WELLNESS TEAM CULTURE

Evidence-based wellness, leadership, and team dynamics

RESEARCH BRIEF · THE EVIDENCE, PLAINLY

Recovery Takes Switchbacks

ISSUE 101 · NOVEMBER 3, 2026 · BURNOUT RECOVERY

Recovery from burnout does not run on one clock. In a randomized trial of 71 healthcare workers on long-term sick leave, exhaustion scores in a rehabilitation group were lower at three months and one year, and the rate of full return to work rose between month three and month twelve. Interview studies describe recovery as a nonlinear, stepwise learning process with a turning point, and the return to work as a task of its own that needs support for longer than people expect. This brief sets out what each source found, how strong each is, and what none of it proves.

WHAT WAS ACTUALLY STUDIED

01

Thunqvist, Nygren, Löfman, Parker and Brulin (2025), Journal of Occupational Rehabilitation

TIER I · RANDOMIZED CONTROLLED TRIAL (SMALL: 30 INTERVENTION, 41 CONTROL)

The two-clocks source. Physicians and nurses on long-term sickness absence for stress-related ill-health were randomized to a rehabilitation-to-work model or to a control group. Exhaustion disorder symptoms (Karolinska Exhaustion Disorder Scale) were lower in the intervention group at three months and at one year, with moderate-to-large effect sizes (Cohen's d 0.77 and 0.69). Depression ratings (MADRS) showed no effect. Between the three-month and one-year follow-ups the intervention group's full return to work changed significantly (p = 0.029), indicating an increase. The authors call for longer follow-up. The abstract does not report blinding.

02 Linnros, Andreasson, Norlin and Hydén (2026), Scandinavian Journal of Primary Health Care

TIER 2 · NARRATIVE INTERVIEWS (14 RECOVERED FORMER PATIENTS)

The turning-point source. Fourteen former patients who had improved function after persistent fatigue (chronic fatigue syndrome/ME, post-Covid condition or exhaustion disorder) told their recovery stories in videotaped interviews, analysed narratively. Recovery was understood as a nonlinear stepwise learning process with a marked turning point: finding hope and a new understanding of the fatigue, which gave guidance on what measures to take. The authors conclude that new understanding seems central but is not sufficient in itself, and that care needs explanatory models that fuel hope and agency plus individualized interventions.

03 Forslund, Jovicic, Näslund, Habte, Clason van de Leur, Buhrman and Rozental (2025), BMC Psychology

TIER 2 · QUALITATIVE INTERVIEWS (15 PEOPLE WHO HAD RETURNED TO WORK)

The re-entry source. Fifteen people recruited from three Stockholm clinics, who had returned to work after sick leave for exhaustion disorder, were interviewed and the transcripts analysed by qualitative content analysis. Three themes emerged: struggling to adapt sustainably to change (including gaining insight into one's own behavior and rethinking identity), being supported or hindered by the context, and being part of a larger societal system. The authors conclude that further and prolonged support is relevant, that the workplace and organization play an important role, and note there is no clear evidence on successful treatments or interventions to enhance return-to-work outcomes for this population.

04 Wang, Song, Guo and Ye (2025), Behavioral Sciences

TIER 2 · FOUR-WAVE TIME-LAGGED SURVEY (N = 349 EMPLOYEES)

The mechanism hint. Employees were surveyed in four waves around the Chinese Spring Festival holiday. Pre-holiday work-related irritation increased need for recovery, which in turn lowered workplace vigor after return, and boundary strength at home and perceived organizational support buffered that indirect path. The study is about returning from an ordinary holiday, not from burnout leave, and it is observational.

05

Hadžibajramović, Dahlqvist, Jonsdottir and De Witte (2026), Scandinavian Journal of Work, Environment & Health

TIER 2 · POPULATION SURVEY PLUS CLINICAL GROUP (N = 1,603; 159)

The scale source. A nationally representative sample of the Swedish working population (N = 1,603) and a group diagnosed with exhaustion disorder (N = 159) completed three versions of the Burnout Assessment Tool. Using cut-offs derived against the clinical group, approximately 13% of the workforce had severe burnout complaints on the BAT23 and BAT12. The study is a screening-tool evaluation, and the figure depends on the cut-offs the authors set.

WHAT THEY FOUND

Recovery has a shape, and it is not a ramp. Fourteen people who had recovered from persistent fatigue described a nonlinear, stepwise learning process with a marked turning point, which was finding hope and a new understanding of what was happening and what to do about it. The authors add that understanding alone was not sufficient (Linnros and colleagues, 2026).

Symptoms and return to work moved on different schedules. In a randomized trial of a rehabilitation model, exhaustion scores in the intervention group were lower at three months and at one year, and full return to work increased between month three and month twelve (Thunqvist and colleagues, 2025).

3 to 12

Months. The window in which full return to work rose in the rehabilitation group, after exhaustion scores had already fallen at month 3. 71 healthcare workers on long-term sick leave (30 intervention, 41 control; Thunqvist and colleagues, Journal of Occupational Rehabilitation, 2025).

Return is its own task. People who had returned described struggling to adapt sustainably, which included rethinking identity, and being helped or hindered by their surroundings, and the authors argue for further and prolonged support with an important role for the workplace (Forslund and colleagues, 2025). A four-wave survey around a holiday found a similar pattern in ordinary employees: strain before the break raised the need for recovery, which lowered vigor on return, and organizational support and home boundaries softened the path (Wang and colleagues, 2025). In a representative Swedish working sample, about 13 percent scored in the range classed as severe burnout complaints (Hadžibajramović and colleagues, 2026).

WHERE THE EVIDENCE STANDS

Where the evidence converges: the two interview studies and the trial agree that recovery is staged rather than smooth, that understanding and support matter, and that going back to work is a separate stage from feeling better. The trial gives the only timing data (symptoms by month three, full return rising later), and the interview studies give the lived account of why the later stage needs more than symptom relief.

Where it diverges or is thin: there is no meta-analysis in this set. The one randomized trial is small and followed participants for one year. The two interview studies describe what people said, one from people who had already recovered and one from people who had already returned, so neither can say how common their paths are or what happened to people who did not follow them. The holiday study asks a related question in a different population. The Forslund authors themselves note there is no clear evidence on which treatments best improve return-to-work outcomes.

What follows for a reader is a way to read one's own recovery, not a treatment claim. Writing down the turn, tracking symptoms and workload as separate numbers, judging progress by the month, agreeing return terms early and, for leaders, owning the return conversation are translations of the findings. The two-number tracking and the check-in schedule in particular have not been tested as protocols.

WHAT THIS DOES NOT PROVE

The trial is small (71 participants), followed people for one year, and the abstract does not report blinding. It shows a difference between a rehabilitation model and a control group in healthcare workers in Sweden. It does not show that symptoms must ease before return, or that the same timing holds for other occupations or other kinds of burnout.

Both interview studies are about people who had improved or returned. They cannot show how common the stepwise path or the turning point is, and they cannot say what distinguishes people who do not recover. Fourteen and fifteen participants are small samples, and the return-to-work interviews come from one country's welfare system.

The Linnros study spans three conditions (chronic fatigue syndrome/ME, post-Covid condition and exhaustion disorder). Exhaustion disorder is a diagnosis used in Sweden, where most of this research was done, and burnout as a general term is not the same thing. This brief does not claim the findings transfer to everyone who feels burned out.

The Wang study is about returning from an ordinary holiday, not from sick leave, and is observational. It is used only as a hint about mechanism.

The 13 percent figure rests on cut-offs the authors derived against a clinical group in Sweden and should not be read as a general prevalence of burnout.

This brief read abstract-level records retrieved from PubMed. Details beyond the abstracts were not verified and are not claimed.

None of this is medical advice. The programs studied were clinical rehabilitation, not self-help. Exhaustion that is lasting or getting worse is a question for a clinician.

WHAT IT MEANS FOR YOU

Write down, in a few plain sentences, what you now understand about how your own exhaustion works, and pair it with action. Keep two clocks: rate symptoms weekly and track your share of normal responsibilities separately, so a good symptom week is not read as a finished recovery. Judge progress by the month, since recovery in the interviews was stepwise and nonlinear. Agree who checks in, when, and what a lighter week looks like before the first day back. If you lead a team, hold the return conversation yourself and keep the check-ins going well past the first fortnight. The newsletter walks through those five moves. The research above is why they are the five, and where each one runs out.

GO TO THE SOURCE

TIER 1 · RANDOMIZED CONTROLLED TRIAL Thunqvist, E., Nygren, Å., Löfman, B., Parker, D., & Brulin, E. (2025). Assessing the effect of a rehabilitation intervention on exhaustion disorders, depression, and return to work: A randomized controlled trial. Journal of Occupational Rehabilitation. doi.org/10.1007/s10926-025-10350-y

TIER 2 · NARRATIVE INTERVIEWS Linnros, H., Andreasson, A., Norlin, A.-K., & Hydén, L.-C. (2026). Narratives of recovery from persistent fatigue: A stepwise learning process. Scandinavian Journal of Primary Health Care, 44(1). doi.org/10.1080/02813432.2026.2637743

TIER 2 · QUALITATIVE INTERVIEWS Forslund, S., Jovicic, F., Näslund, A., Habte, H., Clason van de Leur, J., Buhrman, M., & Rozental, A. (2025). Experiences of returning to work after sick leave due to exhaustion disorder: A qualitative content analysis. BMC Psychology, 14(1), 117. doi.org/10.1186/s40359-025-03873-9

TIER 2 · LONGITUDINAL SURVEY Wang, Y., Song, K., Guo, M., & Ye, L. (2025). Back to work, running on empty? How recovery needs and perceived organizational support shape employees' vigor upon return to work. Behavioral Sciences, 15(7), 889. doi.org/10.3390/bs15070889

TIER 2 · POPULATION SURVEY Hadžibajramović, E., Dahlqvist, I., Jonsdottir, I. H., & De Witte, H. (2026). Clinical and screening utility of the Burnout Assessment Tool: A comparative evaluation of BAT23, BAT12 and BAT4 in Sweden. Scandinavian Journal of Work, Environment & Health, 52(3), 263-271. doi.org/10.5271/sjweh.4286

Tier 1 means peer-reviewed primary research or meta-analysis, the strongest evidence. Tier 2 means an expert framework or smaller study that traces to peer-reviewed work. We grade every source so you can see the weight behind each claim.

Pegasus Realm publishes Wellness Team Culture and the practice resources behind it.

Education, not medical advice.