Contents

Methodology and Framework Development ............................................................................................................ 3
  Reviewers.................................................................................................................................................................. 4
  Framework Team ................................................................................................................................................... 5
Burnout and Moral Injury in the Health and Public Safety Workforce ............................................................... 6
  Drivers of Burnout and Moral Injury ........................................................................................................................ 6
  Process Experienced by Workers ............................................................................................................................. 8
  Outcomes .............................................................................................................................................................. 8
Actionable Strategies .............................................................................................................................................. 10
  Strategies for Health Organizations ......................................................................................................................... 11
  Strategies for Public Safety Organizations .............................................................................................................. 15
  Strategies for Government ....................................................................................................................................... 16
  Strategies for Workers, Learners, & the Public ......................................................................................................... 18
References ................................................................................................................................................................. 19

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Methodology and Framework Development

The HRSA funded Workplace Change Collaborative (WCC) was tasked under the award to develop a “national framework that supports the rapid deployment of evidence informed or evidence-based strategies to reduce and address burnout, suicide, mental health conditions and substance use disorders and enhance resiliency.”

We developed the National Framework using an iterative process, including:

1. **Literature review**, particularly building from the seminal 1999 work of Leiter and Maslach, *Six Areas of Worklife: A Model of the Organizational Context of Burnout*;
2. **Environmental scan**, including a review of national and global reports addressing burnout and moral injury in health and public safety workers, as well as interviews with key national experts;
3. **Review of 44 HRSA grantees’** target populations, planned activities, intended outcomes, and evaluations; and
4. **External review** of the draft National Framework by a broad group of 40+ national experts, health and public safety workers, and learners.

Over the course of the framework development process, seven major reports were released from national and international organizations related to burnout and well-being. All informed the development of the National Framework. These included:

1. [Addressing Health Worker Burnout: The U.S. Surgeon General’s Advisory on Building a Thriving Health Workforce](https://www.cdc.gov/surgeongeneral/health-worker-burnout/index.html) by the U.S. Surgeon General. **Release Date:** May 27, 2022
2. [Strengthening the Health Care Workforce: Strategies for Now, Near, and Far](https://www.aha.org/research/2022/strengthening-health-care-workforce) by the American Hospital Association. **Release Date:** June 21, 2022
3. [Addressing Burnout in the Behavioral Health Workforce through Organizational Strategies](https://www.samhsa.gov/data/sites/default/files/Addressing-Burnout-in-the-Behavioral-Health-Workforce-through-Organizational-Strategies-5389.html) by the Substance Abuse and Mental Health Services Administration (SAMHSA). **Release Date:** September 1, 2022
4. [National Plan for Health Workforce Well-Being](https://www.nationalacademies.org/medicine/well-being-strategy) by the National Academy of Medicine. **Release Date:** October 4, 2022
5. [Our Duty of Care: A Global Call to Action to Protect the Mental Health of Health and Care Workers](https://www.wish.org/duty-of-care) by the Qatar Foundation, World Innovation Summit for Health (WISH), in collaboration with the World Health Organization (WHO). **Release date:** October 5, 2022
6. [The U.S. Surgeon General’s Framework for Workplace Mental Health & Well-Being](https://www.surgeongeneral.gov/initiatives/strategies/) by the U.S. Surgeon General. **Release Date:** October 20, 2022
7. [The VA Clinician Burnout Research Agenda: Summary Draft Report](https://www.va.gov/research/docs/VA_Clinician_Burnout_Draft_Report_v20220228.pdf) by the U.S. Department of Veterans Affairs, Veterans Health Administration and AcademyHealth. **Release Date:** November 30, 2022
**Reviewers**

Between January and March 2023, a draft National Framework was reviewed by over 40 individuals with diverse viewpoints and expertise in health and public safety work and learning environments; burnout; moral injury; moral distress; resilience; suicide; diversity, equity, and inclusion; and many other areas. We would like to express our gratitude for their time and critical review. Their comments significantly shaped the final National Framework. Reviewers included:

Lillian Agyei, *American Society of Health-System Pharmacists*

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We would also like to thank the HRSA Health and Public Safety Workforce Resiliency Training Program (HPSWRTP) grantees and the Promoting Resilience and Mental Health among the Health Professional Workforce (PRMHW) grantees for sharing their proposals, work, and insights with us. As leaders in the space of addressing mental health, burnout, and moral injury in the health and public safety workforce, their work was foundational to the development of the National Framework for Addressing Burnout and Moral Injury in the Health and Public Safety Workforce.

Framework Team

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Burnout and Moral Injury in the Health and Public Safety Workforce

The National Framework for Addressing Burnout and Moral Injury in the Health and Public Safety Workforce, funded by the Health Resources and Services Administration (HRSA), aims to explain the drivers and process of burnout and moral injury and identify practical strategies and tools to improve worker and learner well-being in health and public safety settings. We include moral injury due to the increasing recognition that moral injury and burnout are not the same, and burnout does not fully capture the experience of health and public safety workers and learners.1-4

Drivers of Burnout and Moral Injury

Burnout and moral injury are driven by a set of complex and intersecting factors. Overarching environmental factors contribute to relational and operational Breakdown. Relational breakdown recognizes the distrust, values conflicts, lack of control, and inequities experienced in work and learning environments. Operational breakdown is seen in a lack of physical and mental health safety, excessive work demands, and inefficiencies. Often, operational breakdown has been the focus of interventions5,6; however, burnout and moral injury will not be fully addressed without repairing distrust and other relational challenges.7,8

Environmental Factors

While burnout and moral injury manifest in work and learning environments, they often originate in the larger societal and systems level factors that drive organizational priorities and behaviors.

Society and cultural factors can include politicization and structural discrimination and racism.9 Health and public safety systems, which include government and professional organizations, establish policies, programs, and regulations that influence organizations in direct and indirect ways. Additionally, the market economy in the U.S. impacts insurance reimbursement practices, the pricing of medications, staffing decisions, and other aspects of healthcare and public safety.10

At the organizational level, leadership, organizational policies, and procedures can contribute to burnout and moral injury. Finally, the culture, supports, workload and workflows, and communication found within the work and learning environment, which includes hospital units, outpatient departments, local fire and police stations, classrooms, and other areas in which healthcare and public safety services are provided and learned, contribute directly to the experience of burnout and moral injury.

Addressing these environmental factors will require critical appraisal and change of existing policies, as well as new policies and investments to protect and improve the well-being of health and public safety workers and learners.

Relational Breakdown

Relational breakdown is core to the experience of burnout and especially moral injury.11-13 Distrust between the workforce and administration, within teams, and between workers and those they serve contributes to relational breakdown.8 Values conflicts – working or learning in suboptimal or unethical circumstances and having insufficient training and supports – are also a relational driver of burnout and moral injury. Furthermore, lack of control, which includes lack of voice and fear of retaliation, as well as inequities, manifested via unfair treatment and discrimination and inadequate compensation and benefits, can erode relationships within health and public safety.14,15
Burnout and Moral Injury in the Health and Public Safety Workforce

**Drivers**

**Relational Breakdown**
- Distrust
  - Between the workforce and administration
  - Within teams
  - Between workers and 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

**Operational Breakdown**
- Lack of Safety
  - Worksite violence & other occupational hazards
  - Inadequate, mismatched, and/or stigmatizing mental health supports
- Excessive Demands
  - Physical, emotional, & cognitive overload
  - Insufficient staffing & resources
- Inefficiencies
  - Administrative burden
  - Chaotic workflows/poor communication

**Process**

**Continuum of Burnout**
- Chronic, Unaddressed Workplace Stress

**Continuum of Moral Injury**
- Betrayal that Leads to Transgression

**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
Operational Breakdown
A number of factors contribute to operational breakdown and, subsequently, burnout and moral injury. **Lack of safety** – workplace violence and other occupational hazards\(^{16-18}\) as well as stigma and inadequate supports for mental health and stress/trauma\(^{19-21}\) – can contribute to burnout and moral injury. Additionally, workers and learners often face **excessive demands**, including physical, emotional, and cognitive overload and insufficient staffing and resources\(^{22-26}\), and operational **inefficiencies** from chaotic workflows and administrative requirements.\(^{4,27-29}\)

Process Experienced by Workers
Individual Moderating Factors
While burnout and moral injury are driven by societal and cultural, systems, organizational, and work and learning environment factors, individuals experience the effects of burnout and moral injury differently based on their personal/family demands and lived experiences of trauma, discrimination, and social vulnerability which they carry with them into the work and learning environment.\(^{30,31}\)

Moral Injury Process
The moral injury process starts with **betrayal**, the sense of being harmed by the actions or omissions of a trusted individual or institution.\(^{29,32}\) Betrayal then leads to **transgression**, a breach of accepted social codes or laws, including moral standards. Sometimes, betrayal is not recognized until after the transgression occurs. The **continuum of moral injury** describes a range of experiences, from moral dilemma to moral distress to moral injury.\(^{33}\) This framework focuses on the experience of workers and learners who progress to moral injury.

Moral injury can result in worker and learner feelings of **anger**, **frustration**, **shame/guilt**, and a **sense of futility**.\(^{18,31,34,35}\)

Burnout Process
Burnout has been classified as an occupational phenomenon and defined in the International Classification of Diseases (ICD-11) as “a syndrome conceptualized as resulting from **chronic workplace stress** that has not been successfully managed.”\(^{36}\) Like moral injury, **burnout operates on a continuum**, meaning that varying degrees of symptoms and presentations exist as workers and learners move from engaged to burned out.\(^{37}\) Burnout has three hallmark features:\(^{38}\):

- Emotional exhaustion
- Depersonalization
- Sense of ineffectiveness

The connection between burnout and moral injury is not entirely known. They appear to represent separate but related phenomena.\(^{39}\)

Outcomes
Outcomes are Inequitably Experienced
The impacts of burnout, moral injury, and related harms among workers and learners in health and public safety are **inequitably experienced** based on occupation, gender, race, ethnicity, employment setting, and other factors.\(^{40-44}\) Workforce shortages disproportionately harm lower socioeconomic, rural, and marginalized communities and the organizations that serve them, contributing to further disparities in access, quality of care, and health and well-being outcomes for vulnerable populations.\(^{45,46}\)

Outcomes for Workers & Learners
Burnout is associated with **physical and mental harms** for workers and learners, including increased risk of occupational harms (e.g., needle sticks, sleep disruption),\(^{47,50}\) mental health symptoms (e.g., PTSD, depression, suicidal ideation),\(^{49,52}\) and substance use.\(^{53-55}\) Moral injury has also been associated with psychological harms,\(^{56}\) and moral distress, a precursor to moral injury, has been implicated in physical and mental harms for nurses, including experiences of intense stress and possible worsening of underlying health conditions.\(^{57,58}\)
Relational and interpersonal challenges can occur because of burnout and moral injury. Tensions, betrayal, exhaustion, and other symptoms of burnout and moral injury can disrupt relationships and communication with colleagues, supervisors, and patients/communities.\textsuperscript{32,59}

Burnout and moral injury also result in career harms, including greater intent to leave a job, turnover, and decreased performance.\textsuperscript{48,60,61} In health professions students, burnout increases the likelihood of intent to drop out of training.\textsuperscript{62}

Outcomes for Patients & Communities
As burnout and moral injury cause workers to leave their jobs, staffing shortages necessarily lead to poor access to care and quality of services for patients and communities. Additionally, worker and learner burnout has been shown to reduce empathy, magnify racial bias, and increase the risk of errors and other threats to patient safety, leading to further reductions in quality of services.\textsuperscript{11,63-66}

Outcomes for Organizations
Workers experiencing burnout and moral injury leave their jobs at higher rates,\textsuperscript{48,60,61} and learners experiencing distress may also drop out, diminishing the pipeline of new workers.\textsuperscript{62} All of these add to recruitment and retention challenges experienced by organizations and the resultant decrease in quality and lower patient satisfaction ratings, which can affect their reimbursement from private and government payers.\textsuperscript{67} Health worker turnover also increases expenses for organizations, hurting their bottom line and diverting resources away from patient care.\textsuperscript{68-71}

Outcomes for Society
Reduced access and quality cause an erosion of public trust in health and public safety institutions, which then leads to worsening health outcomes for patients and communities, increased health disparities, and an ongoing cycle of harm for workers, patients, communities, and society.\textsuperscript{72-75}

Outcomes Perpetuate Drivers
The outcomes of burnout and moral injury further perpetuate their drivers, effectively creating a negative cycle. For instance, as recruitment and retention challenges worsen in organizations, workers may be required to work additional hours or complete tasks for which they were not properly trained. Under such conditions, workers may experience increasing moral injury and burnout due to the excessive work demands, values conflict, and growing distrust, ultimately leading to turnover and worsening recruitment and retention challenges.
Actionable Strategies

Strategies to improve the well-being of health and public safety workers and learners must address the relational and operational drivers of burnout and moral injury for different stakeholders. Below, we provide an overview of relational and operational strategies and then offer a summary of specific strategies for health organizations, public safety organizations, workers and learners, and government. For evidence, resources, spotlights, and further strategies for professional associations and private organizations, visit the Workplace Change Collaborative website.

Relational Strategies
Relational breakdown is core to the experience of burnout and moral injury. Establishing trust provides an essential base from which to address the relational factors of burnout and moral injury.

Operational Strategies
A number of factors contributing to operational breakdown have been shown to drive burnout and moral injury. Resolving these operational factors will involve utilizing the relational strategies above to engage workers in designing changes to workflows to reduce operational inefficiencies, creating safe staffing, ensuring fair and meaningful recognition and rewards, and providing appropriate resources for workers to effectively address their mental health and stress/trauma.

Addressing Moral Injury & Burnout in the Health & Public Safety Workforce
Strategies for Health Organizations

Strategies to improve the well-being of the health and public safety workforce must address the full range of relational and operational drivers of burnout and moral injury. The following strategies have been identified to help leaders – from C-suite to Dean’s offices to supervisors – and frontline workers and learners address burnout and moral injury in health and public safety organizations.

Relational Strategies

<table>
<thead>
<tr>
<th>Strategy Area</th>
<th>Strategies</th>
</tr>
</thead>
</table>
| Strengthening Leadership          | □ Create leadership development programs that establish healthy leadership behaviors that support and model worker well-being.  
                                       □ Conduct regular assessments of leadership skills that inform individualized development programs.  
                                       □ Establish accountability for change, including bonus structures tied to measures of worker well-being (e.g., workforce turnover, burnout, moral injury). |
| Establishing Commitment & Governance | Organizational Infrastructure for Well-Being  
                                         □ Develop a strategic plan to address well-being of all workers across the organization.  
                                         □ Establish a formal well-being committee.  
                                         □ Establish an executive leadership position (e.g., Chief Wellness Officer) with appropriate funding and authority.  
                                         □ Engage key departments, such as Human Resources, in worker well-being.  
                                         **Shared Governance**  
                                         □ Create governance structures where workers are actively involved in decision-making processes (e.g., formal staff associations, committees, councils).  
                                         □ Establish rules and procedures to address suggested improvements for patient care and worker well-being.  
                                         □ Track and share plans and implementation of recommended actions. |
| Empowering Worker & Learner Voice | Psychological Safety  
                                         □ Measure psychological safety at your organization.  
                                         □ Review and change policies to support psychological safety.  
                                         □ Create systems for confidential, anonymous reporting regarding work conditions, trust, and discrimination.  
                                         **Worker and Learner Engagement**  
                                         □ Create ongoing dialogue between organizational leadership and healthcare workers to build trust.  
                                         □ Engage workers and learners in co-developing solutions within and outside of organizations with supported/paid time to contribute. |
## Strategy Area

### Aligning Values

**Establish a Culture of Shared Commitment**
- Center the organizational mission around patients, communities, and workers, and learners.
- Intentionally engage workers and learners to establish a shared mission.

**Acknowledge and Address Moral Distress and Moral Injury**
- Intentionally invest in strategies to mitigate moral distress and moral injury.

**Invest in and Advocate for Patients, Communities, and Workers**
- Advocate for and invest in policies that will advance patient-centered care, health equity, and worker and learner well-being.

### Promoting Diversity, Equity, & Inclusion

- Increase health workforce diversity.
- Establish equitable and inclusive environments that address discrimination.

### Measurement & Accountability

- Measure worker and learner retention, turnover, burnout, and moral injury.
- Measure leader behaviors, teamwork, and the organizational environment.
- Move from one-time to recurring, closer to “real-time” measurement (e.g., annual or more frequent pulse surveys).
- Ensure that data protects confidentiality, while being at a sufficient level of detail (e.g., department-level).
- Share results with workers/learners and executive leadership, and utilize data to develop and evaluate interventions, using strategies such as quality improvement.

## Operational Strategies

### Strategy Area

**Ensuring Physical & Mental Health**

**Occupational Safety**
- Strengthen and invest in occupational safety.

**Workplace Violence Prevention**
- Establish workplace violence prevention programs that define workplace violence; identify root causes, roles, and departments with higher risks; implement evidence-based programs; and establish structures for escalation.
- Create institution-wide policies and guidelines around workplace violence and bullying that are circulated to patients, visitors, clinicians, and staff and enforced through processes for accountability.

**Mental Health**
- Reduce stigma through open discussion around mental health and well-being.
<table>
<thead>
<tr>
<th>Strategy Area</th>
<th>Strategies</th>
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<tbody>
<tr>
<td></td>
<td>□ Establish a culture of mental health and change policies to create supportive environments.</td>
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<td></td>
<td>□ Increase screening and services for mental health issues, considering the need for confidentiality.</td>
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<tr>
<td>Stress/Trauma and Resilience</td>
<td>□ Establish programs for workers to communicate about and receive support around occupational distress, grief, and mental health challenges in the workplace.</td>
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<td></td>
<td>□ Provide psychoeducational interventions to strengthen individual mindfulness and resilience.</td>
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<tr>
<td>Improving Workload &amp; Workflows</td>
<td>Safe and Appropriate Staffing</td>
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<tr>
<td></td>
<td>□ Establish organizational policies on staffing, including appropriate panel sizes/caseloads.</td>
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<td></td>
<td>□ Introduce new staffing strategies (e.g., internal travel programs, flexible staffing arrangements, remote or virtual staff).</td>
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<td>□ Engage in training the future workforce.</td>
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<td></td>
<td>Optimizing Teams</td>
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<td></td>
<td>□ Optimize team configurations (e.g., new staff and roles, supporting full scope of practice).</td>
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<td></td>
<td>□ Promote positive team culture and structures (e.g., improving communication, changing team structures).</td>
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<td></td>
<td>Reducing Administrative Burden</td>
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<td></td>
<td>□ Reduce administrative burdens by identifying and quantifying administrative tasks, including electronic health record (EHR) documentation; by reducing and eliminating low-value tasks; and by altering policies and practices for documentation, trainings, and other administrative tasks.</td>
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<tr>
<td></td>
<td>□ Increase capacity to “share” administrative tasks that cannot be removed/reduced (e.g., medical scribes to support documentation).</td>
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<td>□ Build and protect time for completing administrative tasks during the workday.</td>
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<td></td>
<td>□ Optimize EHRs to reduce worker and learner burden and to ensure they are human-centered and interoperable.</td>
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<td></td>
<td>Using Technology to Improve Workflows</td>
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<tr>
<td></td>
<td>□ Automate low-value administrative tasks that cannot be eliminated.</td>
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<td></td>
<td>□ Utilize virtual scribes, ambient artificial intelligence (AI), voice assistants, and dictation software for documentation.</td>
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<td></td>
<td>□ Offer intuitive options for virtual care and consultation.</td>
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<td>Meaningful Rewards &amp; Recognition</td>
<td>Adequate Compensation</td>
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<td></td>
<td>□ Conduct pay equity audits, and pay a fair, living wage commensurate with experience and effort (including for “invisible work”).</td>
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<td>Strategy Area</td>
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<td></td>
<td>□  Provide workers with employer-sponsored benefits, including paid family</td>
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<td>and medical leave, health insurance, paid time off, and other benefits</td>
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<tr>
<td></td>
<td>to address workers’ social needs.</td>
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<tr>
<td>Career Supports and Development</td>
<td>□  Create career ladders and apprenticeships.</td>
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<tr>
<td></td>
<td>□  Develop advanced roles for workers.</td>
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<td></td>
<td>□  Coach and mentor workers and learners.</td>
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<tr>
<td>Meaningful Recognition</td>
<td>□  Establish and frequently utilize formal recognition programs.</td>
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<tr>
<td></td>
<td>□  Offer incentive bonuses.</td>
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</tbody>
</table>
Strategies for Public Safety Organizations

The public safety workforce, which includes emergency medical service (EMS), fire, search and rescue, and more, is the first line of defense for public health and safety during emergencies. COVID-19 demonstrated their indispensable role, as well as the rising concerns of burnout and moral injury in this workforce.\textsuperscript{19,59}

However, the public safety workforce has often received less attention in programs to address burnout and moral injury. Research has largely focused on addressing mental health and stress/trauma for public safety workers, with limited evidence specific to this workforce across the Actionable Strategy areas highlighted in the tables above. Therefore, we summarize strategies with evidence for emergency medical technicians (EMTs) and firefighters and recommend reviewing the actionable strategies for health organizations.

Operational Strategies

<table>
<thead>
<tr>
<th>Strategy Area</th>
<th>Strategies</th>
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<tbody>
<tr>
<td><strong>Ensuring Workers’ Physical &amp; Mental Health</strong></td>
<td>Mental Health and Stress/Trauma Support</td>
</tr>
<tr>
<td></td>
<td>□ Reduce stigma by sharing resources and by offering time for open discussion of peers’ personal experiences.</td>
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<tr>
<td></td>
<td>□ Utilize screening and referral interventions and expand confidential services for mental health.</td>
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<td></td>
<td>□ Reduce barriers and promote facilitators of mental health care for workers and learners.</td>
</tr>
<tr>
<td></td>
<td>□ Establish positions for public safety personnel to promote worker and learner mental health.</td>
</tr>
<tr>
<td><strong>Providing a Continuum of Support</strong></td>
<td>Establish programs for workers to communicate about and receive support around occupational distress and trauma in the workplace.</td>
</tr>
<tr>
<td></td>
<td>Catalogue existing mental health and stress/trauma resources to identify gaps between resources and public safety personnel needs.</td>
</tr>
</tbody>
</table>
Strategies for Government

Society, culture, and systems factors permeate individuals’ lived experiences. Federal, state, and local policies, public and private payer policies, regulatory requirements, and practice guidelines released by leading associations strongly influence organizational decisions. Thus, strategies for burnout and moral injury must include actions at these environmental levels.

This section focuses on strategies for federal, state, and local governments. Government policies and programs can create incentives and/or requirements to prioritize and address burnout and moral injury among the health and public safety workforce.

Relational Strategies

<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Empowering Workers &amp; Strengthening Leadership and Governance</strong></td>
<td><strong>Invest in Programs and Evidence</strong>&lt;br&gt;☑ Increase awareness of health and public safety worker and learner well-being.&lt;br&gt;☑ Fund implementation, research, resources, and support.</td>
</tr>
<tr>
<td></td>
<td><strong>Strengthen Worker and Learner Protections to Speak Up</strong>&lt;br&gt;☑ Establish and enforce policies to protect worker and learner voice, particularly the ability to speak up in the face of unsafe or unfair conditions affecting patients and communities.</td>
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<tr>
<td><strong>Aligning Values &amp; Improving Diversity, Equity, and Inclusion</strong></td>
<td><strong>Aligning Values</strong>&lt;br&gt;☑ Enact policies to align payment, programs, and regulation with health and public safety values centered on patients and communities.</td>
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<td><strong>Improving Diversity, Equity, and Inclusion</strong>&lt;br&gt;☑ Establish stronger anti-discrimination protections and enforcement.&lt;br&gt;☑ Create targeted policies and investments to improve DEI.&lt;br&gt;☑ Address DEI within the government.</td>
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<td><strong>Advancing Measurement &amp; Accountability</strong></td>
<td><strong>Measure Well-Being</strong>&lt;br&gt;☑ Directly collect and/or require measurement of health and public safety worker burnout, moral injury, and well-being for the purposes of tracking, feedback, directing resources, and payment.</td>
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<td><strong>Establish Health and Public Safety Workforce Analysis and Planning Bodies</strong>&lt;br&gt;☑ Support a National Health Care Workforce Commission and state workforce analysis and planning bodies.</td>
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### Operational Strategies

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<th>Strategy Area</th>
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| **Ensuring Workers’ Physical & Mental Health**    | **Strengthen Occupational Safety and Health Policies**<br>☐ Invest in federal, state, and local occupational safety policies and workplace violence initiatives that protect health workers.  
**Support Workers’ and Learners’ Mental Health and Well-being**<br>☐ Enforce the Mental Health Parity Act.<br>☐ Remove stigmatizing mental health language from licensing applications.<br>☐ Pass legislation to protect workers’ right to access mental health care. |
| **Optimizing Workload & Workflows**                | **Advance Team-Based Care**<br>☐ Establish payment models, funding, and technical support for interprofessional, team-based care, particularly in high need communities.<br>☐ Align state scope of practice laws, or create a federal law.  
**Support and Ensure Safe Staffing**<br>☐ Invest in workforce programs to ensure a sufficient and well-trained workforce, especially in underserved areas.<br>☐ Enhance payment for critical workforce (e.g., increasing Medicaid payment rates, wage pass-through programs).<br>☐ Establish minimum staffing standards (e.g., mandated staff-to-patient ratios or staffing committees, public reporting of staffing information).<br>☐ Regulate mandatory overtime and consecutive work hours.  
**Reduce Administrative Burden**<br>☐ Review and revise administrative policies and requirements (e.g., prior authorizations) to standardize and reduce burden.<br>☐ Review and streamline licensing and credentialing requirements.<br>☐ Advance new standards for health information technology (IT; e.g., EHR interoperability, user experience). |
| **Fair and Meaningful Rewards & Recognition**      | **Strengthen Worker Compensation and Benefits**<br>☐ Enact policies to ensure health and public safety workers receive competitive, living wages and have access to benefits like health insurance and paid leave (e.g., increasing minimum wage, establishing state wage boards, Medicaid expansion, wage pass through laws, and scholarship and loan repayment programs).  
**Support Career Development**<br>☐ Invest in career supports and health workforce development programs, such as fellowships, apprenticeships, and career pathways.<br>☐ Adopt competencies and certifications to elevate and professionalize healthcare and public safety jobs. |
Strategies for Workers, Learners, & the Public

While organizational and systems level changes are ultimately needed to address and prevent the root causes of burnout and moral injury, workers and learners and the public can also act to support the workforce and drive change.

What the Public Can Do

The U.S Surgeon General Advisory on Addressing Health Worker Burnout highlights how the public can promote health workforce well-being, including:

- **Support workers and learners’ mental health.** Check in with friends and loved ones who are health workers to ask how they are doing, and listen to them with compassion. Know and pay attention to warning signs of mental health challenges, and learn about the resources available to support health workers who may be experiencing distress. As patients, show respect and kindness to health workers and always avoid harmful or threatening behaviors.

- **Practice good public health.** As the COVID-19 pandemic tragically taught, health systems can quickly become overwhelmed by public health emergencies and poor public health practices, exacerbating health workforce stress. Individuals can ease these stressors on the system by ensuring good public health and preventive care practices, including use of the tools available to our society to prevent and mitigate disease, like vaccines.

Beyond the broad strategies outlined above, members of the public also have access to a powerful tool for health systems change in the ballot box. Individuals can have a say in whether their elected officials reflect worker and patient-centered values by learning about elected officials’ and political candidates’ stances on health care and worker rights issues and by participating in local, state, and national elections.

What Workers and Learners Can Do

The U.S Surgeon General Advisory on Addressing Health Worker Burnout acknowledges that changes by employers and society are needed to prevent burnout and moral distress, but also highlights actions workers can take to improve their own well-being and that of their colleagues, including:

- **Learn how to recognize the signs of distress and mental health challenges** in yourself and colleagues, and learn the ways you can support and protect yourself and others.

- **Reach out for help when needed.** Identify trusted friends or loved ones when feeling stressed or overwhelmed, and use the resources that may be available to you through your employer or institution, like employee assistance programs or wellness offices.

- **Use your voice to advocate for change.** Join organizations, professional associations, and other stakeholders seeking to improve health worker well-being and promote health equity and social justice. Learn about unions, vote for leaders who will be champions for worker well-being, and participate in advocacy, as appropriate.

Additionally, workers and learners can take steps to be an active part of well-being solutions:

- Be aware of how words can stigmatize mental health, and use language that promotes supportive, safe environments for colleagues, peers, and community members.

- Participate in surveys, townhalls, and other mechanisms for collecting data and sharing your experience of burnout and moral injury.

- Engage in efforts to address burnout and moral injury in your organization, including assessing and changing organizational policies that may be driving worker and learner experiences.
References


