Burnout and Moral Injury in the Health and Public Safety Workforce

**ENVIRONMENTAL LEVELS & FACTORS**
- RELATIONAL BREAKDOWN
  - DISTRUST
    - Between the workforce and administration
    - Within teams
    - Between workers & patients/community
- VALUES CONFLICT
  - Working/learning in suboptimal and/or unethical circumstances
  - Insufficient training and supports
- LACK OF CONTROL
  - Lack of voice
  - Fear of retaliation
- INEQUITIES
  - Unfair treatment & discrimination
  - Inadequate compensation & benefits

**SYSTEMS**
- Policies & regulations
- Market

**ORGANIZATIONAL**
- Leadership
- Organizational policies
- Measurement & accountability

**WORK & LEARNING ENVIRONMENT**
- Culture
- Worker/learner supports
- Workload & workflows
- Communication

**INDIVIDUAL MODERATING FACTORS**
- Betrayal that Leads to Transgression
- Chronic, Unaddressed Workplace Stress
- Continuum of Moral Injury
- Continuum of Burnout
- Anger
- Frustration
- Shame/Guilt
- Sense of Futility
- Emotional Exhaustion
- Depersonalization
- Sense of Ineffectiveness

**SOCIETAL & CULTURAL**
- Politicization
- Structural discrimination & racism

**SYSTEMS**
- Policies & regulations
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- Leadership
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**WORK & LEARNING ENVIRONMENT**
- Culture
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**INEQUITABLY EXPERIENCED**

**DRIVERS**

**OUTCOMES**

**FOR WORKERS & LEARNERS**
- Physical & mental harms
- Relational & interpersonal challenges
- Career harms

**FOR PATIENTS & COMMUNITY**
- Poor access to services
- Lower quality services

**FOR ORGANIZATIONS**
- Recruitment & retention challenges
- Lower patient & community satisfaction
- Increased expenses

**FOR SOCIETY**
- Erosion of trust in institutions
- Worsening health outcomes
- Increased health disparities
Glossary of Terms

Health and Public Safety Workforce: Workers and learners (including students and trainees) within health and public safety professions (See definitions for health workers and public safety workers on our website https://wpchange.org.)

Drivers: Factors that contribute to the development of burnout and moral injury in health and public safety workers and learners

Environmental Factors: Factors that influence the context in which health and public safety workers and learners experience personal and professional challenges

Societal & Cultural: Includes public opinion and prevailing cultural practices

Politicization: The act of making health and public safety-related activities and events political in nature

Structural Discrimination & Racism: "Macro-level conditions (e.g. residential segregation and institutional policies) that limit opportunities, resources, power, and well-being of individuals and populations based on race/ethnicity and other statuses," such as gender, ability, and intersectionality of statuses

Systems: Includes federal, state, and local governments as well as other overarching institutions that influence healthcare and public safety services, such as insurers

Policies & Regulations: Laws, policies, and regulations which can directly or indirectly affect healthcare and public safety (e.g., fee-for-service reimbursement from health insurers)

Market: The way the U.S. operates in a market economy, which is a “system where two forces, known as supply and demand, direct the production of goods and services.” The market economy drives insurance reimbursement practices, the pricing of medications, staffing decisions, and other aspects of healthcare and public safety industries.

Organizational: Includes hospitals, public health departments, nursing homes, fire and police departments, EMS, education and training facilities, and many other organizations and institutions that provide the staff, facilities, equipment, and other resources for healthcare and public safety services to be delivered or taught

Leadership: Includes mid-level and upper management, C-suite leaders, and academic administrators, who play a large role in driving organizational policies and workplace and learning culture. Leaders may be experiencing distress themselves from working within broken systems.

Organizational Policies: Formal and informal policies and practices that impact organizational operations

Measurement & Accountability: Decisions about what is measured, how often measurement occurs, and who is accountable for measuring and fixing problems

Work & Learning Environment: Includes hospital units, outpatient departments, local fire and police stations, classrooms, and other areas where healthcare and public safety services are learned and provided

Culture: “Beliefs and expectations shared by members of an organization...including common norms, values, and beliefs”

Worker/Learner Supports: Resources that are present or lacking which help health and public safety workers and learners complete their jobs in ways that are satisfactory to them and to their patients/communities

Workload & Workflows: Departmental policies and procedures that impact workload and workflow at the point of service

Communication: Practices surrounding the sharing of information between administrators, workers, and patients/communities

Relational Breakdown: The set of organizational drivers that are largely addressed through relational repairs

Distrust: Lack of trust between workers and learners and their peers/teams, administration, patients, and community/society. Distrust can be related to poor teamwork and communication, ineffective leadership and governance, and societal and systems factors (e.g., misinformation, changing policies).

Values Conflict: The perception that decisions are being made to maximize profits over people or that organizational practices fail to align with the stated mission and vision. Values conflict includes a multitude of ethical situations workers and learners face and the lack of sufficient training and supports they receive to prepare them for their work.

Lack of Control: The lack of voice that workers and learners have in organizational decisions that affect healthcare and public safety, whether through lack of mechanisms for being heard or through active silencing of workers. Lack of control also includes fear of retaliation for raising concerns or admitting an error.

Inequities: “Systematic differences in the health status of different population groups...[which have] significant social and economic costs...to individuals and societies”

Operational Breakdown: Organizational drivers that are addressed largely through operational practices, policies, and procedures

Lack of Safety: Exposure to environments that increase stress for workers or learners, negatively impacting their sense of security and possibly resulting in harm, including workplace violence, circumstances that threaten occupational safety, and lack of mental health screening and services

Excessive Demands: Demands placed upon workers and learners that exceed their capacity (physically, emotionally, cognitively, etc.) in a typical period of work or learning. Excessive demands include inadequate staffing, equipment, time, and other resources as well as the challenges of patient and community members’ comorbidities and complex care needs.

Inefficiencies: Work expectations that include activities that take significant amounts of workers’ time and energy and that are of low/no value to workers for the purposes of caring for patients/communities, such as excessive prior authorizations, redundant charting requirements, and poorly integrated/designed technology systems
**Glossary of Terms continued**

**Individual Moderating Factors**: Workers’ and learners’ lived experiences that may affect the degree to which they experience burnout and/or moral injury.

**PROCESS**

**Moral Injury Process:**
- **Betrayal**: The sense of being harmed by the actions or omissions of a trusted individual or institution.
- **Transgression**: A breach of accepted social codes or laws, including moral standards.
- **Continuum of Moral Injury**: A continuum of experience, which ranges from moral dilemma to moral distress to moral injury. This framework focuses on the experience of workers and learners who progress to moral injury. (See definitions of moral dilemma, moral distress, and moral injury on our website: https://wpchange.org)

**Burnout Process:**
- **Continuum of Burnout**: “A syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed.” Like moral injury, burnout operates on a continuum, meaning that varying degrees of symptoms and presentations exist as a worker or learner moves from engaged to burned out.
- **Emotional Exhaustion**: Bringing “limited emotional resources...into encounters with others.” Emotional exhaustion often includes feeling “overextended, overworked, and numbed to situations” that would typically result in feelings of compassion or empathy.
- **Depersonalization**: Treating colleagues and patients/community members “as objects rather than as human beings.” Depersonalization is often accompanied by cynicism and detachment.
- **Sense of Ineffectiveness**: Feeling that one’s work or learning does not make a significant difference. A sense of ineffectiveness often involves feeling ineffective, having negative feelings about oneself, and being unable to appreciate one’s contributions to the lives of others.

**OUTCOMES**: Negative outcomes for workers & learners, patients & community, organizations, and society that result from burnout and moral injury. Outcomes are inequitable; some populations suffer greater harms than others. (See additional information about outcomes for each group on our website: https://wpchange.org)


**References**