Hiding behind a mask: A multilevel perspective of burnout shame.

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Abstract: The Covid-19 pandemic brought new challenges for employees and employers all over the world. Drawn upon the JD-R model, a multilevel approach is conceptualized where the reduced resources (e.g., social support) and increased demands imposed by the pandemic (e.g., work/home spillover, social distancing, adoption of remote work and new technologies), improved the frequency of burnout. The framework of conservation of resources theory (COR) is adopted to explain that the lack of resources brought by demands to acquire and protect employee's resources during the pandemic (e.g., job security, well-being) exacerbated burnout behavior and under certain circumstances allowed employees to hide their burnout symptoms. Moreover, the lack of social support, cultures and climates of presenteeism, and perceptions of stigmatization that health problems are not culturally valued in the workplace, moderate at different levels the role of burnout in explaining the burnout shame phenomenon. In the current study the model presented is conceptualized as a dynamic spiral where higher levels of burnout shame lead people to hide and seek fewer resources (e.g., social support), which in turn tends to boost burnout levels and consequently, reduce the levels of well-being and job performance.

"Losing your head in a crisis is a good way to become the crisis."

C.J. Redwine

Introduction

The Covid-19 pandemic context has added new individual, group, and organizational job-related factors that have increased the risk of burnout with a direct and indirect impact on the quality of life and other health-related outcomes (Leo et al., 2021). Accordingly, burnout is a syndrome that comprises three dimensions: emotional exhaustion, cynicism, and the lack of accomplishment (Maslach & Jackson, 1981). Mental fatigue or emotional exhaustion exists when employees feel tired and fatigued at work. Cynicism or depersonalization includes negative feelings and perceptions about the people one works with. Finally, a lack of accomplishment represents diminished professional efficacy.

During the Covid-19 pandemic, the media showed examples of courageous workers risking their lives and devoting their time to save other people's lives. Front-line healthcare workers (e.g., nurses, doctors) and other essential works such as bus drivers, food producers and suppliers appeared on television as heroes. However, there is always a price to pay. According to the literature, employees in general may experience periods of heroism or honeymoon characterized by periods of high resilience, and an increased sense of meaning about the desired behavior (Brooks et al., 2019). When employees have to deal with prolonged stressful experiences, they tend to decrease resilience associated with a reduced perception of resources. Accordingly, several changes have appeared in employees' daily activities associated with the Covid-19 pandemic phenomena. In the current chapter we will explore how individuals restored their regular emotional and psychological functioning following a very

demanding job task such as to deal with infectious people or restricted rules and regulations. Additionally, due to the confinement, employees were responsible for several multiple and demanding roles (e.g., work, taking care of children, home schooling). Employers faced new managerial challenges with remote work. Distant work brought important implications on social dynamics with social distancing affecting the relationships between coworkers, as well as between supervisors and subordinates. Some employees also face the social pressure of being an "essential worker" while others (e.g., musicians, actors) perceived high job insecurity and fear of long-term unemployment.

Framed within the Job Demands-Resources theory (JD-R; Bakker & Demerouti, 2007) a model was conceptualized where the antecedents (i.e., demands) derived from the Covid-19 pandemic stressors increased the levels of burnout at work. Accordingly, the JD-R model, which is a well-established model, is an appropriate theory to explain how employees leverage job resources to deal with the Covid-19 job demands (Xie & Gruber, 2022). Essentially, burnout appears as a consequence of reduced resources (e.g., supervisor support) and the high demands imposed by the pandemic situation (e.g., multiple roles, remote work, work/home spillover, layoffs). As a consequence of their burnout, and under certain circumstance people tend to hide their burnout symptoms. Burnout shame appears in contexts of high presenteeism cultures and stigma associated with psychological and physical diseases. The Conservation of Resources theory (Hobfoll, 1989) explains that burned out employees hide their burnout because they develop emotional experiences of shame (i.e., being judged, rejected, and discriminated against) due to the need to retain and maintain their resources during times of uncertainty and insecurity. Therefore, a negative spiral of burnout and consequent negative outcomes (e.g., distress, poor well-being, low quality of life, and sub-optimal

performance) appear associated to contexts where employees feel discomfort in reporting their health problems at work.

Covid-19 antecedents of burnout symptoms

Due to the pressure imposed by the Covid-19 pandemic, employees perceived increased task demands and complexity, high workloads, and lack of support from managers who were struggling with new challenges. Employees perceived that their time to restore physical and psychological disruptions of stress was suddenly shortened (Kuntz, 2021). In the healthcare sector the growing and competing demands was also associated with a lack of feedback, role ambiguity, and an absence of recognition from peers and supervisors. Additionally, some of them reported the absence of adequate personal protective equipment (e.g., masks, gloves, etc…), difficulty to deal with the technological requirements of remote work (e.g., appropriate software and computers, strong WI-FI signal), and the perception that the use of remote technology was not compatible with job requirements.

Additionally, employees who were not "labeled" as front-line employees feared job insecurity and developed concerns about job loss which appeared in some situations as a primary source of stress. Also, employees from the services sector found several tensions often associated to poor team performance, absence of coordination and inadequate leadership roles. The literature suggested that the support received at home played a key role to help employees maintaining their levels of resilience when facing traumatic experiences such as an earthquake-related stress event (Malinen et al., 2019) and that this resilience is important to help individuals in different contexts, such as family, life in general and work domains.

During the initial period of the pandemic situation, remote work was not voluntary and implied a huge availability with greater intensity of tasks and responsibilities for employees (International Labour Organization, 2020). As a consequence, the Covid-19 pandemic brought challenges in terms of both work-family and family-work conflicts (Kumar et al., 2021). These tensions appeared due to the large amounts of time and energy working remotely at home to assure financial stability and employment. Employees developed cynicism and detachment from their sources of social support. Essentially the support from family and friends were significantly reduced (Kuntz, 2021). Empirical studies suggest that work-family conflicts were positively associated with physical fatigue and emotional exhaustion. There was a positive relationship between the two dimensions of the work–family boundaries (i.e., work interference on family and family interference on work) explained a significant proportion of the variance on physical and cognitive fatigue, and emotional exhaustion (Barriga Medina et al., 2021). In sum, the psychological detachment from work positively influence mental health, whereas conflicts with both work and family have a negative impact on mental health (Trógolo et al., 2022).

The use of personal protective equipment and other organizational and governmental regulations and protocols developed to reduce risk of contagion between individuals increased task demands and consequent emotional exhaustion (Kuntz, 2021). Employees received very precise and concrete guidelines to introduce physical and relational distance at the workplace in order to avoid possible contamination from work to home. Additionally, at the daily (and sometimes hourly) basis, individuals developed frustration and feelings of impotence associated with misinformation from the media, governments, and other people. The cumulative flow of information, and

misinformation about conspiracy theories increased the feelings of cynicism and detachment from the daily tasks (Rapp et al., 2021).

With the pandemic context and the shift to remote work and home schooling the work-home boundary collapsed affecting individuals' well-being and quality of life. Interminable Zoom meetings mixed with taking care of children and performing other activities interfered with individuals' tasks to accomplish their work and it became more difficult for everyone to have an adequate healthier and relaxed life. Due to these occurrences, the literature showed some gender interactions with burnout, where IT professional women were more prone to suffer from work-family boundary stressors than male (Kumaresan et al., 2022). Women accumulated more roles at home and thus, had to deal with more difficulties to manage their emotional regulation skills. Due to the multiple roles, employees experienced more emotional exhaustion, became more cynical in their interaction with others and reduced their self-confidence and the capacity to accomplish the required tasks successfully (Maslach & Leiter, 2022).

The label "essential worker" during the Covid19 pandemic was associated to a burden. Essentially, the health care professionals who were dealing everyday with life and death, included the risk of losing their own lives or even the risk to affect other close relatives with virus contagion, brought with them from the work where they had to contact with infected people at the daily basis. These traumatic experiences consumed numerous psychological resources as people were struggling to self-regulate their negative emotions (Baumeister, 2014). In fact, health care professionals were particularly vulnerable as they had to deal with the indirect trauma experienced by their patients and families and at the same time the direct trauma of personal harm from the virus. Research shows that the intensity of their involvement was positively and significantly associated with high emotional exhaustion at work (Caldas et al., 2021).

This study also showed that those health care workers who prioritized the importance of protecting and stimulating the well-being of others, exacerbated the positive relationship between the intensity of involvement and their emotional exhaustion at work.

During the covid-19 pandemic several governments imposed the obligation to stay safe at home, which had an impact on people's lives. In some sectors (e.g., artists, musicians, athletes, restaurants, hotels, bars and small shops) owners were obligated to close their doors. These severe restrictions in some countries took many months of lockdown, and affected the economy and the quality of life in general. As a consequence, some employees lost their jobs, while others feared to lose their own source of financial support. The changes introduced downsized some salaries and as a consequence many employees and families suffered income losses. Some employees have been asked to work shorter hours or even to work remotely under rather precarious conditions. The uncertainty and financial instability associated with the pandemic ended up directly affecting employees' mental health (Trógolo et al., 2022) and consequently, potentiating higher levels of burnout.

Additionally, the social dynamics of remote meetings, social distancing, the use of personal protective equipment brought dramatic consequence for employees' mental health. The daily exposure to images of death, threat of death due to contagion, or eventually the long-term Covid-19 effect associated with physical and psychological injuries increased the levels of anxiety (Greenberg et al., 2020). Also, the constant uncertainty or the fear of infecting other, more fragile family members, helped explain a very relevant amount of negative emotions associated with the pandemic experience. In line with previous studies on the Covid-19 pandemic-related job stressors (Zhou et al., 2022), the current conceptual model adopted the rationale of the Job Demands-

Resources model to explain how increased job demands and reduced resources impacted the levels of burnout at work during the pandemic.

The moderating effect of social support

In the previous section, the demands or stressors imposed by the Covid-19 pandemic were introduced. Here, the resources of social support were integrated with the JD-R model, whose main proposition is that job demands, and job resources impact employee engagement, burnout, and job-related outcomes (Bakker & Demerouti, 2007). The moderating effects of social support on job-related stressors have been studied in other contexts and populations (Fong et al., 2018), although not extensively explored under the pandemic situation such as the Covid-19 outbreak. However, a recent study conducted with a sample of 3,477 healthcare workers from 22 hospitals in Beijing, China, revealed that social support was negatively associated with burnout (Zhou et al., 2022). Moreover, the same study that was conducted under pandemic prevention and control measures, showed that the perceived social support mitigated the adverse effects of pandemic-related job stressors. In this sense, it is expected that for low levels of social support the job stressors associated with the pandemic Covid-19 would be more associated with burnout.

Covid-19 and the advent of burnout shame at work

In the current chapter shame was characterized as a "painful emotion that arises when an employee evaluates a threat to the self when he or she has fallen short of an important standard tied to a work-related identity" (Daniels & Robinson, 2019, p. 2450). Shame can be grouped into four categories (Van Vliet, 2008): i) as a perceived transgression to the moral, social and individual standards (e.g., becoming drunk in a

social event; lying to a close person about sexual orientation; being caught stealing in a shopping); ii) personal failure (e.g., losing money in a casino or sporting bet; repeating the driving license test); iii) ostracism or social rejection (e.g., being ostracized after showing photos of a homosexual relationship; being rejected in a job interview due to a tattoo in the neck); and (d) trauma (e.g., being assaulted or being a victim of bullying at school).

In the current study I want to identify the Covid-19 related factors that may cause burned out shame among employees. According to a model developed by Daniels and Robinson (2019) there are intrapsychic components of organizational shame. In organizational contexts shame appears as a result of the discrepancies between employees' behavior and the standards that were socially constructed. In other words, shame appears as a consequence of discrepancies between the self-evaluation that the person has deviated from the standard - as seen through the eyes of others. The authors also introduced the experience of vicarious shame which determines the degree to which the focal social entity (i.e., peer, supervisor) is relevant for the employee. Employees tend to evaluate themselves taking into account the evaluations of relevant individuals and groups. Therefore, they care about the evaluation of the groups to where they belong and also if the group evaluates their behavior favorably or not. Accordingly, employees tend to develop behavior that is not discrepant from the work-related identity (Daniels & Robinson, 2019). If employees fail to display a good image and behavior congruent with the group or sector where they belong, their shame undermines the individual's positive self-concept, damages the individual's social relationships with other colleagues and supervisors, which in turn, may result in reduced sense of power and control (Altrows, 2006). Due to shame, individuals may experience negative judgments (from oneself or from others), experience a painful sense of social isolation,

and in some contexts, employees may try to rationalize or minimizing the significance of the cause of shame through a process of denial or suppression (Van Vliet, 2008).

Similarly to what happened in previous pandemics (e.g., HIV, Ebola), the responses and consequences to Covid-19 brought the same or even exacerbated shameful experiences (Logie & Turan, 2020). Shame appeared as negative self-conscious emotions that could be caused by the Covid-19 pandemic (Cavalera, 2020). Employees who experienced shame due to the burnout associated to the stressors mentioned that they tended to hide from others at all costs. This involved feelings of rumination, confusion and even inability to communicate (Orth et al., 2006). Accordingly, it is understandable why shame is associated with several mental health problems, such as depression (Andrews et al., 2002), anxiety (O'Connor et al., 1999), and posttraumatic stress disorder (Leskela et al., 2002).

The literature revealed that the negative emotion of shame was associated with the construct of burnout (Livne-Ofer et al., 2019). However, there is a call for future studies mentioning that anger and hostility have been more frequently reported in the scientific literature and that there is a need to understand the underlying causes of shame as an important emotional reaction in the workplace (Livne-Ofer et al., 2019). According to the authors, the lack of studies approaching shame is related to the cognitive complexity associated with self-awareness and self-consciousness processes that are difficult to evaluate (Livne-Ofer et al., 2019). In a very demanding context attributed to the Covid-19 pandemic outbreak, recursive experiences of shame attributed to burnout symptoms serves the adaptive function of alerting employees to threats to their image and status in the company. In accordance, shame in employees with burnout occurs in response to possible rejections or separation from relevant individuals such as co-workers, supervisors or even family (Van Vliet, 2008). Emotions of shame in

contexts where heroes appear everywhere and frequently, namely in the media and on social networks, can increase a global negative self-attribution associated with increased adverse effects on burnout. This negative spiral of burnout and shame of burnout that lead individuals to hide from others has received little attention from scholars and, therefore, deserves to be further explored (Cavalera, 2020). The imposed social dynamics of the Covid-19 pandemic (remote working, use of protective gear, multiple roles) and, in some sectors linked to health care and frontline workers, the increased demands and the pressure from managers and colleagues, pushed many workers to work, even when they were in burnout. This pressure resulted in increased burnout and in some cases the hiding of the disease, simply because it was not tolerable, or because there was a larger mission to fight the pandemic and help people. In some cases, the decision between showing that one was struggling with burnout and backing off, or going ahead and hiding the illness, led many people to choose the second option. Employees feared that their burnout attributes and the request to recover or slow down task demands being imposed by managers and colleagues was misinterpreted or evaluated negatively (Cavalera, 2020). What conditions led people to choose the second option is something that will be discussed in the next sections of the chapter.

The social support moderator and burnout shame

The Conservation of Resources (COR) theory (Hobfoll, 1989) aims to explain the motivation that drives individuals to maintain their existing resources and to achieve new resources. According to this theory, it is more difficult to lose resources then to gain resources. Hence, individuals tend to invest resources (i.e., go to work despite being ill / hide their burnout symptoms) to protect against resource loss (e.g., lack of social support), to recover from losses, and to gain resources (e.g., job stability, career

visibility and public recognition). Employees who perceive a lack of supervisor support tend to develop more emotions of shame associated with high levels of self-criticism (Fatima et al., 2020). Shame at work can explain the relationship between negative feedback from a supervisor and performance on subsequent days (Xing et al., 2021). There is a link between social exchanges and shame and apparently shame appears as a mechanism to compensate resources lost due to burnout and the lack of social support. When burned out workers receive little social support (from supervisors and colleagues), they fear the loss of possible resources already gained (i.e., job stability, recognition), therefore they compensate for this loss by going to work hiding their burnout. The absence of perceived social support accentuates the perceived loss of resources and motivates people to develop active behavior that drives them to go to work to mitigate possible losses. During the pandemic many workers perceived in the media, in social networks, recognized the importance of their work, often linked to saving lives. This perception led many people to feel ashamed of being in burnout, as if they were not allowed to be in burnout. The absence of a policy and support from colleagues and supervisors may have motivated burnout shaming behavior.

The moderator role of stigmatization

The World Health Organization (WHO) identified stigma as one of the greatest obstacles for the treatment of mental and physical health. Stigma can be considered as an attribute, personality trait, psychological or physical disorder that marks individuals as being considered socially unaccepted because they are different from the standards of "normal" people with whom those individuals interact (Clough et al., 2019). Accordingly, there are four different types of stigma: i) personal – namely when an individual has stigmatizing attitude towards others; ii) perceived – an individual's

beliefs regarding others' stigmatizing attitudes; iii) self-stigma – individual's stigmatizing attitudes regarding themselves; and iv) structural stigma – intentional or unintentional practices and policies which impede stigmatized individuals' opportunities or well-being (Clough et al., 2019).

Over the decades there have been several examples of social stigmatization in previous pandemics, just to name a few examples: SARS, EBOLA, HVI/AIDS or H1N1 pandemics (Shultz et al., 2016). During all these pandemics the world witnessed social phenomena of discrimination toward affected individuals or even specific communities. For example, the established link between homosexuals and the HIV/AIDS pandemic. The individual perception of negative stigma can lead to social isolation and shame for being ill. The increased perception of stigma and discrimination conducted to higher levels of depression and stress (Katafuchi et al., 2021; Pyle et al., 2015). In particular, stigma increased in patients with psychological disorders, essentially due to feelings of insecurity, loneliness, weakness which encouraged behavior of avoidance and rejection (May et al., 2020) and inhibits individuals from accomplishing tasks (Bianchi et al., 2016). Therefore, individuals with psychological problems often face the burden of the social consequences that increase the already existing psychological problem. Specifically, during the Covid-19 pandemic, the literature revealed that stigmatization was highly prevalent among individuals with Covid-19 and that this stigma increased in those with previously diagnosed psychiatric condition (Warren et al., 2022). Several individuals diagnosed with Covid-19 felt stigmatized with negative attitudes from co-workers and supervisors in their workplace.

The relationship between stigmatization and health conditions linked to depression or burnout symptoms is not surprising (Pyle et al., 2015). In fact, employees with burnout tend to be stigmatized because they seem to be perceived as less

competent and fragile than those who are not burned out (May et al., 2020). Therefore, in the current chapter burnout stigma will be distinguished from shame of burnout. Burnout stigma reflects the belief that employees with burnout are less competent than others (May et al., 2020). Shame of burnout is a complex cognitive process associated with self-awareness and self-consciousness processes (Livne-Ofer et al., 2019) associated with the perception that the individual failed and therefore, cannot follow the standards, rules and goals imposed by the company. These employees hide their burnout because they self-monitor their desire to cause a positive impression on others (Lim & Yang, 2015). The body and health condition associated to burnout says no, but the mind says yes and stimulates the person to go to work when they need to recover and maintain their lost resources. In the current chapter a model is conceptualized in which a work context has a strong stigmatization about burnout, as well as a greater tendency for people with burnout to hide their health condition and not report problems to their supervisors or colleagues.

The moderator role of presenteeism climate

Presenteeism refers to the act of being at work when you "should be at home either because you are ill or because you are working such long hours that you are no longer effective" (Cooper, 1996, p.15). Despite the absence of recent studies evaluating the role of presenteeism climates during the Covid-19 pandemic (Ferreira et al., 2022), it is important to note that companies that in the past promoted sickness presence at any cost, continue to encourage employees with burnout to go to work when they should effectively stay at home recovering from the illness. The financial crisis imposed by the Covid-19 has led many companies to adopt old strategies that are normally used to deal with difficulties, namely: downsizing or even closing which increases contexts of job

insecurity (Lu et al., 2013), obsession with cost efficiency (Simpson, 1998) and increased internal competition (Ferreira et al., 2019). These measures are usually associated with cultures and climates of presenteeism, where: i) there is pressure form co-workers for competitiveness and to stay at work at any cost; ii) the belief that those who stay longer hours at work are more productive; iii) there are perceptions of difficulty replacement, where people go to work because they are aware that they cannot be easily replaced; iv) employees are aware of their health problem on their productivity; and finally v) supervisor distrust that characterizes the perception that supervisors see absenteeism due to health problems as illegitimate (Ferreira et al., 2015).

In climates and cultures of presenteeism, employees seek to maintain the resources they have obtained so far (i.e., security, prestige, prospects for career advancement). Therefore, they sustain their behavior in two important premises of the COR theory (Hobfoll, 1989), namely that: i) initial resource loss due to absence associated to burnout will lead to resource loss and opportunities in the future; ii) initial resource gains such as going to work with burnout and hiding their symptoms will lead to resource gains in the future. The shame resilience theory (Brown, 2006) explains that the feeling of shame appears associated with irrational beliefs when individuals cannot correspond to the expectations from colleagues, supervisors and society. According to the theory, shame appears because people feel powerless and are convinced that they cannot find help to make the right decision. At the same time the person develops feelings of isolation that are associated with the perception that they cannot receive support.

In sum, companies with climates and cultures of presenteeism provide the appropriate context for the development of shameful burnout since the competitiveness

associated with such companies, challenges workers to maintain existing resources and obtain more resources (Hobfoll, 1989). It does not facilitate recovery but promotes behavior where people must reveal to others that everything is okay with them and that illness is not an obstacle to individual performance and to the contribution of a common good, either for the company or society. During a Covid-19 pandemic, because of the antecedents described above, these effects become even more salient.

A conceptual model

Based on the JD-R model (Bakker & Demerouti, 2007), the present study conceptualizes a model (Figure 1) to examine the effects of the Covid-19 pandemic-related job stressors (job demands) and perceived social support (job resources) on burnout as conceptualized by Maslach and Jackson (1981). According to the conceptual model and results supported by previous empirical studies (Kumar et al., 2021; Kuntz, 2021; Rapp et al., 2021; Trógolo et al., 2022; Zhou et al., 2022) Covid-19 emergent pandemic-related job stressors (e.g., social dynamics of remote meetings, the use of personal protective equipment, work-family conflicts, and the label of front-line employee) would positively predict burnout. Moreover, drawn on the JD-R model, perceived social support and organizational support would reduce the adverse effects of Covid-19 pandemic-related job stressors on burnout.

According to the COR theory (Hobfoll, 1989) employees are motivated to seek out and retain valuable resources. However, the pandemic increased levels of burnout occurring as a result of perceived or actual loss of different resources from employees. Being aware of this reality, many employees went to work sick with the burnout symptoms exacerbated by the pandemic. In the workplace, the demands associated with the pandemic did not promote a healthy work climate where health problems could be

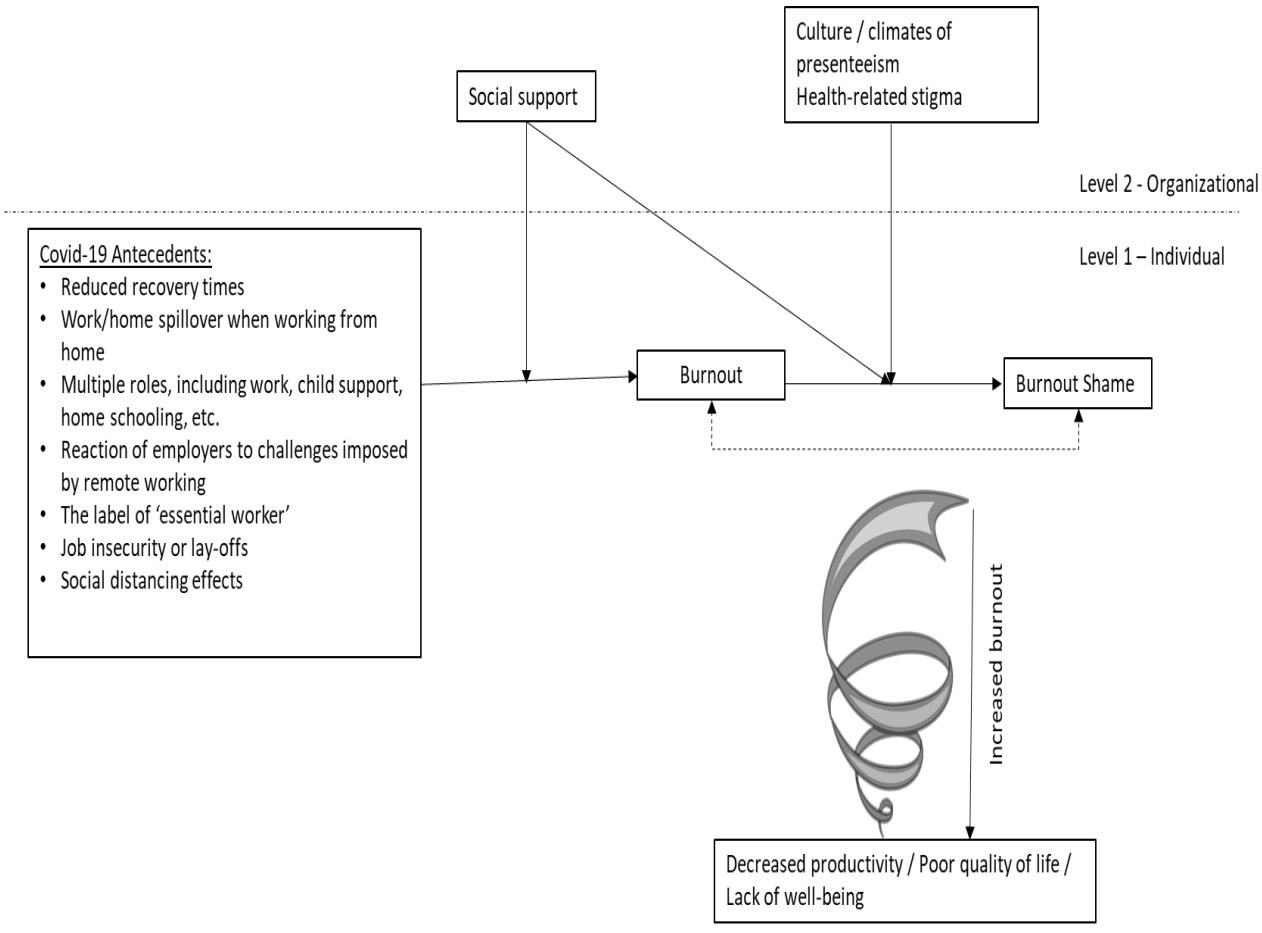
discussed and solved. Being aware of this new ab(normal) environment, many employees were hiding their burnout symptoms, developing what will be called in this chapter as burnout shame.

The process of burnout shame is in part induced by social comparisons and the perception that employees cannot follow the high standards, and the rules (Lewis, 1992) imposed by the demands associated with the specificities of the covid-19 pandemic context. Due to the pandemic-related job stressors, employees increased the perception of self-responsibility related to fear of failure to meet the desired social standards (Lim & Yang, 2015), which in certain circumstances implies to go to work even with burnout. Burnout shame appears when employees self-monitor their desire to cause a positive impression on colleagues, supervisors, and society in general.

Under certain conditions burnout shame can be exacerbated. In the current conceptual model, the moderators social support, stigmatization, and presenteeism climate were introduced. In contexts where employees found a lack of social support from peers and supervisors, there seems to be a higher tendency to increase self-criticism (Fatima et al., 2020) and to develop shame (Xing et al., 2021). As a consequence, the phenomenon of burnout shame appeared because employees protect themselves against resource lost and hide their burnout symptoms. Similarly to what happened in the past with previous pandemics such as SARS, EBOLA or HIV/AIDS (Scultz et al., 2016), in companies where employees perceived high levels of stigmatization and discrimination, they tended to develop high levels of stress (Katafuchi et al., 2021; Pyle et al., 2015) encouraging behavior of avoidance (May et al., 2020). In contexts of high stigmatization people tended to hide their problems and avoid communicating and discussing possible solutions for their health problem. Finally, the current model emphasized the role of presenteeism climate (or cultures)

where the pandemic allowed the emergence of cultures of attendance (Ferreira et al., 2022). Organizations with high presenteeism climate / culture are characterized by pressure from colleagues to stay at work overtime, to increase perception of difficulty replacement, or even to have supervisors that see health problems as something that is not a legitimate cause for absenteeism. Being aware of these cultures of attendance, employees with burnout do not feel comfortable to recover easily from burnout. This model explains the dynamic relationship between burnout and burnout shame that tends to accentuate already existing levels of burnout. It is a negative spiral that affects decreased productivity, poor quality of life, and lack of well-being.

Figure 1. Conceptual model explaining how the demands imposed by Covid-19 explain burnout and burnout shame.



Implications and future research

The model presented in this chapter provides an interesting contribution to understand the burnout phenomenon associated with various stressor-related variables. Its conceptualization allows to enrich the most established theoretical models such as the JD-R (Bakker & Demerouti, 2007) and the COR (Hobfoll, 1989) theories. Its development enables us to understand the emergence of very specific phenomena of burnout shame in which people with burnout syndrome go to work and in certain contexts develop shame and hide the problems associated with burnout from colleagues and supervisors. This multilevel approach also allows us to distinguish the concepts of stigmatization with health problems and with burnout in particular from the phenomenon of shame that we can feel when we have burnout syndrome. Additionally, the studied conceptual model allows us to extend the literature of presenteeism (i.e., going to work when you are sick) by establishing a link between a negative emotion (shame) and a very specific health condition - burnout.

Furthermore, due to the Covid-19 imposed job-stressors, a multi-level model to capture the potential cumulative negative consequences that the interaction between burnout and burnout shame could have for employees in general is presented in this chapter. This study constitutes an important step where academicians and practitioners can be motivated to investigate these contributions in the burnout field further by considering the different angles and the different levels of analyses of the burnout phenomenon, as well as by introducing repeated measures designs with the goal to empirically understand the dynamics of burnout shame.

From the conceptual model developed in this chapter, new lines of research and contributions to burnout and shame, such as discrete negative emotion, can be better drawn. Based on the different causes of shame (Van Vliet, 2008)) and the three

dimensions of burnout as conceptualized by Maslach and Jackson (1981), we may see the emergence of a new construct. In order to validate this new construct, Table 1 presents a set of items that, based on the good procedures for the construction of psychological assessment instruments (c.f., Hinkin, 1995), may serve as a basis for the construction of a burnout shame scale. Hence, future studies may seek to understand how coping efforts to repair self-image could come with self-regulation, are associated with the emotion shame and how they may affect burnout; in particular, the emotional exhaustion dimension (Xing et al., 2021). However, future studies should take into account that previous studies found cultural differences in in the demonstration of certain emotions such as shame (Mosquera et al., 2000), therefore, future studies should consider the integration of cross-cultural perspectives.

Table 1.

Example of possible shame burnout items.

	Emotional Exhaustion	Cynicism	Depersonalization
Transgression to the standards	I feel that for my colleagues when I show signs of tiredness and exhaustion it is a sign of weakness.	I don't want others to see that due to exhaustion I cannot maintain the same levels of productivity.	I feel ashamed that I can no longer treat other people with respect and dignity.
Personal failure	I feel that I am failing when I am feeling burned out from all the work.	I try to hide my incapacity to accomplish my duties.	I feel shame for treating other people as if they were objects.

Social rejection	I feel discrimination when I show signals of being emotionally drained.	I make an extra effort to maintain my performance, for fear of being discriminated.	I am afraid that my indifference to people is starting to isolate me more and more.
Trauma	I feel frustrated by my job due to what I experienced during the Covid-19 pandemic.	The demands of the pandemic were so relevant that even today I try to disguise the difficulties that prevent me from achieving high performance.	I am afraid that people around me will blame me for the problems associated with the pandemic.

According to the current theoretical assumptions, managers, work and organizational psychologists, and occupational health professionals should introduce regulatory processes to help employees cope with burnout in the post-pandemic context (Ramkissoon, 2021). Specifically, the literature (Di Benedetto & Swadling, 2014) suggests the adoption of mindfulness as a good practice to help people deal with burnout problems. For example, empirical evidence was found suggesting that some mindfulness practices (e.g., acting with awareness, non-reactivity to inner experience, the capacity to describe and non-judging of inner experience) were negatively and significantly correlated with burnout (Di Benedetto & Swadling, 2014).

There is also evidence that an eight-week mindfulness-based yoga group intervention decreased depression, anxiety, stress, increased health and wellbeing

among health care professionals (Ofei-Doddo et al., 2020). These activities are in line with the principles of psychological recovery where nature-based interventions (i.e., walking in direct contact with elements of nature such as animals, forests, rivers...) play a very relevant role in burnout recovery (Bloomfield, 2017). There is evidence to suggest that the practices that involve contact with nature (e.g., deep breaths in nature, and positive environmental stimuli such as the contact with animals) and muscle relaxation intervention enhance vigor and energetic resources (Steidle et al., 2017) and improve workplace well-being (Sonnentag, 2012). In particular, group sharing experiences between members of organizations, who have symptoms of burnout in common resulting from Covid-19 and beyond, may be important in normalizing the perception of being ill in the workplace. The possibility of relativizing a health condition like burnout may help people to better understand their problems, reduce shame, and thus make better decisions that may lead to seeking help from specialized professionals.

Conclusions

During the Covid-19 pandemic we have all been hearing and seeing its impact for the life of the entire human species on television and on social media in general. People were mobilized in a way that was unprecedented in recent human history. Many people were called to work on the front lines, to face the risk of death. Many had to deal with the life and death of millions of people around the world. Others had to improvise and reorganize to make their home a new workplace. This brought implications for the lives of countless families and resulted in burnout levels that in some cases became increasingly unsustainable. However, the media applauded and appealed to the "new

heroes" who saved lives, who went to work when others were at home, or even who stayed home and performed multiple roles. What to do when this becomes the new normal? When society and our supervisors "force" us to always do a little more? Now that bosses are without the skills to focus on remote work and more focused on the survival of the business, social support no longer exists and with this, more burnout has appeared. Society and the whole environment created a kind of stigma about the disease. Being sick was not allowed. Companies have also developed cultures and climates of presenteeism. People walked among heroes, and this prevented many from showing their weaknesses, from showing that they were suffering and from asking for help. With this, this chapter shows us that we can easily understand the emergence of burnout shame. On the whole, people who were physically and psychologically exhausted, who had no energy, who dealt with their colleagues as if they were numbers, and who could no longer meet the new demands imposed by the job, hid their health conditions, were afraid to ask for help, and went to work in automatic mode as if they were zombies in the midst of heroes. They forgot that the heroes also needed help, needed to take off their cape and recover. This is one of the stories that the Covid-19 pandemic has brought us. It alerts us of the need for support, acceptance, knowledge that we are not all heroes at the same time, and that even in the midst of so many heroes, it is normal to ask for help.

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