governments, such as funding, research, and staffing initiatives. Care providers require systemic care in the forms of public funds for projects and operational resources. Care providers require this form of care to operate daily activities in their roles, in addition to sustaining their livelihoods as care givers. With the previous and current governments reduction in public funding (Russell, Global News, 2019 & Government of Ontario, 2024), care providers face resourcing and support challenges as various social conditions in Ontario deteriorate. Continued reductions in Ontario’s systemic care of care providers greatly exacerbates the rate of burnout occurrence, along with the intensity of burnout symptoms (Johal, 2025). These precedents have created sentiments of isolation for care providers in our workshops.

Organizational Care – Referring to interpersonal and operations care interactions provided by an organizations management, human resources, or leadership roles. Organizational support through these positions provides care providers with stability and confidence in their daily operations. In addition to this, it supports care providers with a sense of belonging and safety at their workplaces. Due to restrictions in receiving systemic care, our partnered organization faces inadequate resources to provide comprehensive care (Public Service Alliance of Canada, 2024). This dilemma in care organizations to focus on operational productivity over meaningful care delivery continues to occur as costs in Ontario continue to arise (Sharpe, A, Messinger, H., Bradley, C., 2007).

The Self - Referring to the internal interactions one has with oneself, at a physical, emotional and psychological level. Although provided by the individual themself, care of the self is highly influenced by the opportunities and resources provided in the external world. This phenomenon has been generally associated with the concept of 'self-care', as actions which focus on replenishing oneself in a profound or meaningful way, to best manage stressors and challenges faced in daily life or work operations.

It was found that the highly transactional and intermittent nature of what is understood to be 'self-care' does not adequately support individuals to remediate or heal from burnout experiences or symptoms.

Misalignment in this terminology has created further feelings of frustration and confusion in care providers as their deep needs for sustaining their own wellbeing at physical, emotional, and psychological levels cannot be related to, or properly supported (Webster, 2021). Deep needs at this level are critically interrelated to the creation of more capacity in one's life and the reduction of stressors and challenges currently being faced. Thus, misalignment in this area of care exacerbates burnout occurrence and symptoms through the lack of creating a sort of breathing room for individuals to manage their own life in balanced or mediated ways (Brown et al, 2019).

Compounding effects of systemic challenges

Healthcare, social housing and community support systems continue to be overwhelmed by the destabilization from the COVID-19 pandemic. These systems continue to operate at extreme stress levels, if not already entering states of complete collapse at operational, financial, or service levels (Jorhal, 2025). As such, a feeling of precariousness looms over the daily experience and the perceived futures for many Ontarians (Tasker, 2024).

Public reactions to these systemic failures are also then further intensified by local and global environmental collapse, leading to heightened symptoms of burnout or additional symptoms, such as solastalgia (environmental grief) (Pihkala, 2024). Care providers navigate these systemic uncertainties through a complex and compounding process.

Participants spoke of how they navigated collective systemic challenges, in addition to interacting with vulnerable populations who are provided with little to systemic support, such as homelessness, substance abuse, mental health, and physical aide. This provides care providers with a unique experience of both existing withing extremely stressed systems, along with operating to maintain those very same systems, structures and services.

Care providers of colour highlight how racist systemic and structural challenges intensified their work experiences as they faced harmful language, actions and sentiments. Participants highlighted how racist experiences continue to occur throughout their daily professional lives, leading to intersecting stressors accumulating from various systemic and structural sources which accentuate burnout experiences and symptoms.

In identifying shared experiences of general populations and care providers this research highlights the macrocosm of collective grief that is occurring throughout Canada. Particularly, through understanding that psychological, emotional, physical, and prosocial collective capacities of society are progressively shifting.

The internalization of these compounding experiences adds further nuance to burnout experiences for these care providers, as the conditions of their work continue to deteriorate. Care providers have normalized extremely tenuous relationships to their work, as seen in eight-to-twelve-hour work shifts leading to intense sleep deprivation in addition to the lack of resources and support in their daily operations (Brown et al, 2019).

Perceived Misalignment by Care Providers at Partnered Organization

Social and community services have historically stood as cornerstones in their communities, providing services and support to local families and businesses (Valaitis et al, 2020). Workshop participants noted how their workplace once invited families of employees to communal events such as picnics and parties. Participants highlighted how these interactions and opportunities existed to provide community members with a memorable sense of Meaningful Care. Participants with seniority at the organization remembered these events in positive regards as they felt these were important connecting points of relationality for employees and their communities.

However, with declining funding and support from local governments, our partnered organization has had to adapt to continue operating within confined conditions. Participants noted that values and priorities around organizational activity have transitioned from community-centred relationality to its employees and its organizational counterparts, to that of operational efficiency and productivity (Radovanović et al, 2024).

This concurrent form of care was perceived to be Performative Support, as relationships with care organizations had lost much of the meaningful interaction points with Ontario's communities. Marking a major turning point in the upholding of prosocial capacities in local communities at both civil and care providers levels (Public Service Alliance of Canada, 2025).

Current performative support is provided by organizations through their team units and leadership. Where short-term and intermittent support grounded in 'self-care' is offered to care providers going through burnout experiences. These perceived performative support opportunities take the forms of short holidays (predominantly allowed through the accumulation of time spent working overtime in their ee role), short-term physical-focused support by offering discounts or free classes at gyms or yoga/meditation sessions. Psychological and mental support are offered in a similar fashion, with discounts or free sessions with therapists, psychologists, or retreats, within limitation that can be barriers to access – namely sessions offered during working hours.

Despite the best intentions of leadership and management, these forms of support fail to adequately aid care providers experiencing burnout, as their deep needs for meaningful care in their lives feel as though they are misrepresented and misunderstood (Singh et al, 2024). The simplification of remediating burnout symptoms through surface-level transactions with other services creates further feelings of isolation for care providers (Singh et al, 2024).

However, highlighting the importance of strong relationships in the cultures and communities at our partnered organization presents a major area of opportunity for the betterment of employee experiences. Creating spaces and precedents for nurturing of oneself and one another through policy, internal resources, education, and support allow for greater individual and collective management of burnout at all stages (Module 3). In expanding organizational practices to shift focus towards these areas of culture and community making, the rate of and intensity of burnout that occurs from workplace activities may see substantial changes in the future (Module 3).

The Un–recognized Struggle of Caregivers

While the need for care services has increased over the decades, caregivers have continued to occupy a space at the periphery of societal attention, often being unsupported and undervalued as they support vulnerable populations such as mentally ill, houseless, and people with substance abuse (Glazier, 2024). Selflessness has always lied at the heart of care services, as the sector created critical opportunities for local communities and those left at the margins of society. The foundations of care services in Ontario were developed through community care approaches which focused on meaningful interactions in the face of profound challenges and limitations in patient’s lives (Watt et al, 2002).

Although instrumental in the upholding of society across Ontario, these sentiments and challenges have left care providers feeling unseen in the eyes of provincial and municipal governments and the communities they serve.

Honouring the roots of community care practices and methods used by care providers this research leverages this under-valued legacy to create a holistic understanding of care giving. Those who have contributed the most to caregiving are those who have been left underappreciated, under-valued, and under supported (Glazier, 2024).

To lead with the lessons and practices developed by underappreciated communities informs strategies and approaches which are motivated through the simplification of one's needs for care. To be loved, to be listened to, to be seen, and to be supported in a shared suffering of life's burdens and challenges is to honour the experience of our ancestor's life in the presence.

Emerging Potentialities

Gaining a deeper understanding of the current state of systemic, organizational, and personal experiences of care providers created space for ideation and suggestions for change. Leveraging imagination on the possibility for shifting through the perspectives of desired futures introduced greater nuance to expand upon insights from literature and workshops. This section introduces new framings of approaches and areas of focus for organizational and conceptual understanding of burnout experiences as they continue.

Social and community care as the remedy to workplace burnout

Participants in the workshop enlighten burnout experiences by highlighting the historic precedents which have led to the further inflammation of burnout occurrence and severity. These narratives centred around the shift from locally robust community care spaces and services to those of social and private sector care services (Underwood et al, 2009). Noting that trust and consent was given to systemic and structural bodies to undertake the burden of these care sectors, to relieve care providers to thrive in other endeavours.

However, the transactional nature, along with missing relational connection to care needs failed to act as an equivalent form of care for community members (Aiken et al, 2011).

This sentiment was noted, by framing burnout as a lived experience which cannot be simply treated or medicated. Rather, burnout is an experience that must be healed from within and then expressed externally to create reciprocal and relational care experiences at a community level (Brown et al, 2019).

Through analysis of literature and dialogue with care providers, it was found that burnout and its related symptoms are not able to be solutioned within the same spaces they are generated (Tehrani, 2004, page 223-231). This categorically challenges both historic and present organizational and systemic approaches to creating meaningful care at one's workplace.

As such, relationships to local communities, its membership and the land were highlighted as profound and missing structures needed for healing (Redvers, 2020). Presenting discourse around the need for greater life-centred approaches to providing care as an opportunity for not only the patient bases these care providers serve, but also for these providers to receive themselves.

Continued dialogue in this area may be a critical point for changing perceptions in providing care as a means for healing deep traumas which perpetuate inflammatory interactions that lead to subsequent and intense burnout experiences.

Opportunities in Holistic Structural Analysis

Analyzing burnout experiences through transdisciplinary and life-centred analysis creates unique insights in opportunities for intervention and solutioning. Understanding the systems and structures that one moves through on a day-to-day basis accentuates the highest-level pain points in vivid detail. In doing so, the research shifts framing from traditional individualistic understandings of participants going through burnout experiences, to that of systemic and structural interactions. In doing so, research findings perpetuate decolonized practices of participants as beings who reside within complex and intersecting living systems.

Workshop participants resonated with our holistic approach where their inputs were understood and seen as a reflection of their entire lives. Conversations flowed between past and present experiences, connecting with profound aspects of their lives as a complete experience, rather than one compartmentalized into work and non-work beings. By this we are reminded of the ‘mind-body’ connection that was prevalent in Gabor Mate’s book ‘When the Body Says No’. Gabor writes:

“Even to speak of links between mind and body is it imply that two discrete entities are somehow connected to each other. Yet in life there is no such separation; the is no body that is not of no mind that is not body. The mind-body connection has been suggested to convey the real state of things.”

By grounding primary research interactions through these components, the workshop modules were able to ground participants in safe spaces to express their vulnerability while also framing perspectives of desired and hopeful futures as possible through connective narratives.

Shame

Interactions at workshops with care provider revealed that a significant portion of these populations are heavily motivated by the meaning they generate in their roles and the work they provide for patients. With a smaller category of care providers valuing their roles and work by focusing on operational performance and monetary metrics. Of this larger segment of care providers, it was found that burnout experiences were heavily influenced by socially and individually generating worth and shame (Aiken et al, 2011).

In this, failure, or the perception of failure, to adequately serve vulnerable populations in one's community through these roles, became a major motivation for care provider to continuously exacerbate their burnout.

In organizational and work-place spaces, shame operates to contradict policies and regulations which are meant to protect care providers.

At personal and social levels, shame is used to normalize detrimental and potentially illegal activity for workers (Singh et al, 2024). As safety boundaries around weekly hours worked and amount of overtime taken are augmented or misreported to stay within internal and governmental policy guidelines. In this process, shame acts as a bounding concept for care providers to normalize the breaking of policies meant to protect their wellbeing and health.

However, these precedents are not solely created by the care providers themselves, as participants reported social and operational coercion to further purpurate these exploitative cultural norms. Some participants reported experiences of asking for greater support around burnout symptoms and experiences from managers or leadership were met with apathy or silence.

While a majority participants had normalized silencing their own needs for support and challenges in life to align with detrimental organizational and sector-wide cultural norms (Singh et al, 2024). As such, silence plays a particularly prominent role around burnout experiences, as interaction points for support and care are mitigated due to the perceived safety provided by portraying a positive state of wellbeing. In addition to this, silence may also be used by manager, leadership or colleagues to cause forms of harm on care providers who are looking for opportunities of care, support, resources, or empathy.

Shame profoundly frames the ongoing experiences of individuals going through burnout.

These perceptions particularly effect the prosocial and team dynamics of care providers in their areas to internalize and express empathy (Larrabee Sonderlund et al, 2024).

This creates challenges for care teams, as interactions both between care providers and their patients gain an added psychological, emotional and physical weight. Additional burdens such as these create compounding stressors at micro and macro levels of care interactions by creating new or further complicating burnout symptoms (Brown et al, 2019).

As further research is conducted on burnout, these areas of shame, silence and apathy will play a critical role in identifying key interventions for reducing the occurrence and severity of burnout experiences.

Along with this, methodologies, practices and perceptions of creating meaningful interaction points through community and life centred approaches should be focused on as areas of interest from individuals across professional sectors in Ontario.

Limitations

In following research protocols on confidentiality, consent of participants, and integrity of data security, it is possible that some responses captured biases beyond those of the research team. Sample size is a critical component to co-creative research. Research outcomes were limited by the quantity of workshops that was conducted, along with quantity of participants. Two workshops with a total of fourteen participants offer a starting point, however, this research scope may provide a limited perspective on burnout experiences from certain demographics of our partner organization. Beyond these two workshops, relationality between participants and the spaces workshops may have affected findings.

Research interactions with care providers were within employee organizational settings which hold potential in affecting how participants chose to express and engage within the workshop due to behaviour compartmentalization of what they felt comfortable sharing in these workshop modules and the hierarchical power dynamics of having the presence of human resources in the room.

Participant segments may also have been limited in the care providers that were included in the research. Particularly in the selection of care providers who exclusively delivered care services in person. There are significant sections of care providers who participate in care organizations through virtual or hybrid means. Whether their work exists within an organization's leadership, management or care delivery, the nuanced nature of their burnout experiences and related symptoms were not captured in this study.

Following research may benefit from more intermittent and consistent modules with either the same group of participants or larger portions of care providers. Interaction points at more frequent intervals, in addition to more consciousness selection of spaces for workshops may aid in expanding the relational qualities of findings related to burnout experiences. This approach may inform a more diverse understanding of care providers in Ontario through deeper understanding of relational, community, organizational and interpersonal qualities of participants and their burnout experiences.

Recommendations and Implications

Navigating the nuance of care providers' day-to-day activity in relation to burnout experiences highlighted the unique nature of caregiving as a profession and livelihood. In gaining a deeper understanding of these areas, general abstractions on burnout experiences were found to be applicable across demographics and sectors of work in Ontario.

Abstractions identified around burnout in the care profession apply to great segments of Canadian life, including individual, social and labour sectors. Across these diverse areas of work, trends around technology and relationality remain consistent. Workforces across Ontario are experiencing change in demographics and hiring processes, along with precedents such as online and hybrid work modalities.

These shifts play a major role informing how workers and care providers can generate value for themselves in their roles and organizations they work for (Šalienė et al, 2024). Beyond this, recognizing the tensions created within organizations, particularly those around management and leadership being able to fulfill their roles in hybrid and online capacities while other workers are required to always be physically present (Petitta & Ghezzi, 2025).

In totality, this shifting nature of work requires analysis on the accommodations and misalignments in Ontario's organizational policies and practices.

Regarding supports offered by workplaces, in care organizations and beyond, capacity for change must be built into organizations. Prosocial capacity building must be offered through organizations policies, management and leadership to create opportunities for meaningful engagement with colleagues and patients (Proulx et al, 2025).

Leveraging high prosocial capacities in these spaces will allow for fulfillment of deep needs for workers and folks engaging in social systems.

The profound nature of being valued, seen, understood and supported in meaningful ways will create meaningful changes in the experience of Ontarians across social and professional sectors (Proulx et al, 2025).

Based on analysis of literature and co-design with care providers, key action items were identified. Care sectors and organizations may benefit from applying non-traditional employee support and management strategies, particularly those grounded in community practices and creation of safe spaces. This may allow for greater organizational agility for meeting care provider challenges through cost-effective and meaningful support at all levels. Expanding perspectives of how organizations advocate, implement and nurture internal support structures offers profound opportunities for responding to and caring for burnout experiences.

Focusing policy advocacy on deep relationality between care provider experiences and human-resources

Focusing policy advocacy on deep relationality between care provider experiences and human-resources may lead to more tailored intervention points for reducing the intensity or speed of burnout in employees.

Implementing participatory governance structures within organizations

Implementing participatory governance structures within organizations may serve to leverage care providers experiences to directly inform performance and operational metrics in meaningful ways.
In this, understanding of care providers may inform organizational responsiveness to profound challenges across care organizations in more poignant ways.

Nurturing culture throughout care organizations requires meaningful management and leadership competencies

Building cultures of supportive communities across sections of organizations must be centred on opportunities for reflection and expression of employee experiences and stories.

Over-reliance on experiences around productivity-focused competencies in management and leadership will continuously shift organizational cultures away from the deep meaning created around providing care between teams and to care receivers. Leading to further transactional relationships at internal and external levels of service operations.

Our findings challenge the dominant narrative of burnout and the capacity to care as mainly within the individual and offers perspectives that are often unseen, unheard or misunderstood.

These perspectives reposition them within the larger systems and structures where exclusion, colonialism, and system inequities exist create a space where lived experiences shape both analysis and future actions.

Potential areas of concern which arise from analysing burnout through these approaches reside in the complexity of care.

Despite care existing as an intuitive and beneficial response to aiding those in vulnerable and burnout situations, it is critical to understand the harm which may occur in these actions.

As found in the literature and participatory research, improper application of care due to mistiming, misunderstanding, and solutioning often leads to further inflammation or complication of burnout symptoms.

Beyond this, harm caused by care in such ways may leave long-lasting trauma on those experiencing burnout. Thus, further influencing vulnerable individuals to silence, isolate, or harm themselves due to distrust in accepting care and support from other sources.

In addition to this, it is important to note how opportunities and systems of support which exist at structural and organizational levels still fail to meaningfully cause benefit to those who need it most. Traditional interpretations of this work may easily leverage these findings and opportunities into unsatisfactory spaces, policies, and projects which perpetuate status-quo processes of performative support.

The application of this work requires nuance, patience, and co-creation at profound levels of organizations and systems to create the meaningful care identified in the research.

Findings in this research supports the creation of future action plans to better understand and engage burnout experiences in all sectors of life in Ontario. By engaging in this content, one may analyze how to begin creating capacity for change in the areas of action and evaluation of burnout experiences.

Further exploration of this area may highlight both responsive areas for change, along with challenges that prevent change from occurring at organizational, systemic and individual levels. Expanding transdisciplinary analysis to other sectors of work in Canada will allow for tailored approaches to management of burnout in each nuance.

Conclusion

Reflecting on the complex state of care organizations in Ontario with care providers, leadership, and management illustrated how important these organizations are for upholding social and community wellbeing for all. By framing the intensity and pervasiveness of burnout across care providers and providers as a precedent occurring at the national and global level, insights into burnout experiences were met at their most profound.

Incorporating findings and literature from across medical, social, community, employment and philosophical sectors of understanding informed a need for perspective which view burnout as an intersecting phenomenon. Highlighting a critical juncture of relationality which is missing in learning from experience and developing a deep comprehension of care, capacity, and burnout as interrelated concepts.

From this research, the nebulous nature of burnout was encountered by de-compartmentalizing care providers' burnout experiences into the systemic, organizational, personal and community interactions that inform burnout symptomology. However, before one can adequately understand the nuance of these experiences, it is critical to create intentionality towards gaining a greater understanding of burnout (Singh et al, 2024). These efforts may be accomplished by adapting and tailoring life-centred designs, particularly by de-constructing what experiences are occurring at the community or sector of focus.

In working through this process, our team found that facing burnout and enabling care and capacity in our partner organizations workplace was possible through four critical points of opportunity.

Providing time for employees to replenish themselves outside of work through things like paid time off or more vacation time was understood to reduced burnout experiences and create more engaged workplace communities.

Integrating accommodations and ensuring feelings of safety creates opportunities for employees to better manage their stress and burnout associated with work.

Allowing employees to express themselves safely from perspectives of honesty and vulnerability is critical to responding to burnout, as internalization of stress and trauma leads to compounding effects on individuals emotional, physical, and psychological capacities.

Highlighting the importance of acknowledging employees, not only the hours they put into their work, but the meaning they carry daily is crucial to managing the rate and intensity of employee burnout over time.

Exchanging dialogue on burnout and connecting on the shared experiences of managing its phenomena allowed for profound connections in spaces of vulnerability.

The relatable nature of this dialogue proved to expand on each participant's perspective of burnout in their workplace and community, and with guidance, allowed for new areas of imagination.

Shaped *by understanding burnout* through intersecting and systemic understanding, the conceptualizations of care and capacity intuitively added nuance to the conversations around the structures of care that currently exist and the ways it may improve.

By re-imagining approaches and systems of care, sustenance for our communities and those who uphold them through care services and expertise, new spaces for critique and improvements to care are found.

By connecting through shared humanity, one may challenge the status quo of systems and structures that operate on exploitation and harm.

Our partnered organization faces extreme stress due to constrained budgets, policies, and compounding crisis of socio-political conditions. *However, they represent the soul of this work, as they attempt to lead with their best intentions to respond to burnout and stress in their employees.*

Reflecting on the importance and success of their community and cultural practices as an organization, there is much to learn in how to better accommodate for the complex conditions their organization and employees must excel in. By leading through strong relationships with their employees and building communities of self-advocacy and caring for one another, they may set precedents for the care sector in Ontario. Leading practices in ways of channeling care and capacity into their workplace, creating opportunities for learning and healing across their organization, and transforming possibilities for diverse professions in Ontario.

Our research team was reminded throughout this study of how care providers are integral individuals in our communities. The sacrifice, meaning, and importance of their work is never lost, even in the darkest moments and hardest conditions. Sharing dialogue in spaces of vulnerability and honesty created opportunities for learning from one another, to reflect on resilience, and to envision brighter futures.

This research serves to initiate a discussion on the nature of everyday life for care providers and experts in Ontario.

Our team hopes to continue creating rich dialogue on the topics of burnout. In creating a body of work on this topic and its related phenomena, along with the providing tools, language, and processes for individuals and organizations, we have both hope and faith that the process and the findings will create opportunities to seed dynamic change.

When we share through
vulnerability

When we witness
and reflect

When we listen
with intent

We create language to
express ourselves
with one another

We grow connections
of resilience

We make room
for Care.

Glossary

Burnout* – *A lived experience with a collection of symptoms related to a state of physical, mental, and emotional exhaustion occurring from long-term stress and pressure.

Care Ecosystems – A systems-based perspective on care which recognizes the complex and dynamics interactions among people, environments, policies, and structures, both human and non-human, as interconnected components of a larger system of relationships and care exchanges.

Care Provider – People who have a livelihood providing care to local populations at a professional or community level through people work.

Community Care – Radical forms of care which focus on the relational components of patients and the interactions in their lives, rooted in supporting meaningful connections with the world and one another.

Desirable futures – Imagining potential futures through the lens of what one desires to be true in the future, particularly, what positive conditions may be leveraged and negative conditions reduced.

Meaningful Care – Care which originates from a strong relationship between caregivers and care receivers, closely related to the radical and profound nature of community care.

Modules – Derived from the word 'modular', a module refers to one of several parts that, when combined, form a complete whole. In the context of workshops or training programs, modules are structured units containing different activities and exercises, each designed to deliver a distinct yet sequential phase of the overall program.

Organizational Care – Referring to interpersonal and operations care interactions provided by an organizations management, human resources, or leadership roles.

Performative Support – Care which operates in a transactional nature, with little relational connect between caregivers and care receivers.

Relationality – A worldview that underlines how no person or thing exists in isolation, but in relationship with others.
Systemic Care – Referring to structural care services provided by local or federal governments, such as funding, research, and staffing initiatives.

Systemic Care – Referring to structural care services provided by local or federal governments, such as funding, research, and staffing initiatives.

***The Self* -** Referring to the internal interactions one has with oneself, at a physical, emotional and psychological level.

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Appendices

Maria Gonzalez
Most experienced PSW
on her team

Age 46

Occupation
Personal Support Worker (PSW)

Location
Burlington, Ontario

Traits

Compassionate
Empathetic
Deeply committed

Level of burnout

🔥
🔥
🔥

Maria is a Colombian immigrant to Canada, who has lived in Burlington, Ontario since she was a teenager.

Maria became a Personal Support Worker driven by a desire to provide hands-on, compassionate care for seniors. Her career choice was inspired by her experience helping her elderly grandmother navigate the complexities of long-term care after immigrating to Canada.

Experience
28 years in community, often acting as the team’s go-to during staff shortage

Workplace
Assistive housing and long-term care homes

Role
Senior PSW, often assigned to the most complex cases and mentoring new staff

Reputation
Known for her compassionate care, cultural sensitivity, and ability to handle challenging behaviors in dementia patients

* * *

Maria’s Story
Maria Gonzalez, a 46-year-old Personal Support Worker in Burlington, grapples with mounting work-related stress and personal responsibilities. Her nursing home regularly demands extra shifts due to chronic understaffing. As a divorced single mother, Maria struggles to make rent payments on her apartment while supporting her two teenage children and aging parents nearby. Her kids, aged 15 and 17, often feel neglected due to her long, unpredictable hours. Maria's once-active social life and passion for community volunteering have been sidelined by the physical and emotional demands of her job.

Personality Traits
Compassionate / Empathetic / Deeply committed

Current Challenges
Physical strain / Financial stress / Emotional Toll

Values and Motivations
Deeply committed / Dedicated / Strives for 'work-life' balance

Ethan Chen
ER Nurse on the Edge

Age 35

Occupation
Emergency Room Nurse

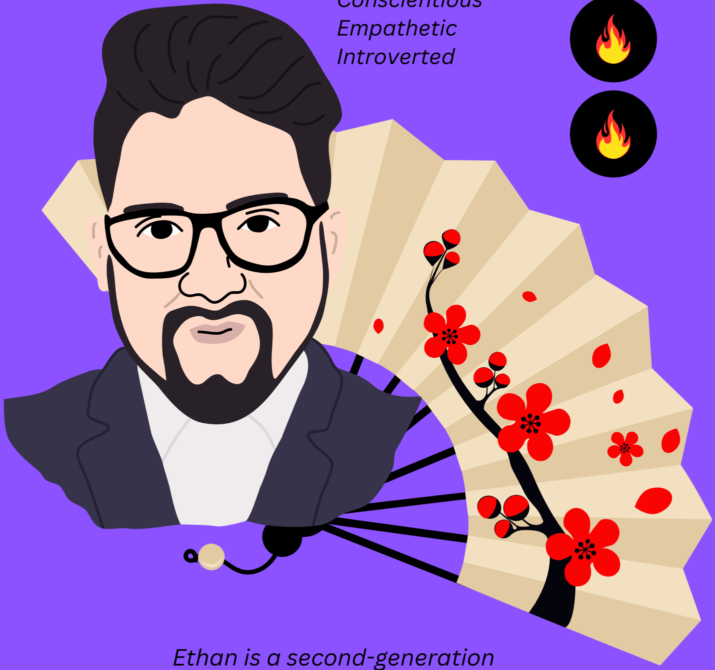
Location
Burlington, Ontario

Traits

Conscientious
Empathetic
Introverted

Level of burnout

🔥
🔥



Ethan is a second-generation Chinese-Canadian, born and raised in the suburbs of Toronto.

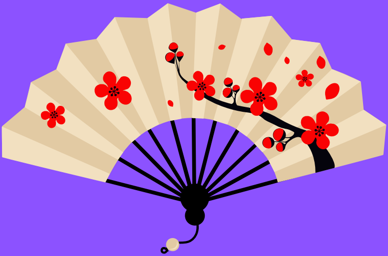
He chose nursing as a career out of a genuine desire to help others and make a difference in his community.

Experience:
10 years in emergency medicine

Role
Senior nurse, often acting as charge nurse during shifts

Workplace: Large urban hospital in downtown Toronto

Reputation
Known for his calm demeanor and efficiency under pressure



Ethan’s Story

Ethan Chen, a 35-year-old nurse in Toronto, faces increasing work-life balance challenges. His hospital frequently requests overtime due to staff shortages. Ethan and his wife Sarah, an elementary school teacher, struggle with mortgage payments on their semi-detached house in a middle-class neighbourhood. Their 7-year-old daughter Sophie often experiences disappointment when plans are cancelled. Ethan's hobbies, such as hiking and photography, have been neglected due to his demanding work schedule.

Personality Traits

Conscientious / Empathetic / Introverted

Current Challenges

Work-related stress / Work-life imbalance / Financial pressure

Values and Motivations

Commitment to care / Family / Community

Lynn Jacobs
Ambitious advocate
for the community

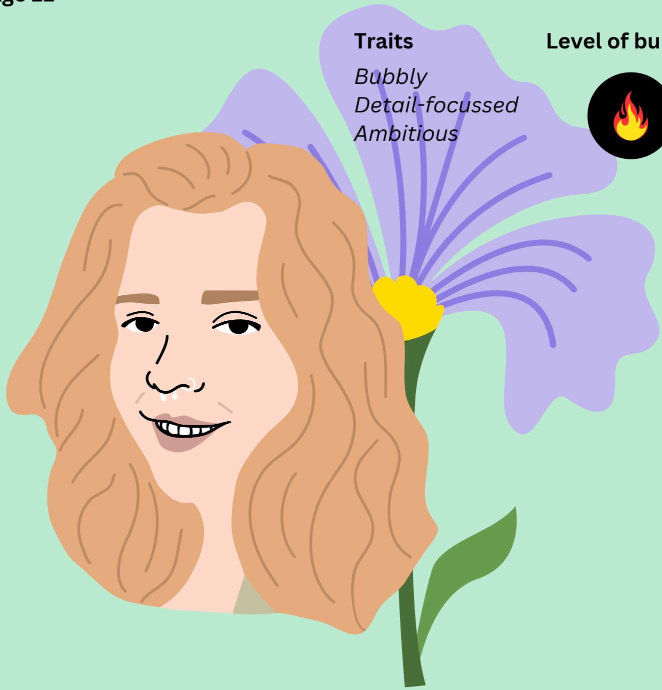
Occupation
Residential Support Worker

Location
Sudbury, Ontario

Age 21

Traits
Bubbly
Detail-focussed
Ambitious

Level of burnout
🔥



Lynn is a fourth-generation Irish Canadian who lives and works in Sudbury.

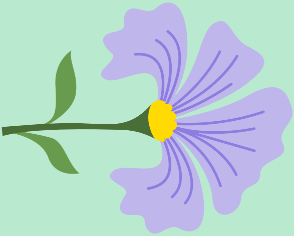
Her grandma became houseless in her childhood and this experience inspired her to enter housing support services.

Experience
2 Years

Role
Early career

Workplace
Housing support service

Reputation
Known for her gentle but firm approach



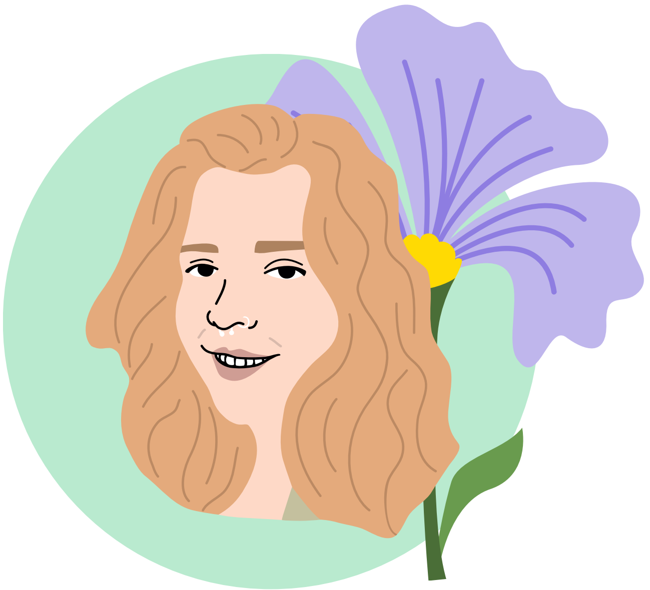
Lynn’s Story
Lynn Thompson, a 21-year-old Residential Support Worker in Newmarket, juggles a demanding schedule as a recent U of T graduate. The fourth-generation Irish Canadian balances her full-time job with two volunteer projects while adjusting to life in a new shared apartment. With two years of experience in housing support, Lynn feels stretched thin across her commitments. She's coping with loneliness and the recent loss of her cat. Despite these challenges, Lynn remains motivated to gain diverse care field experience and harbors dreams of writing a book, all while learning to set clear boundaries.

Personality Traits
Bubbly / Detail-focussed / Ambitious

Current Challenges
Work-related stress / Car repairs / Paying back OSAP debt

Values and Motivations
Gaining experience in housing services/ sets clear boundaries / Wants to write a poetry book

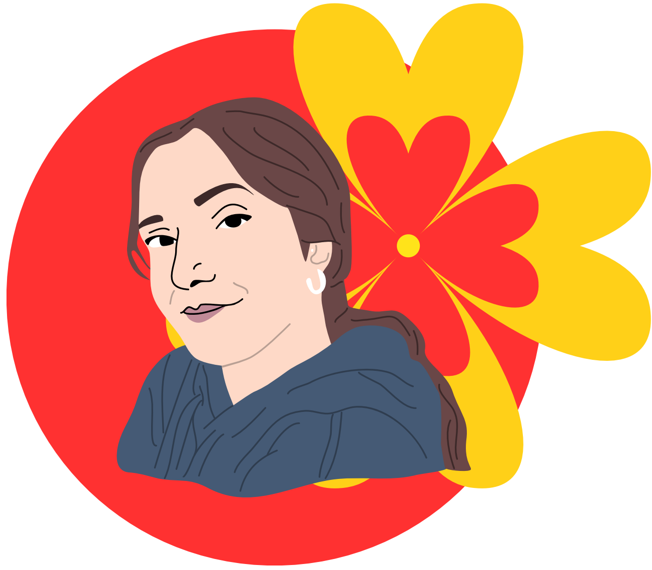
What challenges might Lynn encounter on a typical weekday that is outside of her control?



Please type out the challenges in each box

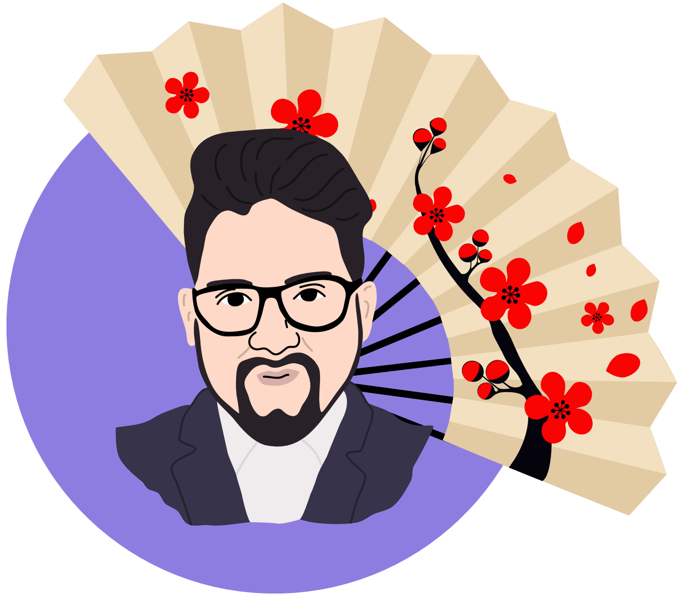
	Challenge:	Challenge:	Challenge:	Challenge:
Physical How does this leave Lynn's body feeling? Did those feelings change over time? If so, how?				
Mental Health How does Lynn process this interaction? And does it process it as time passes? If so, how?				
Emotions How does this make Lynn's feel? Did those emotions change over time? If so, how?				

What challenges might Maria encounter on a typical weekday that is outside of her control?



	Challenge:	Challenge:	Challenge:	Challenge:
Please type out the challenges in each box **Physical** How does this leave Maria's body feeling? Did those feelings change over time? If so, how?				
Mental Health How does Maria process this interaction? And does it process it as time passes? If so, how?				
Emotions How does this make Maria feel? Did those emotions change over time? If so, how?				

What challenges might Ethan encounter on a typical weekday that is outside of his control?



Please type out the challenges in each box

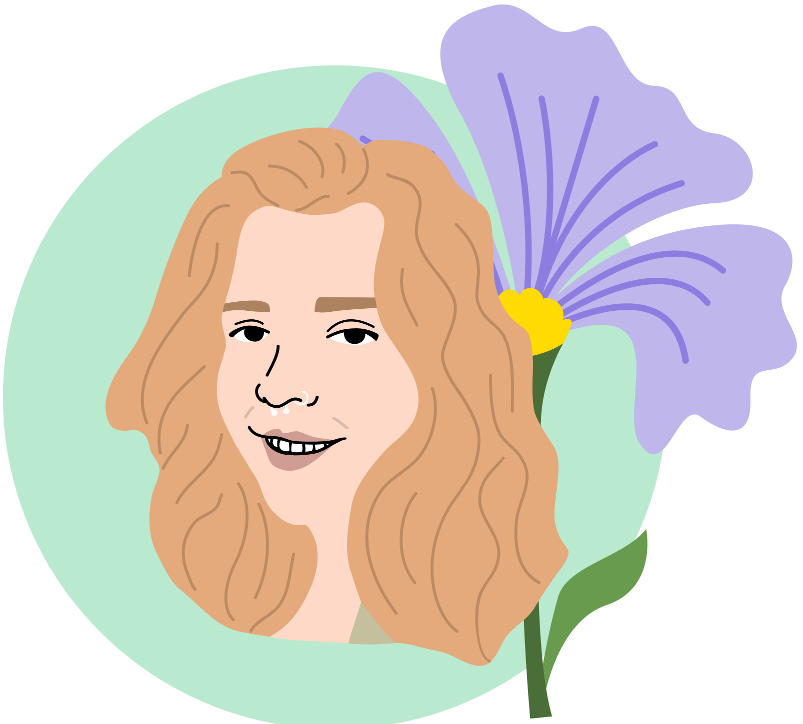
	Challenge:	Challenge:	Challenge:	Challenge:
Physical How does this leave Ethan's body feeling? Did those feelings change over time? If so, how?				
Mental Health How does Ethan process this interaction? And does it process it as time passes? If so how?				
Emotions How does this make Ethan feel? Did those emotions change over time? If so, how?				

In your opinion, where might Lynn receive and give care most in these different areas of her life.

Where does Lynn need the most support?
Place your 8 **blue** coins in those areas.

Where does Lynn give the most care?
Place your 8 **green** coins there.

Use the 4 yellow circles as extras in case the 8 are not enough.



Volunteering

Friends

Self Care

Family

School

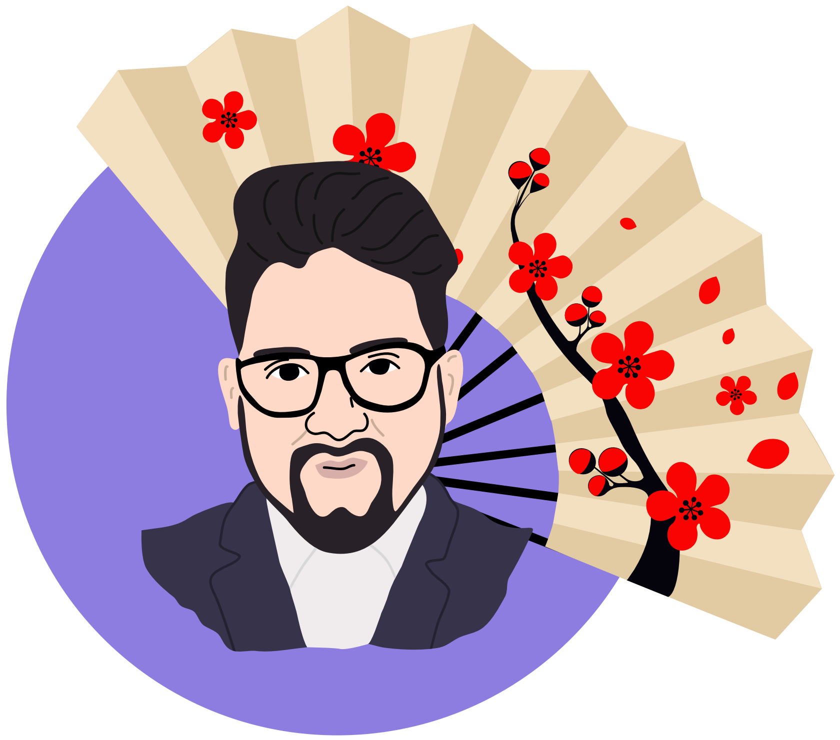
Work

In your opinion, where might Ethan receive and give care most in these different areas of his life?

Where does Ethan need the most support?
Place your 8 **purple** coins in those areas.

Where does Ethan give the most care?
Place your 8 **magenta** coins there.

Use the 4 yellow circles as extras in case the 8 are not enough.



Partner

Friends

Self Care

Hobbies

Work

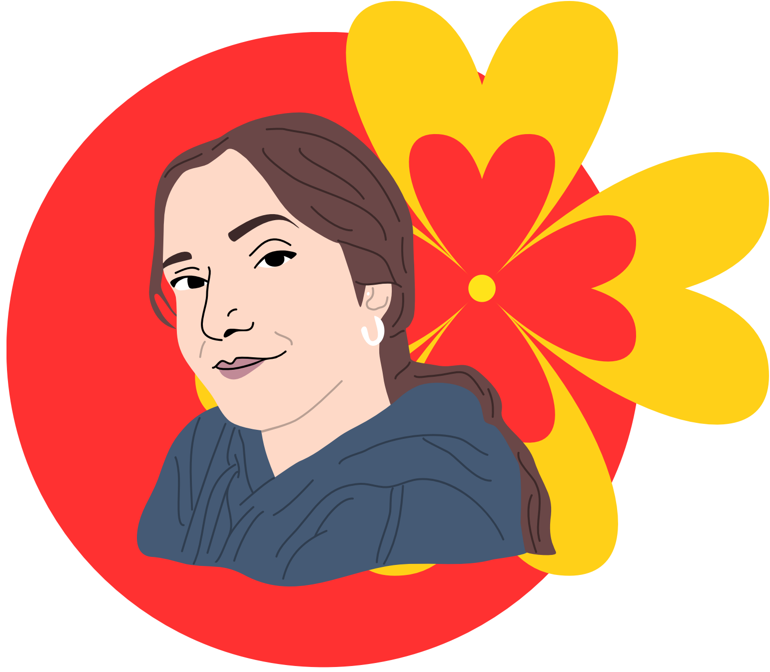
Fatherhood

In your opinion, where might Maria receive and give care most in these different areas of her life?

Where does Maria need the most support?
Place your 8 **red** coins in those areas.

Where does Maria give the most care?
Place your 8 **orange** coins there.

Use the 4 yellow circles as extras in case the 8 are not enough.



Motherhood

Friends

Self Care

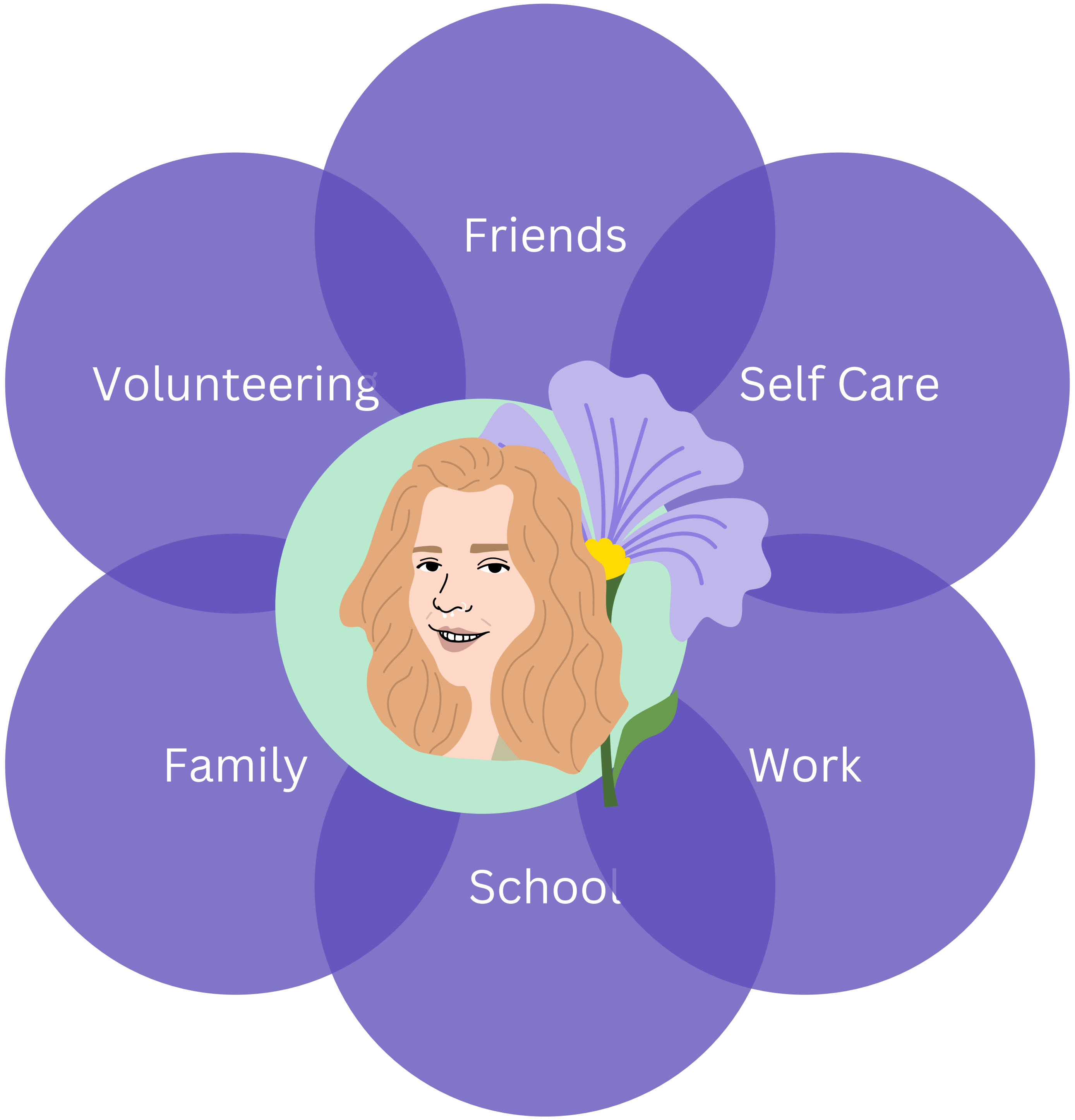
Hobbies

Work

Aging Family

We know life is not compartmentalized.

In an ideal world, where might Lynn receive and give care most in these different areas of her life?



Friends

Volunteering

Self Care

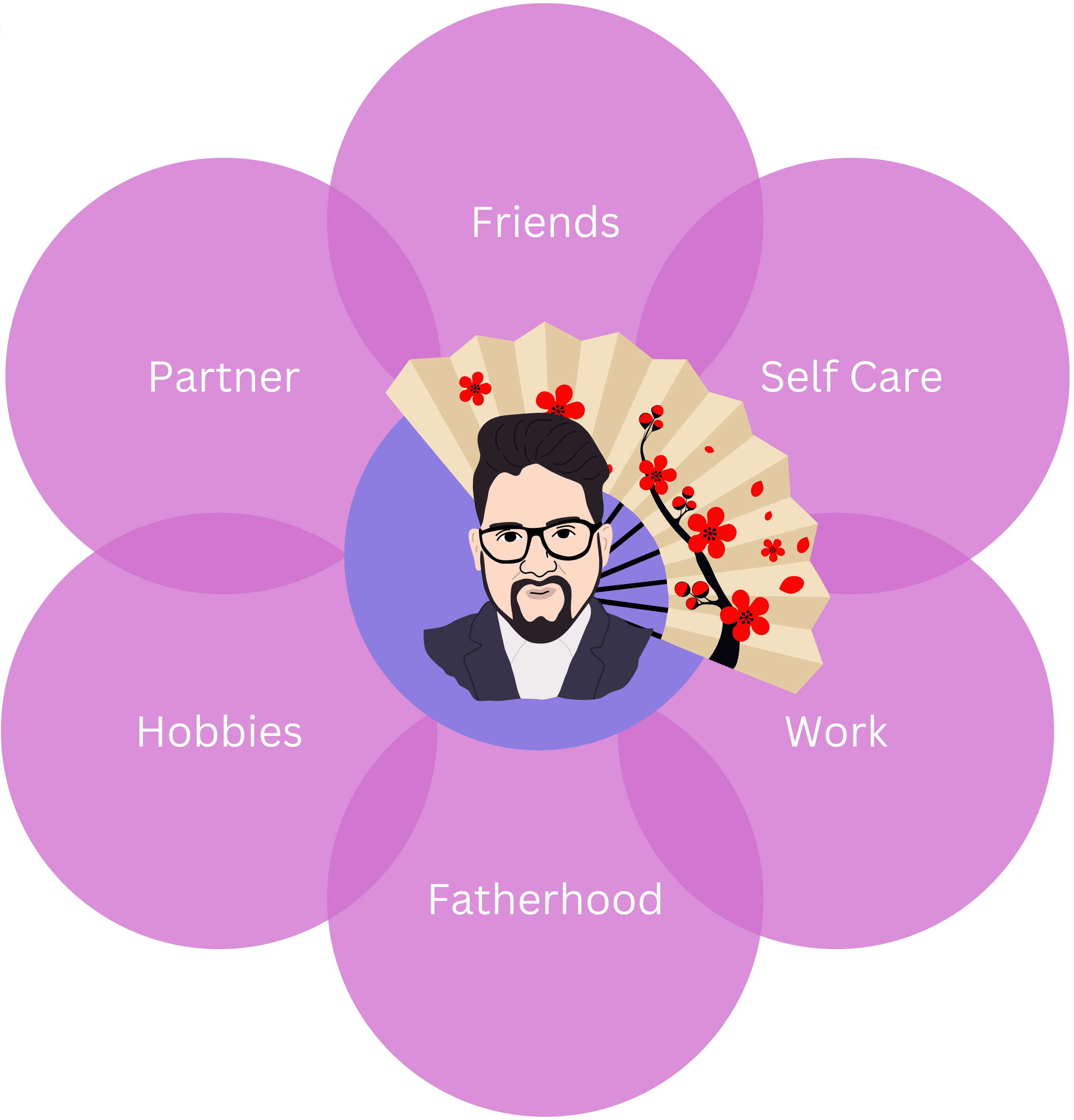
Family

Work

School

We know life is not compartmentalized.

In an ideal world, where might Ethan receive and give care most in these different areas of his life?



Friends

Partner

Self Care

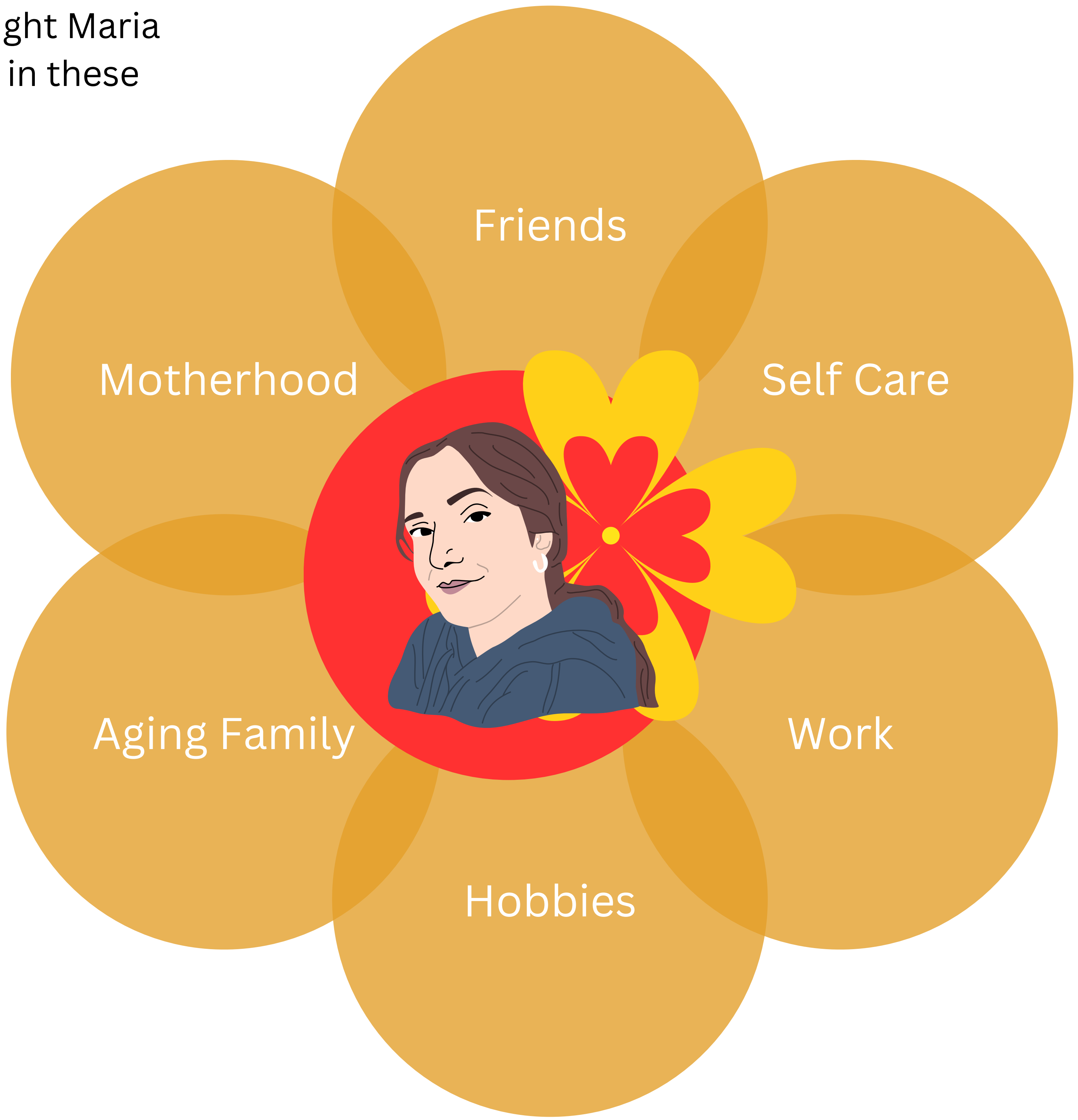
Hobbies

Work

Fatherhood

We know life is not compartmentalized.

In an ideal world, where might Maria receive and give care most in these different areas of her life?



Friends

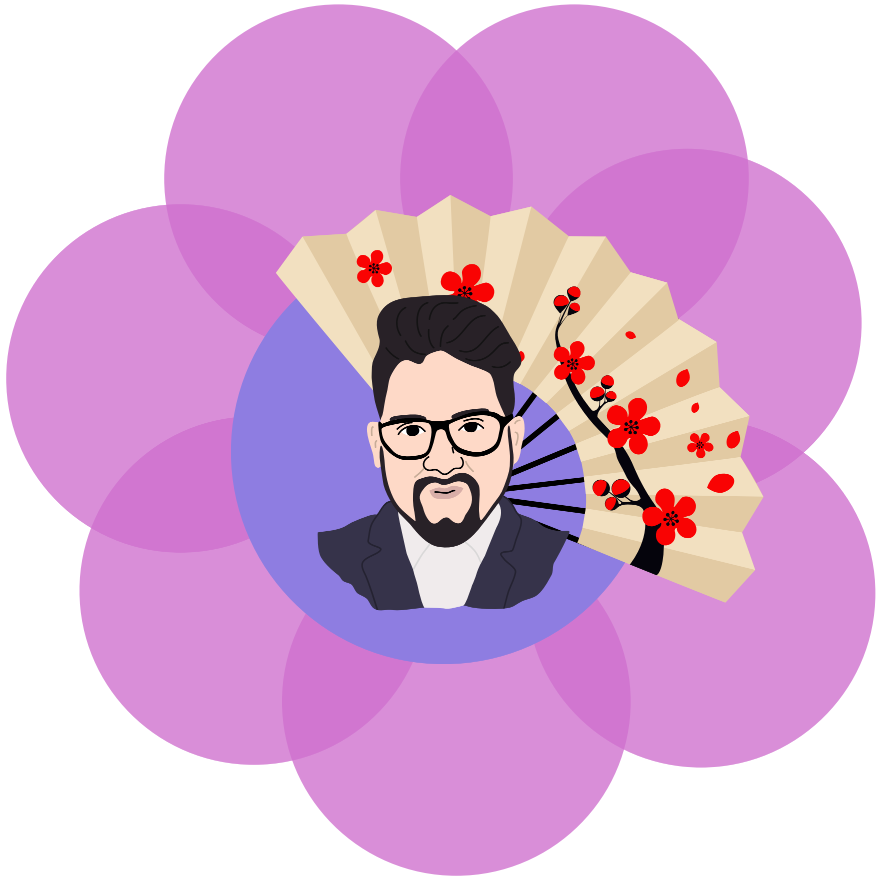
Motherhood

Self Care

Aging Family

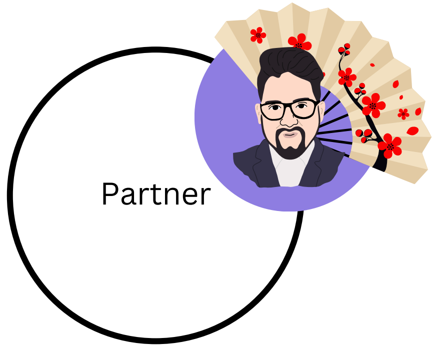
Work

Hobbies

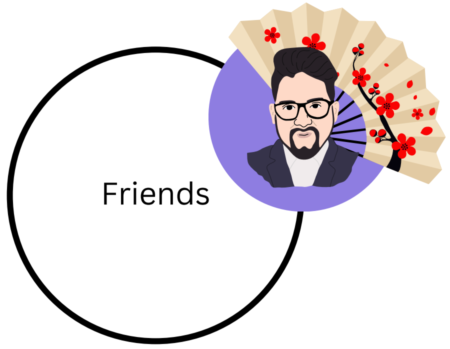


How might we get Ethan to a place in life where he feels cared for and can care for others?

List down your thoughts under each circle.

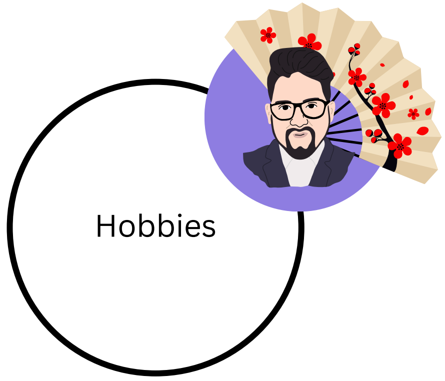


What would change with his partnership so more care is shared?

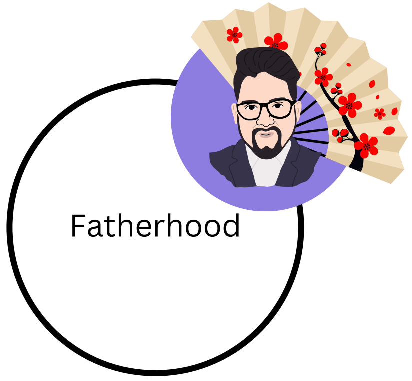


What would change with friends so care is more shared?

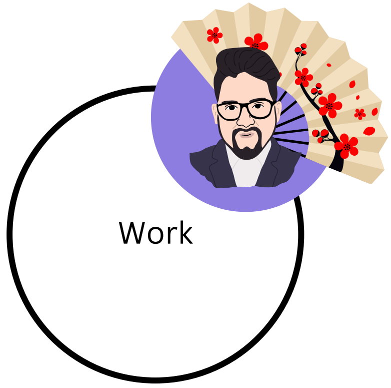
What would change in self care for care to be more felt and received?



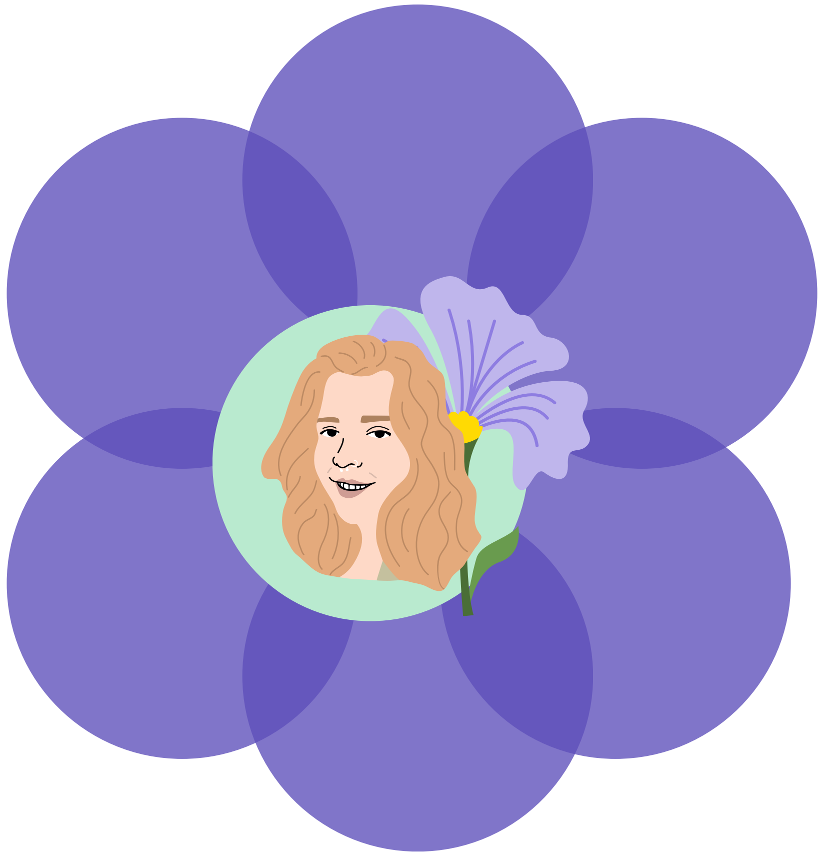
What would change in his hobbies so he can communicate more care?



What would change in fatherhood so that care is more received in his home environment?

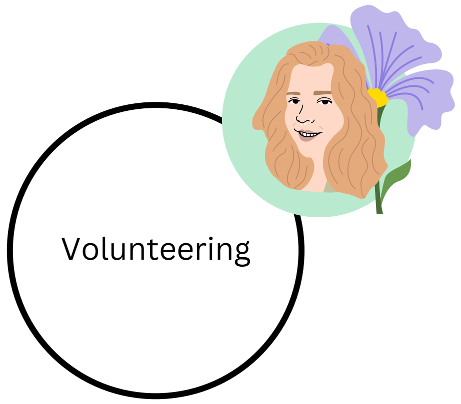


What would change at work so care is more received in his working environment?



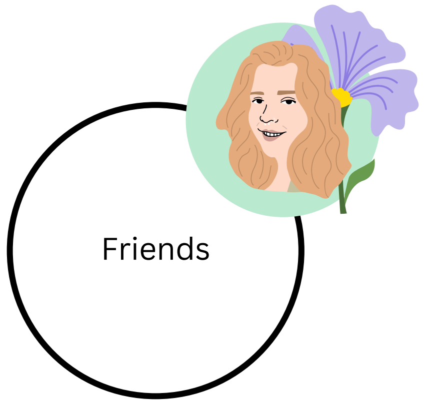
How might we get Lynn to a place in life where she feels cared for and can care for others?

List down your thoughts under each circle.



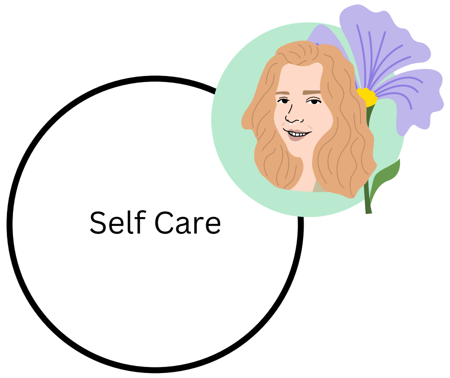
Volunteering

What would change in the volunteering so that care is more shared?



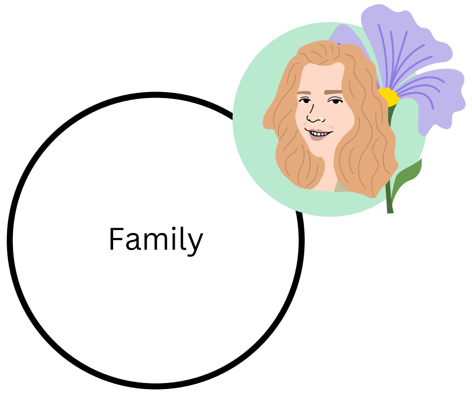
Friends

What would change with friends so care is more shared?



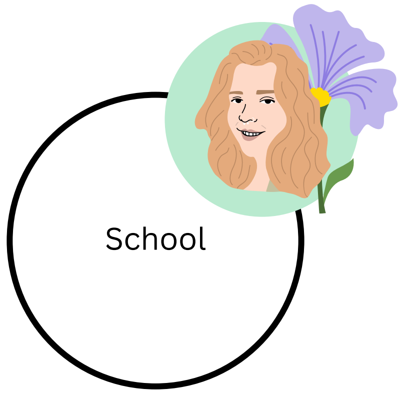
Self Care

What would change in self care for care to be more felt and received?



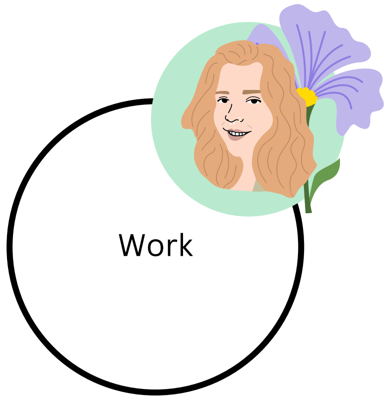
Family

What would change so that her family can communicate more care?



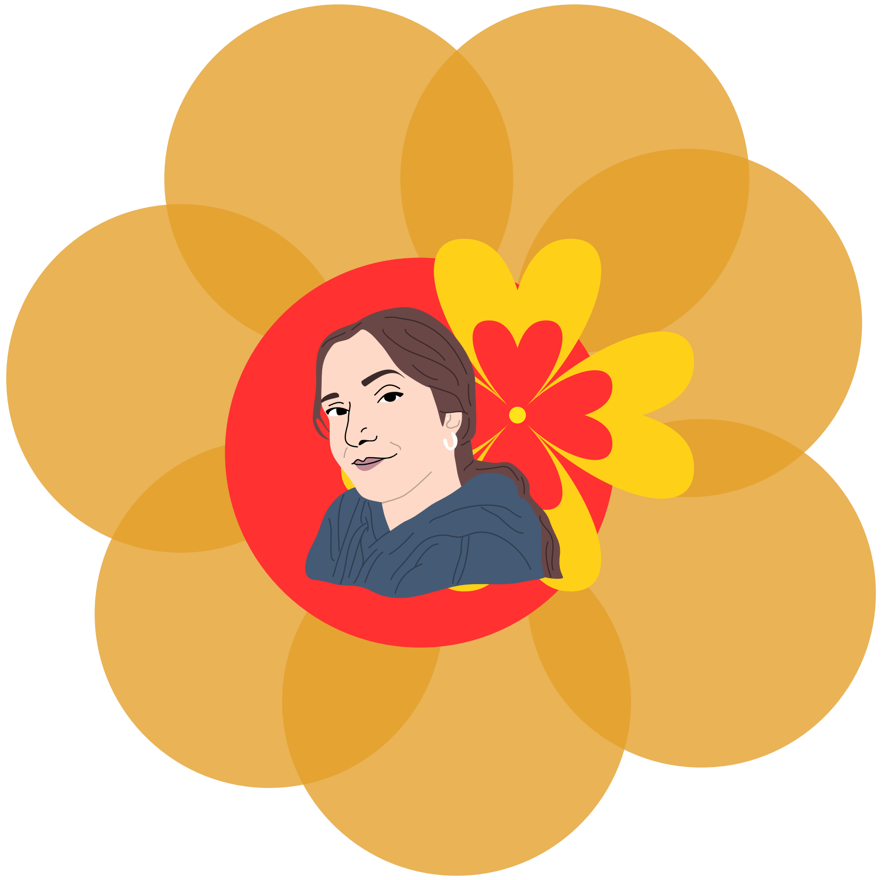
School

What would change at school so care is more received in a learning environment?



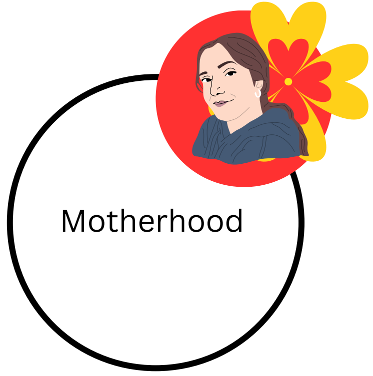
Work

What would change at work so care is more received in her working environment?



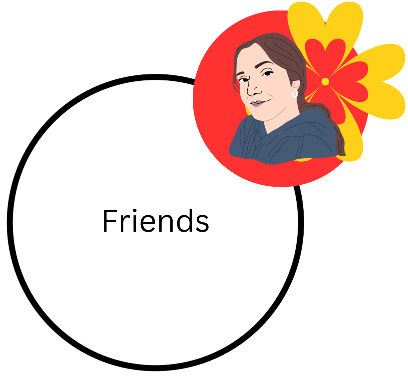
How might we get Maria to a place in life where she feels cared for and can care for others?

List down your thoughts under each circle.



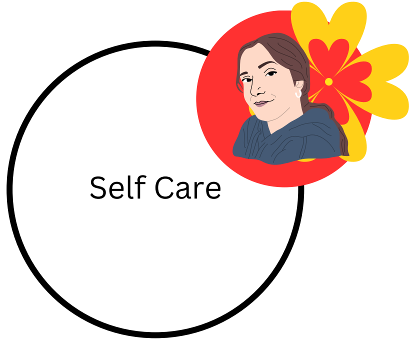
Motherhood

What would change in motherhood so that care is more received in her home environment?



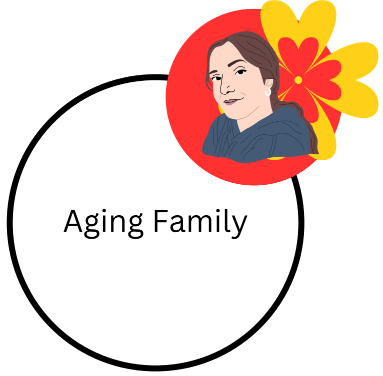
Friends

What would change with friends so care is more shared?



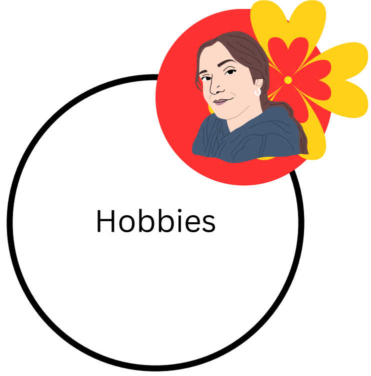
Self Care

What would change in self care for care to be more felt and received?



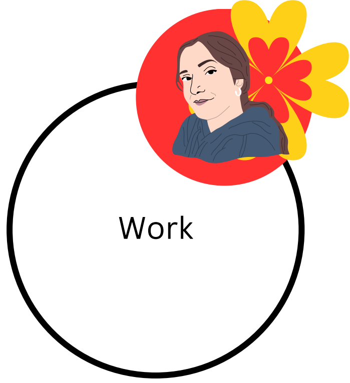
Aging Family

What would change so that her family can accommodate for more care?



Hobbies

What would change in her hobbies so she can communicate more care?



Work

What would change at work so care is more recieved in your working environment?