My Well-being in My Own Hands: Experiences of Beneficial Recovery during Burnout Rehabilitation

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ABSTRACT

Purpose: To explore how burnout rehabilitation clients experienced their recovery from burnout and what they found beneficial in rehabilitation.

Subjects: Twelve clients whose burnout levels had declined during rehabilitation were interviewed at the end of the second period of the rehabilitation course.

Methods: Semi-structured interviews comprised the main material of the study and were analysed by content analysis. In addition, the Bergen Burnout Indicator (BBI-15) was used to measure the reduction in burnout levels.

Results: The analysis yielded a single overarching theme, *My well-being in my own hands*, and four categories. The overarching theme describes the overall process of recovery and the revelation experienced by clients that they are in charge of their own well-being. The process starts with *Support* from rehabilitation professionals, the client group and family or friends. The categories *Awareness* and *Approval* refer to specific changes in the attitude towards and recognition of one's needs and limits. The category *Regained joy* describes the culmination of the recovery process manifested in different spheres of life.

Conclusions: The Rehabilitation course proved particularly beneficial for individuals suffering from burnout. The accumulation of support, awareness and approval led to a revival of joy in life and greater perceived control over one's well-being.

Key words: interview, qualitative research, content analysis, occupational health, change

INTRODUCTION

Burnout develops as a consequence of a prolonged discrepancy between the individual and the job [1], and consists of three core symptoms: exhaustion, cynicism, and reduced professional efficacy [1]. The vast majority of burnout research has investigated the antecedents and consequences of burnout, as well as its developmental processes [2]. Knowledge has also accumulated on the effectiveness of various burnout interventions [2, 3], showing that different approaches are effective at least to some extent [2, 4]. Based on a few studies which have focused, in particular, on rehabilitation interventions, rehabilitation appears to be effective in reducing burnout [5, 6] and, more specifically, exhaustion [6-8] and, in some subgroups, also cynicism [6, 7].

Despite the studies published on the effectiveness of various interventions on burnout, a closer examination of the processes or mechanisms through which burnout interventions work is, for the most part, lacking. Only a few studies have focused on the mechanisms of change during burnout interventions [7, 9]. Participatory types of interventions, which commonly aim at helping participants identify the causes of burnout in the local context and then empowering them to design and implement solutions, have alleviated burnout [7, 10]. The mechanism held to be responsible for this kind of approach is increased job control, which has been associated with reductions in burnout [7]. Another recent study found that increased psychological flexibility mediated the amelioration of burnout [9]. Based on these studies, both individual and job-related characteristics serve as mechanisms of burnout reduction. These are also the common antecedents of burnout, since both the individual and the job contribute to the development of burnout [1, 2].

A broader picture of the factors related to burnout recovery has been gained in a few qualitative studies. One study explored the situational determinants of coping with severe burnout by gathering information retrospectively from 36 various professionals who had

successfully recovered from burnout [11]. The study revealed that successful recovery was psychosocial in nature, comprising both internal (e.g., cognitive, emotional) and external (e.g., work environmental) change processes in which six stages could be identified: admitting the problem, distancing oneself from work, restoring health, questioning values, exploring work possibilities, and making objective changes. Another study explored the experiences of burnout patients during rehabilitation in which two different intervention programmes were used [12]. Both interventions were experienced as beneficial to recovery. The main finding was that both interventions provided tools, support and affirmation that enabled participants to regain control over their own lives, which, in turn, was experienced as conducive to recovery from burnout.

The present study explored rehabilitation clients' experiences during recovery from burnout and the specific factors they found beneficial to their recovery. This study differs from that mentioned above [12] by focusing on an established rehabilitation intervention, i.e., not one specifically tailored for research purposes. Additionally, we only targeted clients whose burnout had declined during rehabilitation, as the focus was on understanding a successful recovery process, which is an under-investigated research topic.

METHODS

Rehabilitation intervention

In Finland, rehabilitation interventions for burnout are categorized as discretionary medical rehabilitation. Discretionary implies that no subjective right to rehabilitation of this kind as yet exists, and it is financed with an annual appropriation from the Finnish Parliament. The Finnish social insurance institution both funds rehabilitation services and provides income security during participation in rehabilitation. Rehabilitation is based on holistic and multidisciplinary approaches. It includes a comprehensive evaluation of an employee's physical, psychological, and social conditions by various rehabilitation professionals

(physician, psychologist, physiotherapist, and social worker). Burnout interventions conducted in the rehabilitation context function primarily on the individual level, meaning that the rehabilitation activities focus mainly on enhancing individual resources and supporting individual occupational health and well-being solutions and coping strategies.

Individual resources are enhanced through various physical, social and psychological means that are implemented in individual and group programmes. Individual programmes include individual guidance and counseling (with a physician, psychologist, physiotherapist, and social worker), tests and examinations, and individual tasks to be accomplished in the intervals between rehabilitation periods (such as testing rehabilitation goals in everyday life). Group programmes consist mostly of a fixed set of programmatic activities, including physical exercise, health education, and reflective group discussions. Group programmes also include social activation and guidance, and goal setting and attainment discussions (see Table 1).

The clients themselves sought or were referred for a burnout intervention by their occupational health care service. Potential clients were initially screened by the local branch of the state social insurance institution, after which a physician from the rehabilitation center made the final selection. The selected clients were diagnosed as having various job-related psychological health problems, mainly burnout. The clients with mild depression or anxiety were not excluded, since these problems usually co-occur with burnout symptoms. To be eligible for the burnout rehabilitation, applicants had to be employed, but they could be on sick leave. The intervention was carried out in groups of 4-10 employees, and lasted for 15 days altogether, starting with a 10-day period and ending with a 5-day follow-up period within at most 7 months after the first period.

Study Design and Participants

The study clients were selected from rehabilitation courses with a seven-month follow-up held between August 2012 and December 2012. Of the three rehabilitation courses which started during that time (n = 23), 15 eligible employees, whose burnout had diminished, were identified. We used the Bergen Burnout Indicator (BBI-15) [13] to define the baseline levels and change in burnout. The BBI-15 measures 3 subdimensions of burnout: exhaustion, cynicism, and reduced professional efficacy. Responses are rated on a 6-point Likert-type scale (1= totally disagree, 6 = totally agree). Total scores vary between 15 and 90, and burnout symptoms are classified as severe, moderate, mild, and no burnout. To be eligible for the study, burnout scores had to have diminished by at least one class, for example from severe to moderate, and the decline had to have occurred in at least in one symptom. The psychologist at the rehabilitation center informed clients with diminished BBI -15 scores about the possibility to participate in the research.

Of the 15 eligible clients, 12 (80%, one male) participated in the study. Sample age varied between 38 and 63 years (mean 51.3 years). Most (58%) clients had been educated to vocational school level, and 33% worked as supervisors. Time with current employer ranged from 0.5 to 38 years. Most were currently working, one had become unemployed and one was on study leave at the time of the research. At the beginning of the rehabilitation, the mean burnout score among the participating clients was 63 (SD = 12.09), indicating severe burnout. At the follow-up period, 7 months later, the mean burnout score was 41 (SD = 12.28) [13] indicating no presence of burnout symptoms. The decline in the burnout scores was statistically significant, $F(1,11) = 66.57$, $p < .001$.

Based on previous Finnish studies, women and employees in their 50s typically participate in rehabilitation courses of this type [6-8]. Therefore, the present clients were well representative of rehabilitation course participants in Finland.

Data collection

At the end of the 5-day follow-up period, the clients with decreased burnout were interviewed. Semi-structured interviews were used to capture the clients' experiences and perspectives on the factors they perceived as beneficial to their recovery during rehabilitation. This type of interview was chosen, as the clients were interviewed on only one occasion by one of three different interviewers. The interviewers were MA students in psychology at the advanced level of studies who had already performed a 5-month training period in the field and were working in the research project. To obtain reliable and comparable data in cases where multiple interviewers are used, it is important that the interviewers are properly instructed. To this end, we provided training sessions focusing on interviewing techniques and familiarization with the topic and interview questions before the interviews took place. In addition, before the research interviews proper, each interviewer conducted three practice interviews. Topics covered in the interviews included, for example, clients' burnout history, their experiences of general factors related to their recovery and the rehabilitation intervention, and their future expectations regarding their recovery process.

The interviews were conducted in the rehabilitation center at the end of the last official rehabilitation period. The interviews lasted 45 to 90 minutes. The interviews were audio-recorded and transcribed verbatim by the interviewers.

Credibility

The study clients came from all three of the target rehabilitation courses, which can be argued to enhance the reliability of the study. Burnout rehabilitation is carried out in groups and hence intragroup dynamics is expected to occur and group cohesiveness is encouraged. For this reason, groupthink may develop, which in turn may inhibit the voicing of individual opinions during the interview [14]. Therefore, by studying different groups we may be able to increase the reliability of the information gathered in the interview. To further increase the validity, reliability, and interpretative potential of the study, method

triangulation, based on 1) a self-report questionnaire (BBI-15) [13] and 2) semi-structured interviews, was used [15-17].

Ethical considerations

The study was examined and approved by the Ethical Committee of the University of Jyväskylä, Finland. Clients were recruited by the psychologist at the rehabilitation center. She introduced the study to the clients and provided them with written information. The voluntary basis of participation, confidentiality, and anonymity were emphasized before the start of the study and the individual interviews. The clients signed a consent form, on which the possibility to interrupt participation in the study without any consequences or to withhold permission for the use of the interview or other research material was emphasized. Consent for audio recording was also requested. No rehabilitation center staff members were present during the interviews. As only one of the clients was male, the results are presented without specifying the gender of any of the interviewees.

Data Analysis

The interview texts were analysed by content analysis [18]. Qualitative analysis software Atlas.ti 7 was used to read and code the interviews. The first three authors read all the interviews to grasp the general content. Thereafter, the first author analysed the data by first assigning open codes to meaningful parts of the text. In the analysis, the meaningful units were condensed and coded according to their content. To ensure that the meaningful unit was mentioned by more than a single client, we set a criterion requiring a code to be present in a minimum of three interviews. The counting of codes allowed for a more structured and systematic process of analysis. The codes that were most prominently used were further explored to find similarities and differences. Codes with similar content were counted and merged into subcategories. Finally, the subcategories were formed into categories, which reflected the content on a more abstract level. The quotes to which the codes were linked were

re-read continuously to ensure that all the relevant information was captured in the description of the subcategory or category. During the analysis, an overarching theme related to the entire process of successful recovery was identified. All parts of the analysis were continuously discussed by the first three authors in order to improve credibility.

RESULTS

The content analysis resulted in one overarching theme: *My Well-being in My Own Hands*, and 4 categories: *Support, Awareness, Approval* and *Regained Joy*. The overarching theme describes the overall process of physical and mental change and the revelation experienced by the clients that they are in charge of their own well-being. The content of the four categories describes a slowly progressive healing process, starting with *Support* from various persons, leading to increased *Awareness* and enhanced *Approval*, and culminating in *Regained Joy*. The categories, subcategories and the core category are presented in Figure 1 and illustrated with excerpts from the interviews.

<Insert Figure 1 here>

My Well-Being in My Own Hands

The overarching theme describes the entire process of recovery and the insight acquired by clients that they are responsible for their own well-being. The process comprised the whole journey from the denial of burnout symptoms, accompanied by feelings of guilt and shame, through actively seeking or accepting help, recognizing one's own limits and acknowledging one's needs, to enhanced self-approval and regained joy in life. During this journey, the clients mitigated their aspiration towards perfection and re-evaluated their priorities in life. These internal changes were encouraged and fostered by support from rehabilitation professionals and one's peer group as well as from family and friends. The process enhanced the clients' awareness of burnout and the limitations of the body, and thus made them more sensitive to possible future re-occurrences of burnout. Gradually, their hope

of recovery was also reinforced and their vision of the future was, in general, positive. Almost all the clients expressed a wish for support in the future, either in the form of a follow-up rehabilitation course or from occupational healthcare services.

Support

Throughout their accounts, the clients emphasized the significance of the support they had received from healthcare and rehabilitation professionals, from the rehabilitation course group, and from family members and friends. The importance of group support was present in all the stories, and they expressed their satisfaction with the warm group spirit, group cohesiveness and interpersonal match they had experienced. Realizing that they were not alone in their suffering and that others had similar experiences was an affirmation of the objective existence of burnout problems and pain.

"[Interviewer: What has been most important to you?]- Well, it's been this group, because well, we all come from different fields, which is terrific. I was able to go there as myself, and it was confidential, and then if we think about the funny side, we have laughed a lot! You can joke about things and they're not so awfully serious, so that also does you good. And then you have help on offer here, so in that sense it has become clear, I know that I can seek help if necessary." [*Interview 7*]

"We have a very good group. We all come from different places and circumstances. The group discussions have been very good and fruitful" *[Interview 4]*

Clients were met with understanding, patience and empathy by the rehabilitation professionals, who encouraged them in their healing process. The support received further activated the clients' own mechanisms of coping and control.

"The personnel here have been very nice, professional and encouraging, in no way do you get the feeling that you have to do something, but instead you're given the opportunity,

you get the tools and help and if you're ready to take them, then even better…so the personnel indeed is hugely important." [*Interview 12*]

"The rehabilitation professionals are extremely competent: they have seen so many similar cases they're able to draw on that experience. So if you have burnout and come to this course, you are indeed lucky, because you're in good hands, you get help here!" *[Interview 10]*

Parallel to this, many clients reported that support from family members and friends was an additional source of hope and a stimulus for recovery.

"The value of one's family is so enormous! I have now realized it's so important that they're out there and we stay in touch. I've received a lot of support from them!" *[Interview 9]*

Awareness

The clients described how their increased knowledge of burnout symptoms and the effect of stressors on the body and mind facilitated the process of recovery. Many reported that they felt embarrassment at being unable to cope with their duties at work and at home, and were not aware they were suffering from burnout before meeting the occupational health physician, nurse or psychologist. During the rehabilitation course, they realized how common burnout has become in worklife and became more sensitive to the symptoms of burnout experienced on both the physical and psychological level. This nourished a motivation to seek help at a very early stage, as well as hope that the knowledge they had acquired would protect them against a renewal of burnout.

"Now that I have recovered from this illness and got good tips from the courses and found myself, I can recognize the symptoms, so if I feel they're coming on again, I know how to seek help and I'll seek it…I won't let myself get in that state anymore. You have to take care of yourself, nobody else will do that for you". [*Interview 1*]

"I have learnt things I couldn't even think of before. For example, that my stomachache may be the result of burnout.[…] I've learnt that I shouldn't let burnout develop that far, and if it happens to come again, I should look for help earlier." *[Interview 3]*

Approval

Greater self-mercy was one of the most frequently mentioned outcomes of the rehabilitation course. It included realization of one's limits and acknowledgement of one's individual needs. Many clients had an insight into which of their own personality characteristics were conducive to the emergence of burnout, such as aspiring to perfection and an inability to delegate tasks. During the course they began to learn to accept themselves, along with both their vices and virtues, and in this way attained a state of self-approval, enhanced assertiveness and increased self-respect. They also actively implemented or requested changes in the workplace, or changed jobs in accordance with this new understanding of and respect for themselves.

"I don't have to manage. In that sense it's merciful thinking…of course you get help from somewhere. When you think about it, you don't have the energy of the young, of a 30-year-old. Age has its say. You need to adapt to your age…and to the fact that the ability to recover weakens with age. So you need to accept this as well." [*Interview 2*]

"What I have taken from here is that I now have set objectives and understand that I don't have to realize them in a week or two, but can set them and let them be and get back to them every now and then…and in a way this is a kind of clarification of my own life and it brings tranquility…so really it is small steps but going forward all the time." [*Interview 7*]

Regained Joy

The rehabilitation process culminated in a feeling of regained joy in several or all spheres of life. Clients described how their life space expanded and they saw their work and their social and personal life through new lenses. As they described this transformation, they

often referred back to their physical, mental and emotional state prior to rehabilitation and juxtaposed their experiences then with how they felt now. The metaphors used in their account emphasized the darkness and bleakness of their burnout at its worst as opposed to "being on the right track" after rehabilitation.

"I have got my joy in life back and I enjoy my life, I am present here, life has a meaning, this job has a meaning…I'm outside and smell the air, hey, there's the wonderful scent of summer lilac… [..] I have to say that if I compare myself to let's say a cross-country skier and I'm out there on the ski trail then I can say that last autumn I was somewhere in a dark forest, in a dark pine forest, I was skiing in complete darkness somewhere…don't even know where, but now I have returned to my own ski trail and home, I am back on track, on the right track." *[Interview 1*]

Many reported a changed attitude to their work and rediscovered positive features in their job environment and in the meaning of work. The feeling of joy fostered by both objective (e.g., workload) and subjective (e.g. attitude, self-esteem) changes was translated into a revival of social interaction, hobbies or, in a few cases, into the ability to choose to have time to oneself when needed.

"Work means a lot. It's a big part of life…and somehow when you're on sick leave and then you start to recover a little…then you think, wonderful that I have a job and wonderful that I can go to work". *[Interview 6*]

"I took time out for myself…and then with my friends, I have started keeping in touch with them again, it's not one-sided anymore in that they only ask me, but instead I call them now. And the same with my family. My husband told me at some point, great to hear you laughing!" [*Interview12*]

DISCUSSION

The present qualitative study investigated the experiences of clients who had recovered or were recovering from burnout in a rehabilitation course. The results demonstrated that these clients benefitted from the course and attributed a sizeable proportion of their recovery from burnout to it. The entire process of successful recovery, embodied in the overarching theme *My well-being in my own hands*, represents a shift in clients' perceptions from denying their burnout symptoms to a realization that they are ultimately in charge of their own physical and mental well-being. The process was initiated by actively seeking or accepting the offer of help from their occupational healthcare service, and thereafter fostered by multi-faceted support from rehabilitation professionals, the course group and family and/or friends. Clients experienced a gradual change in their attitude towards their health and well-being. Encouraged by positive changes in their physical condition or work environment, they were able to modify their self-perceptions, resulting in psychological and behavioral changes such as increased self-approval, self-mercy and recognition of their inner needs and limits. Ultimately, they were able to restore or build a positive attitude towards different spheres of life.

The ongoing, comprehensive nature of the rehabilitation process has been recognized in previous studies on rehabilitation. Fjellman-Wiklund et al. [12] described patients' overall process during a rehabilitation programme as one of "taking charge". Bremander et al. [19] in a study of a multimodal cognitive treatment programme for people with musculoskeletal diseases summarized the process as "changing one's life plan", and identified subcategories very similar to those found in our study: self-acceptance and self-insight, along with support by health professionals and the fellow patients. Bullington et al. [20] used the metaphor "order out of chaos" as descriptive of the path from seeking medical help to successful rehabilitation for chronic pain patients.

The overarching theme *My well-being in my own hands* bears a resemblance to Bandura's concept of agency [21]. Bandura distinguishes among three forms of agency – personal, proxy and collective. Personal agency refers to the control or influence individuals bring to bear on their own functioning and on environmental events. Individuals also exercise proxy agency by influencing others who have the resources, knowledge, or means to act on their behalf to achieve the outcomes they desire. Collective agency refers to people's shared belief in their power to produce desired results. In the interviews, all three forms were discernible. Personal agency was visible in the clients' conscious decision to make an effort towards attaining a more balanced life through physical exercise, enhanced sensitivity to the signals of their bodies and the determination to seek professional help when symptoms of burnout become present. Proxy agency was distinguishable in the clients' positive feedback on the rehabilitation professionals' expertise, empathy and encouragement. Collective agency was evident in the clients' accounts of group cohesiveness, support and the validation of personal experience through sharing. The reinforcement of agency is one of the key objectives in rehabilitation [22], and thus the feeling of taking control of one's personal well-being is testimony to the successful achievement of this objective [see also 20].

In our study, *Awareness* and *Approval* were significant drivers of change and recovery. Acquiring theoretical knowledge of the antecedents, forms of manifestation and methods of handling burnout was the key to becoming aware of one's own state. Clients were able to modify their view of their body and mind, and replace negative perceptions about being weak or lacking in resilience with a perception of a body and mind with natural limits. The internalization of this knowledge was translated into the motivation and ability to actively seek and/or accept help. Self-approval and self-mercy emerged out of this enhanced awareness and functioned as important factors in reducing the behaviors which had led, and could potentially again lead, to burnout, e.g., aspiration to perfection. These two categories

have also been identified in earlier research: awareness was seen as a key to developing conscious strategies, while self-approval led to changing attitudes towards one's activities in the study by Eriksson et al. [23].

Support from the rehabilitation group was a significant source of empowerment, as it gave individuals the opportunity to learn from others' experiences and draw a parallel between one's own and others' perceptions of burnout symptoms. This is in line with findings from several studies indicating that the group helps its members to identify themselves with others and is instrumental in decreasing feelings of shame caused by the inability to handle everyday tasks at the beginning of rehabilitation [19, 23]. The group also offers an opportunity for emotional support through sharing experiences and exchanging information [24]. Fjellman-Wiklund et al. [12] consider the experience of affirmation and support from healthcare professionals and the group to be of particular importance during the early stages of recovery. In addition, Hållstam et al. [25] also confirm the role of support provided by health care professionals, family members and the rehabilitation group to be essential facilitators of change during the rehabilitation process.

The outcome of the process, *Regained joy*, was actively present in the clients' experiences. Ragained joy focuses on the present moment by comparing it to the time when burnout was at its most severe. As such, the outcome is less geared towards the future, as found by Fjellman-Wiklund et al. [12], who delineate Choice of track, with its subcategories of faith and hope, as one of the main categories. Discussion on clients' vision of the future was also present in our interviews, but was not a central theme spontaneously brought up in their accounts of the process. Clients adopted a systematic, planful attitude towards the future and expressed a wish for a follow-up course or support from occupational healthcare in the future. They also felt confident in their newly acquired ability to recognize burnout symptoms

early enough and thus prevent the renewal of burnout, although they were slightly apprehensive of the possibility of suffering again from burnout.

On the whole, the categories identified in the present study are in line with earlier research findings [12, 19, 23, 25]. This is further evidence that recovery from burnout is experienced in a similar manner in rehabilitation programmes, and underlines the importance of the accumulation of affirmative events, knowledge and enhanced sensitivity to signals from the body and mind. On the other hand, Bernier's [11] assertion that changes in the work environment are associated with recovery was not suppported, which may, however, be ascribed to the fact that our study focused on individual-level factors for recovery.

Methodological considerations

To increase the validity, reliability and interpretative potential of the findings, we used various types of triangulation [15-17]. Triangulation between methods was applied by gathering data from semi-structured interviews and self-report data (i.e., BBI-15). Triangulation between researchers was also applied. The interviews were conducted by three trained independent interviewers who were not involved in the rehabilitation course, thus providing a neutral perspective. The interviews were coded by the first author and regularly discussed with the second and third author. The fourth author, who is an experienced burnout researcher, provided expertise in ascertaining the external validity of the categories that emerged. The fifth author, who is a rehabilitation physician and who enabled access to the clients in the three rehabilitation courses, provided practical expertise in burnout rehabilitation and recovery.

A possible limitation of our study is the fact that a semi-structured interview, despite its advantages, may unwittingly lead the client's account in a certain direction. In addition, where several interviewers are used their different interviewing styles may influence the flow of the interview and thus the production of accounts. Generalizations based on the results of

this study are not warranted, as we only interviewed clients whose burnout symptoms had decreased during the rehabilitation process. While we can justify our focus in light of our objective of understanding a successful recovery process, we acknowledge that a different picture of the recovery process might have emerged if we had interviewed all the clients on all three courses. In addition, although the study clients well represented the typical population participating in rehabilitation courses of this type [6-8], it has to be borne in mind that the results mostly describe the recovery process as experienced by middle-aged women, as only one interviewee was male. Furthermore, as job burnout is caused by a mismatch between an individual and his/her environment [1], the role of the job environment is also crucial for recovery. However, since the main interest of this study was in individual-level facilitators of burnout recovery, the role of job characteristics in burnout recovery remains an important avenue for future research.

All the interviews were audiotaped and transcribed verbatim to ensure maximum data completeness. The first three authors read or listened to the interviews and discussed the codings. Categories were further discussed until mutual agreement on the representativeness of the process was reached. Semi-structured interviews were seen as an apt method for collecting data and capturing client experiences of the rehabilitation process.The use of qualitative methods to study subjective experiences and beneficial factors is a fruitful approach, as it increases the possibility of finding something as yet undiscovered, and thus also helps to develop hypotheses that later can be measured and tested by quantitative means. Additionally, a qualitative research approach to a burnout intervention allows a more holistic picture to be built of the factors clients find beneficial before and during the intervention as compared to quantitative research.

In conclusion, the rehabilitation courses studied here proved to be particularly beneficial to clients suffering from burnout symptoms. The course structure provided an

effective setting for the activation of affirmative experiences and accumulation of knowledge, thus fostering recovery and potentially preventing the renewal of burnout. The professional support provided by the rehabilitation personnel along with the experience of sharing with and learning from others are crucial for triggering a process of enhanced awareness and self-approval towards a more rewarding life and more active control of one's personal well-being.

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CONFLICT OF INTEREST

Stela Salminen, Anne Mäkikangas, Marja Hätinen, Ulla Kinnunen and Mika Pekkonen declare that they have no conflict of interest.

REFERENCES

1. Maslach C, Jackson S, Leiter M. Maslach Burnout Inventory. 3rd ed. Palo Alto, CA: Consulting Psychologist Press; 1996.
2. Schaufeli WB, Enzmann D. The burnout companion to study and practice: A critical analysis. Washington, DC: Taylor & Francis; 1998.
3. Awa WL, Plaumann M, Walter U. Burnout prevention: A review of intervention programs. Patient Educ Couns 2010; 78: 184-190.
4. Le Blanc PM, Schaufeli WB. Burnout interventions: An overview and illustration. In: Halbesleben JRB, editor. Handbook of stress and burnout in health care. Hauppauge: Nova Science Publishers; 2008, p. 201-215.
5. Stenlund T, Birgander LS, Lindahl B, Nilsson L, Ahlgren C. Effect of Qigong in Patients with Burnout: A Randomized Controlled Trial. J Rehabil Med 2009; 41: 761-767.
6. Hätinen M, Kinnunen U, Mäkikangas A, Kalimo R, Tolvanen A, Pekkonen M. Burnout during a long-term rehabilitation: comparing low burnout, high burnout – benefited, and high burnout – not benefited trajectories. Anxiety Stress Coping 2009; 22 (3): 341-360.
7. Hätinen M, Kinnunen U, Pekkonen M, Kalimo R. Comparing two burnout interventions: Perceived job control mediates decreases in burnout. Int J Stress Management 2007; 14: 227-248.
8. Hätinen M, Mäkikangas A, Kinnunen U, Pekkonen M. Recovery from burnout during a one-year rehabilitation intervention with six-month follow-up: Associations with coping strategies. Int J Stress Management 2013; 20 (4): 364-390.
9. Lloyd J, Bond FW, Flaxman PE. The value of psychological flexibility: Examining psychological mechanisms underpinning a cognitive behavioural therapy intervention for burnout. Work Stress 2013; 27: 181-199.

10. Le Blanc PM, Hox JJ, Schaufeli WB, Taris TW, Peeters MCW. Take Care! The evaluation of a team-based burnout intervention program for oncology care providers. J Appl Psychol 2007; 92: 213-227.
11. Bernier D. A study of coping: Successful recovery from severe burnout and other reactions to severe work-related stress, Work Stress: An Int J Work, Health & Organisations 1998; 12 (1): 50-65.
12. Fjellman-Wiklund A, Stenlund T, Steinholtz K, Ahlgren C. Take charge: patients' experiences during participation in a rehabilitation programme for burnout. J Rehabil Med 2010; 42: 475–481.
13. Näätänen P, Aro A, Matthiesen SB, Salmela-Aro K. Bergen Burnout Indicator -15. Helsinki: Edita; 2003.
14. Janis IL. Groupthink. Psychology today 1971; 5 (6): 43-46.
15. Denzin N. The Research Act in Sociology: A Theoretical Introduction to Sociological Methods. Butterworth & Co, London; 1970.
16. Denzin N. The Research Act: A Theoretical Introduction to Sociological Methods. Third edition. Prentice Hall, New York NY; 1989.
17. Mitchell ES. Multiple triangulation: A methodology for nursing science. Adv Nurs Sci 1986; 8: 18-26.
18. Krippendorff K. Content analysis: an introduction to its methodology. 3rd ed. Thousands Oaks, CA: Sage Publications, Inc.; 2012.
19. Bremander A, Bergman S, Arvidsson B. Perception of multimodal cognitive treatment for people with chronic widespread pain – Changing one's life plan. Disabil Rehabil 2009; 31 (24): 1996-2004.
20. Bullington J, Nordemar R, Nordemar K, Sjöström-Flanagan C. Meaning out of chaos: a way to understand chronic pain. Scand J Caring Sci 2003; 17: 325-331.

21. Bandura A. Exercise of Human Agency Through Collective Efficacy. Curr Dir Psychol Sci 2000; 9 (3): 75-78.
22. Järvikoski A, Martin M, Autti-Rämö I, Härkäpää K. Shared agency and collaboration between the family and professionals in medical rehabilitation of children with severe disabilities. Int J Rehab Research 2013; 36: 30-37.
23. Eriksson T, Karlström E, Jonsson H, Tham K. An exploratory study of the rehabilitation process of people with stress-related disorders. Scand J Occ Therapy 2010; 17: 29-39.
24. Ahlberg K & Nordner A. The Importance of Participation in Support Groups for Women with Ovarian Cancer. Oncology Nurs Forum 2006; 33 (4): 53-61.
25. Hållstam A, Stålnacke BM, Svensen C, Löfgren M. "Change is possible": Patients´experience of a multimodal chronic pain rehabilitation programme. J Rehabil Med 2015; 47: 242-248.

Table 1

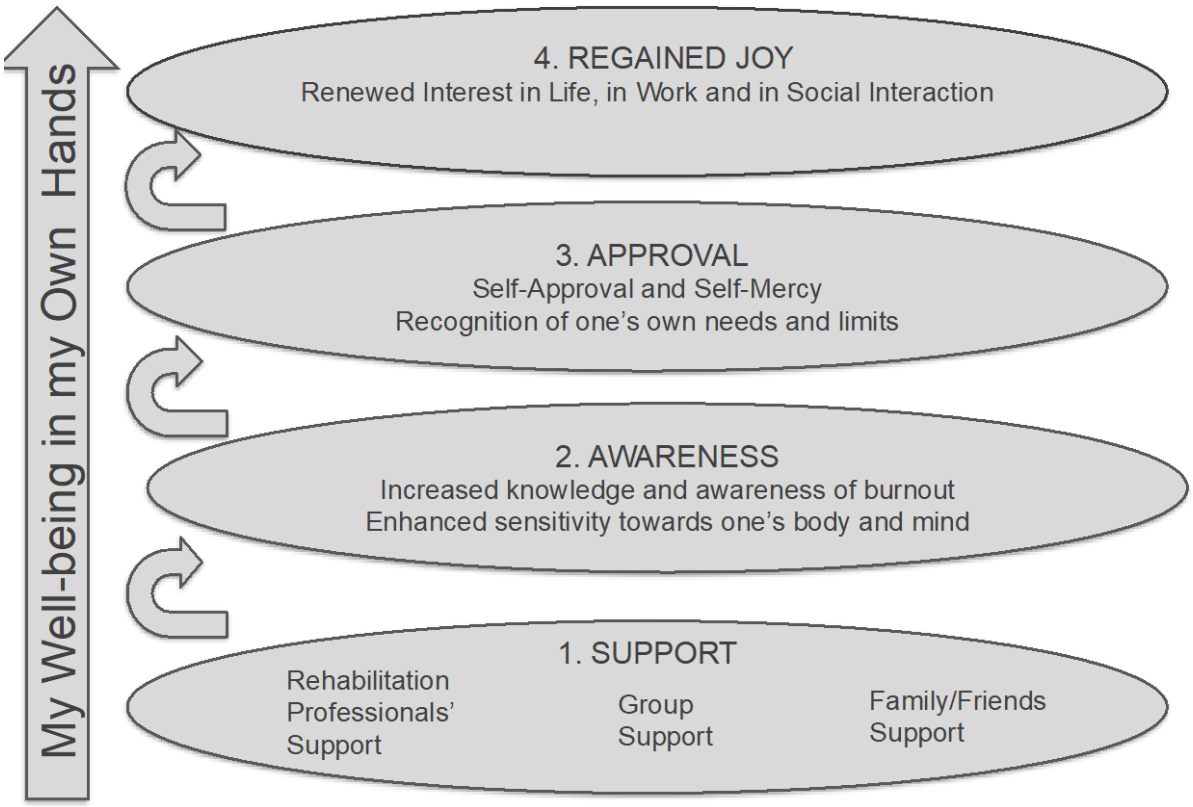
The contents of burnout rehabilitation

	Psychosocial activities	Physical activities	Other
Individual-level	• Individual guidance and counseling sessions with psychologist	• Interviews, tests and examinations by physician and physiotherapist	• Individual tasks between rehabilitation periods (individual rehabilitation plan)
Group-level	• Participative group discussions with psychologist* • One group discussion with psychiatrist • One group discussion with physiatrist (e.g., pain, medication) • Goal setting and attainment discussions • Social activation and guidance	• Physical exercise • Relaxation • Group discussions with physiotherapist • Health education (e.g., nutrition, exercise) • Ergonomics	• Different group activities with occupational therapist

* Examples of participative group discussion topics during rehabilitation: ’Stress, burnout, and depression’, ‘Sleep and relaxation’,’ Assertiveness’, ‘The relationship between thoughts and well-being’, ‘Means for reducing burnout’

FIGURE CAPTION

Fig. 1 Clients' experiences of recovery in a national burnout rehabilitation course. Categories, sub-categories and the overarching theme *My Well-Being in My Own Hands*, which emerged from the content analysis, are shown. My Well-Being in My Own Hands describes the entire process of recovery and the insight that clients themselves are responsible for their well-being.


My Well-being in my Own Hands
4. REGAINED JOY
Renewed Interest in Life, in Work and in Social Interaction
3. APPROVAL
Self-Approval and Self-Mercy
Recognition of one's own needs and limits
2. AWARENESS
Increased knowledge and awareness of burnout
Enhanced sensitivity towards one's body and mind
1. SUPPORT
Rehabilitation Professionals' Support
Group Support
Family/Friends Support