

Turnover and Burnout



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Introduction

Burn-out and employee turnover are major concerns within the current climate of health care. The question is, what are the leading causes of burn-out and employee turnover within the health care system? This course will answer that very question, while providing insight into the personal and professional complications associated with burn-out. This course will also review recommendations that may be used to help prevent burn-out and employee turnover.

Section 1: Burn-Out and Employee Turnover

Health Care Professional A is approached by a health care manager. The health care manager asks Health Care Professional A to pick up some open shifts. Health Care Professional A is unsure about picking up the open shifts, however, does so. Health Care Professional A asks the health care manager when the new schedule will be complete. The health care manager responds to Health Care Professional A in the following manner: "The schedule will be done when it is done, don't worry about the schedule." Health Care Professional A does not respond to the health care manager's comment, and returns to patient care. A few hours later, Health Care Professional A attempts to remove medications from a medication dispensing machine. After a few attempts, Health Care Professional A cannot remove the desired medications. An alert from the medication dispensing machine then pops up indicating that there is an issue with the machine. Health Care Professional A attempts to resolve the issue with the medication dispensing machine, however, Health Care Professional A is unable to do so. Health Care Professional A has to ask for assistance. Eventually, the issue with the medication dispensing machine is resolved, however, it leaves Health Care Professional A behind on required tasks.

The next day Health Care Professional A arrives to work, and is immediately approached by Health Care Professional B who proceeds to explain several patient care points of interest to Health Care Professional A, as well as information regarding new equipment. Health Care Professional A is grateful for the information, but feels a bit overwhelmed. Health Care Professional A then attends a training session regarding the use of new electronic health records. At the end of the meeting, Health Care Professional A feels exhausted and begins to suffer from a headache. Health Care Professional A then begins to take care of required duties, without taking a break because of staffing issues. The following day Health Care Professional A is informed that at least five health care

professionals, within the health care facility, recently tested positive for coronavirus disease 2019 (COVID-19). Health Care Professional A immediately begins to feel stress related to COVID-19. Additionally, Health Care Professional A is asked to work additional hours to help cover open shifts resulting from the impact of COVID-19. As the week progresses, Health Care Professional A begins to feel depleted, negative, and distant from work. Eventually, Health Care Professional A begins to look for a new position, while considering the possibility of burn-out.

As previously mentioned, burn-out and employee turnover are major concerns within the current climate of health care. The question that remains is, what are the leading causes of burn-out and employee turnover within the health care system? This section of the course will answer that very question, while providing insight into concepts related to burn-out. The information found within this section of the course was derived from materials provided by the U.S. Department of Health and Human Services unless, otherwise, specified (U.S. Department of Health and Human Services, 2017).

What is burn-out?

Burn-out may refer to a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed (World Health Organization [WHO], 2019).

Health care professionals should note that burn-out is characterized by the following three dimensions: feelings of energy depletion or exhaustion; increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and reduced professional efficacy (WHO, 2019).

What are the signs/symptoms of burn-out?

Burn-out can lead to both physical and behavioral signs/symptoms. Specific information regarding the physical and behavioral signs/symptoms of burn-out may be found below:

- The physical signs/symptoms of burn-out may include the following:
 - Fatigue
 - Muscle stiffness
 - Back pain

- Frequent headaches
- Gastrointestinal dysfunction
- Shortness of breath
- The behavioral signs/symptoms of burn-out may include the following:
 - Irritability
 - Ill-tempered
 - Emotional exhaustion
 - Heightened emotional responses (e.g., quick to anger)
 - Distressed
 - Suspicious and paranoid

Is burn-out associated with employee turnover?

Burn-out is often associated with employee turnover (i.e., burn-out may lead to employee turnover) (note: employee turnover may refer to the number or percentage of employees who leave an organization).

A recent study, entitled *Impact of Nurse Burnout on Organizational and Position Turnover*, analyzed the association between burn-out and employee turnover. The study focused on the impact of burn-out on nurses, and the relationship between burn-out and employee turnover. Specific information regarding the aforementioned study may be found below:

- The study indicated the following: the National Academies of Medicine describes clinician burnout as a serious threat to organizational health, including employee turnover (Kelly et al, 2021).
- **Study purpose** - to determine the relationship between resilience, burn-out, and organizational/employee turnover (Kelly et al, 2021).
- **Study methods** - a quantitative nonexperimental study was conducted using a survey of direct care nurses at two points from 2018 to 2019 (Kelly et al, 2021).

- **Study sample** - the study was conducted in three hospitals in a single health system in the United States in March 2018 and March 2019; the nonprofit health system hospitals included two community hospitals and one academic medical center with two facilities under one campus; the study surveyed employed nurses from 78 units who provided direct patient care; non-nurses and nurses whose primary role was not patient care (e.g., leaders, case management, educators) and advanced practice nurses were excluded; an estimated 3,574 eligible nurses were surveyed in 2018 and 3,528 eligible nurses in 2019 (Kelly et al, 2021).
- **Study measures** - common validated instruments were used to measure burn-out and resilience: the Maslach Burn-out Inventory (MBI) and the Connor Davidson Resilience Scale -10 item version (CDRISC-10), respectively; the MBI measures emotional exhaustion, cynicism, and personal accomplishment, with higher scores on the exhaustion and cynicism subscales indicating a higher burn-out, whereas a lower score on personal accomplishment indicates burn-out through decreased motivation; the study classified moderate burn-out as a score of 16 - 26, and high burn-out 27 or higher on the emotional exhaustion scale; the CDRISC-10 measures resilience with a total score of the 10 items, with a higher total indicating increased resilience; the study survey included questions asking the nurse's age, tenure as a registered nurse, and average hours worked in a typical week; to assess workplace conditions related to burn-out, the nurses were asked to recall the number of patients assigned to their care on their last shift, as a proxy for staffing/workload, and the number of patient deaths they were involved with in the last 30 days, to assess the number of patient deaths nurses were involved with on average; the nurses were asked whether they intend to be in their position in one year; organizational turnover was defined as the nurse leaving this health care system (Kelly et al, 2021).
- **Study data analysis** - all survey data was transferred to a research team from a third party honest broker; all participants who completed surveys in both 2018 and 2019 were included in analysis, with standard errors clustered for each nurse to account for if the nurse took the survey in both years; the study researchers utilized a recursive regression modeling structure to evaluate the pathways from resiliency, to nurse burn-out, and then subsequently organizational turnover (Kelly et al, 2021).
- **Study findings** - fifty-four percent of nurses included in the study suffered from moderate burn-out, with emotional exhaustion scores increasing by 10% and

cynicism scores increasing 19% after one year; the impact of burn-out on turnover was significant, with a 12% increase in a nurse leaving for each unit increase on the emotional exhaustion scale (Kelly et al, 2021).

- **Study notes** - the study's findings contribute to the growing body of evidence of nurse/health care professional burn-out and support policies and programs for annual measurement of burn-out, increased employee wellbeing support, and improved work environments (Kelly et al, 2021).

What are the leading causes of burn-out and associated employee turnover within the health care system?

- **Stress** - one of the first causes of burn-out/employee turnover that may initially come to mind is stress. Chronic workplace stress is one of the leading causes of burn-out, and, subsequent, employee turnover. Specific information regarding stress may be found below. The information found below was derived from materials provided by the Centers for Disease Control and Prevention (CDC) unless, otherwise, specified (Centers for Disease Control and Prevention [CDC], 2021).
 - Stress may refer to a factor that causes emotional, physical, or psychological tension.
 - Stress can be related to a "negative" event such as an accident, as well as a "positive" event such as a promotion.
 - Stress may also arise from a significant life event such as: divorce, moving, school graduation, and new employment (note: a significant life event may refer to any major shift in an individual's life).
 - Signs/symptoms of stress include the following: disbelief and shock; tension and irritability; fear and anxiety about the future; difficulty making decisions; feeling numb; sadness and other symptoms of depression; loss of interest in normal activities; loss of appetite; nightmares and recurring thoughts about an event; anger; increased use of alcohol and drugs; feeling powerless; crying; sleep problems; headaches; back pains; stomach problems; trouble concentrating.

- Stress can play a role in the development of the following: headaches, high blood pressure, heart disease, diabetes, skin conditions, asthma, arthritis, depression, anxiety, and substance abuse.
- **Employee staffing** - another leading cause of burn-out/employee turnover that may initially come to mind is employee staffing. Employee staffing, or more specifically ineffective employee staffing, can contribute to chronic stress, burn-out, and, subsequent, employee turnover (note: effective employee staffing, in the modern health care system, occurs when all required schedules and open shifts are filled with consideration for employee satisfaction; employee satisfaction may refer to an employee's perceived level of contentment related to his or her place of employment). Essentially, ineffective employee staffing can lead to inadequate schedules, which, in turn, could lead to long-hours for health care professionals, lack of days off, lack of consecutive days off, lack of weekends off, lack of vacation time, and lack of necessary breaks, all of which can lead to stress, chronic workplace stress, and ultimately, burn-out/employee turnover. With that said, there are a variety of different strategies or models that may be used to effectively staff employees. One model, in particular, that is currently standing out among other staffing models as an effective means to staff employees in order to avoid chronic workplace stress and subsequent burn-out/employee turnover is known as the collaborative staffing model. Specific information regarding the collaborative staffing model may be found below. The information found below was derived from materials provided by the American Association of Critical-Care Nurses (American Association of Critical-Care Nurses, 2018).
 - The collaborative staffing model may refer to an employee staffing model that encourages and allows health care managers and health care professionals to work together to create schedules and/or fill required open shifts across a health care organization.
 - The collaborative staffing model helps remove the traditional hierarchical structure of a health care organization, which may not be relevant in the modern era of health care.
 - In order for the collaborative staffing model to be effective, health care organizations must have a means for health care professionals to view and fill schedules/open shifts.

- In order for the collaborative staffing model to be effective, health care organizations must have a means for health care professionals to communicate information regarding schedules/open shifts.
- In order for the collaborative staffing model to be effective, health care organizations must establish channels for effective internal communication.
- The collaborative staffing model can help reduce some of the scheduling burden for health care managers, while providing them additional time to focus on other vital issues or concerns.
- The collaborative staffing model can help health care organizations fill schedules/open shifts to help meet the demands of a health care emergency.
- The collaborative staffing model can help foster professional teamwork, which in turn could help health care professionals create professional bonds that may impact stress and subsequent burn-out/employee turnover.
- The collaborative staffing model can help increase employee satisfaction, which in turn, could help reduce employee burn-out/employee turnover.
- **Patient morbidity and mortality** - increasing patient morbidity and mortality rates, within a health care organization, can lead to chronic stress and resulting burn-out/employee turnover. Health care professionals should note that medical errors may contribute to patient morbidity and mortality rates. A medical error may refer to a preventable adverse effect of care that may or may not be evident or causes harm to a patient (Joint Commission, 2021). Health care professionals can work to prevent medical errors from occurring by the following methods: use at least two patient identifiers when providing care, treatment, and services; verify all medication or solution labels both verbally and visually; label each medication or solution as soon as it is prepared; immediately discard any medication or solution found unlabeled (Joint Commission, 2021). Health care professionals should note the following: medical errors can occur in virtually all stages of diagnosis and treatment.
- **Technology overload** - one potential cause of burn-out/employee turnover that may not initially come to mind is technology overload. Technology overload may

refer to the proliferation of electronic devices required to complete tasks, which leads to mental and cognitive burdens for those who rely on such devices. In other words, technology overload may refer to a sense of being overwhelmed by technology and/or the use of technology. In the current climate of health care, health care professionals must use technology (e.g., computers) to complete their tasks and care for patients in need. For some individuals, the constant use of technology in the workplace and the introduction of new technology can cause stress and, ultimately, burn-out/employee turnover. Health care professionals should note the following methods or strategies to avoid technology overload: take a break from technology (e.g., avoid computer use when on a scheduled break; limit personal computer use); engage in technology training to prevent becoming overwhelmed; slowly introduce new forms of technology.

- **Information overload** - to build on the previous risk factor, information overload can also lead to burn-out/employee turnover. Information overload may refer to an influx of information or new information that leads to mental and cognitive burdens for those who mentally consume such information. In the health care setting information overload, typically, comes in the form of education and training. It is important for health care professionals to remain up to date on relevant health care information and procedures, however, a consistent and/or relentless intake of information, without a mental "time-out," can lead to information overload. Health care professionals should note the following: within the context of this course, the term time-out may refer to a short pause in daily activities, which allows individuals an opportunity to compose themselves and gather their thoughts; taking time-outs can help individuals slow down their thoughts in order to maximize their efforts; time-outs can be taken throughout the day and may be advantageous to individuals when experiencing information overload; time-outs may allow individuals an opportunity to "recharge their batteries" and improve upon their state of mind in order to efficiently and effectively absorb new information; there is no specific time limit or period for a time-out; the duration of a time-out may vary from individual to individual and depend upon his or her schedule; the duration of a time-out can range anywhere from seconds to minutes to hours; health care professionals should work to achieve a balance between education/training and time-outs to help avoid information overload.
- **Employee safety concerns** - simply put, if a health care professional does not feel safe while working in his or her health care facility, the health care professional is

more likely to feel stressed, once the health care professional begins to feel stressed he or she is more likely to experience chronic workplace stress, and ultimately, burn-out, which may eventually lead to employee turnover. Thus, health care organizations and health care professionals should ensure their health care facility is safe for all employees. Health care professionals should note the following: health care professionals can work to improve the safety of their health care organization by following organizational safety policies and procedures, as well as both state and federal safety laws related to health care.

- **Ineffective communication** - ineffective communication in the workplace can lead to chronic workplace stress, which, subsequently, can lead to burn-out/employee turnover. Health care professionals should work to achieve effective communication in the workplace. Specific information regarding communication may be found below. The information found below was derived from materials provided by the Harvard Public Health Review, unless, otherwise, specified (Ratna, 2019).
 - Communication may refer to the process of transmitting information and messages from one individual or party to another individual or party in order to obtain meaning and a common understanding.
 - Effective communication occurs when information and messages are adequately transmitted, received, and understood.
 - Communication may be verbal or nonverbal. Verbal communication may refer to the use of sounds and/or words to transmit information/messages (e.g., one individual says "hello" to another individual; one individual says "yes" or "no" to another individual). Nonverbal communication may refer to the use of gestures, facial expressions, eye contact, body language, posture, and/or other means that do not involve sounds and/or words to transmit information/messages (e.g., one individual gives another individual the "thumbs up" to indicate satisfaction and/or approval). Health care professionals should also note that exchanges between individuals or parties may include both verbal and nonverbal communication.
 - The communication process may refer to the exchange of information and messages from a sender, through a selected channel, to a receiver.

- The key elements of the communication process include the following: sender, channel, receiver, encoding, decoding, and feedback.
- **Sender** - the sender, in the context of the communication process, may refer to the individual or party who initiates communication by using sounds, words, gestures, facial expressions, tones of voice, eye contact, body language, posture, and/or other means to transmit a message (i.e., the source that originates a message).
- **Channel** - the channel, in the context of the communication process, may refer to the medium which is used to carry communication (e.g., verbal messages, nonverbal cues, written words, numbers, and symbols).
- **Receiver** - the receiver, in the context of the communication process, may refer to the individual or party to whom a message is sent (i.e., the audience).
- **Encode** - the process of selecting sounds, words, gestures, facial expressions, tones of voice, eye contact methods, body language, postures, and/or other means to generate a message.
- **Decode** - the process of receiving, interpreting, and attempting to understand an encoded message in order to obtain meaningful information.
- **Feedback** - a receiver's response to a sender's message (i.e., a receiver sends a message to a sender).
- The essential steps involved in the communication process include the following:
 1. A sender has a desire to convey an idea or concept via a message
 2. A sender encodes an idea or concept into a message
 3. A sender transmits a message via a channel
 4. A receiver takes in the message sent by the sender
 5. The receiver decodes the message
 6. The receiver provides feedback to the sender

- Interpersonal communication may refer to an exchange of information and messages between two or more individuals or parties. Health care professionals should note that interpersonal communication may occur in both personal and professional settings.
- During interpersonal communication, communication typically flows in one direction or in two directions.
- **One-way communication** - one-way communication occurs when information/a message is sent in only one direction, from sender to receiver. Health care professionals should note that, typically, one-way communication is used to inform, persuade, or command.
- **Two-way communication** - two-way communication occurs when information is transmitted and flows freely among individuals and parties (i.e., information is sent in a back and forth manner between individuals or parties). Health care professionals should note that two-way communication is essential to establishing a shared understanding among individuals or parties.
- Health care professionals should work to engage in effective organizational communication. Organizational communication, in the context of this course, may refer to the process of sending and receiving information/messages among interrelated individuals within a given organization, such as a health care facility.
- Examples of organizational communication within a health care facility may include the following: a health care manager gives instructions to a health care professional; two health care professionals discuss a patient's medications; a health care professional provides education to a group of health care professionals; a health care professional writes another health care professional a note regarding a patient; health care professionals exchange emails regarding specific interventions.
- Communication typically moves or flows, within an organization, in a vertical and/or a horizontal manner.
- **Vertical communication** - vertical communication, within the context of organizational communication, may refer to the flow of communication between individuals associated with the same organization who are on

different levels of the organization's hierarchy. Health care professionals should note that vertical communication may flow in a downwards or upwards manner. Downward communication occurs when organizational leaders or managers share information with lower-level employees (e.g., a nurse manager gives a nurse instructions). Upward communication occurs when lower-level employees share information with organizational leaders or managers (e.g., a health care professional informs a health care manager of a safety hazard). Health care professionals should also note that vertical communication is essential to creating and maintaining a shared understanding between organizational leaders, managers, and employees.

- **Horizontal communication** - horizontal communication, within the context of organizational communication, may refer to the flow of communication between individuals and/or departments that are on the same level of a given organization (e.g., a health care manager provides information to another health care manager; an intensive care nurse provides another intensive care nurse with relevant patient information). Health care professionals should note that horizontal communication may be an essential element to effective teamwork within a given health care facility.
- Health care professionals should note that communication may also flow into and out of an organization. For example, during a health care emergency, such as a pandemic, information may flow into a health care facility from government officials, while information about health care may flow out of a health care facility to specific government officials.
- Effective communication is essential in health care settings for a variety of different reasons including the following: promotes effective teamwork; promotes safe and effective health care; promotes and fosters medical error prevention; creates the potential to optimize patient care.
- **A lack of professional autonomy** - professional autonomy may refer to any allowance that enables an employee to complete a task with little to no interruption or interference. Typically, professional autonomy in the workplace can motivate and ignite individuals' desire to self-start, work independently, take on responsibilities and tasks, complete tasks, accept accountability, communicate effectively, and maximize efforts. Unfortunately, a lack of professional autonomy can have the opposite effects. A lack of professional autonomy can stifle

individuals and lead to a decreased desire to self-start, work independently, take on responsibilities and tasks, complete tasks, accept accountability, communicate effectively, and maximize efforts. Health care professionals should note that a lack of professional autonomy in the workplace can also lead to chronic workplace stress, which subsequently, can lead to burn-out/employee turnover.

- **Micromanagement** - micromanagement, within the context of a professional organization, may refer to a management style that exhibits excessive control over employees and their professional actions. Micromanagement can professionally suffocate individuals, and potentially decrease individuals' desire to self-start, work independently, take on responsibilities and tasks, complete tasks, accept accountability, communicate effectively, and maximize efforts. Health care professionals should note the following: micromanagement often decreases, stifles, suppresses, and/or extinguishes motivation; micromanagement can lead to chronic stress, which, subsequently, can lead to burn-out/employee turnover.
- **The coronavirus disease 2019 (COVID-19) pandemic** - finally, one of the leading causes of burn-out/employee turnover in the current health care climate is the ongoing COVID-19 pandemic (note: COVID-19 may refer to a respiratory illness that can spread from person to person that is caused by a virus known as the severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2]). COVID-19 has radically impacted the current health care system, and is causing major changes regarding health care staffing, organizational needs, employee needs, and patient needs. Furthermore, COVID-19 is putting untold amounts of pressure on the current health care system, health care organizations, and health care professionals, leading to widespread workplace stress and burn-out/employee turnover. Without a definitive end to the COVID-19 pandemic insight, health care professionals should take steps to mitigate stress and burn-out related to COVID-19. Specific information regarding stress and burn-out related to COVID-19 may be found below. The information found below was derived from materials provided by the CDC unless, otherwise, specified (CDC, 2020).
 - The signs and symptoms of stress related to COVID-19 include the following: feeling uncertain, nervous, or anxious about COVID-19; feeling irritation and/or anger about COVID-19; choosing to live in denial; feeling overwhelmed; fatigue.
 - The common work-related factors that can add to stress during the COVID-19 pandemic include the following: concern about the risk of being

exposed to the virus at work; taking care of personal and family needs while working; managing a different workload; lack of access to the tools and equipment needed to perform job duties; feelings that one is not contributing enough to work or guilt about not being on the frontline; uncertainty about the future of one's workplace and/or employment; learning new communication tools and dealing with technical difficulties; adapting to a different workspace and/or work schedule.

- Methods and strategies to manage and prevent stress/burn-out related to COVID-19 include the following: communicate with coworkers, supervisors, and others about job stress; develop a consistent daily routine when possible to reduce the feeling of being overwhelmed; take designated breaks; take a time-out when possible; remain educated about COVID-19; engage in hand hygiene (note: hand hygiene may refer to the process of cleaning hands in order to prevent contamination and/or infections); don personal protective equipment (PPE) (note: PPE may refer to equipment designed to protect, shield, and minimize exposure to hazards that may cause serious injury, illness, and/or disease); obtain COVID-19 vaccination.

Section 1 Summary

Burn-out may refer to a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed (WHO, 2019). Burn-out is often associated with employee turnover. The leading causes of burn-out/employee turnover within the health care system include the following: stress; employee staffing; patient morbidity and mortality; technology overload; information overload; employee safety concerns; ineffective communication; a lack of professional autonomy; micromanagement; and the COVID-19 pandemic.

Section 1 Key Concepts

- Burn-out is characterized by the following three dimensions: feelings of energy depletion or exhaustion; increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and reduced professional efficacy (WHO, 2019).

- The physical signs/symptoms of burn-out may include the following: fatigue, muscle stiffness, back pain, frequent headaches, gastrointestinal dysfunction, and shortness of breath.
- The behavioral signs/symptoms of burn-out may include the following: irritability, ill-tempered, emotional exhaustion, heightened emotional responses (e.g., quick to anger), feeling distressed, and acting suspicious and/or paranoid.
- Burn-out is often associated with employee turnover.
- The leading causes of burnout/employee turnover within the health care system include the following: stress; employee staffing; patient morbidity and mortality; technology overload; information overload; employee safety concerns; ineffective communication; a lack of professional autonomy; micromanagement; and the COVID-19 pandemic.

Section 1 Key Terms

Burn-out: a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed (WHO, 2019)

Employee turnover: the number or percentage of employees who leave an organization

Stress: a factor that causes emotional, physical, or psychological tension

Significant life event: any major shift in an individual's life

Employee satisfaction: an employee's perceived level of contentment related to his or her place of employment

Collaborative staffing model: an employee staffing model that encourages and allows health care managers and health care professionals to work together to create schedules and/or fill required open shifts across a health care organization (American Association of Critical-Care Nurses, 2018)

Medical error: a preventable adverse effect of care that may or may not be evident or causes harm to a patient (Joint Commission, 2021)

Technology overload: the proliferation of electronic devices required to complete tasks, which leads to mental and cognitive burdens for those who rely on such devices; a sense of being overwhelmed by technology and/or the use of technology

Information overload: an influx of information or new information that leads to mental and cognitive burdens for those who mentally consume such information

Time-out (*within the context of this course*): a short pause in daily activities, which allows individuals an opportunity to compose themselves and gather their thoughts

Communication: the process of transmitting information and messages from one individual or party to another individual or party in order to obtain meaning and a common understanding

Verbal communication: the use of sounds and/or words to transmit information/messages

Nonverbal communication: the use of gestures, facial expressions, eye contact, body language, posture, and/or other means that do not involve sounds and/or words to transmit information/messages

Communication process: the exchange of information and messages from a sender, through a selected channel, to a receiver

Sender (*within the context of the communication process*): the individual or party who initiates communication by using sounds, words, gestures, facial expressions, tones of voice, eye contact, body language, posture, or other means to transmit a message; the source that originates a message

Channel (*within the context of the communication process*): the medium which is used to carry communication

Receiver (*within the context of the communication process*): the individual or party to whom a message is sent; the audience

Encode: the process of selecting sounds, words, gestures, facial expressions, tones of voice, eye contact methods, body language, postures, and/or other means to generate a message

Decode: the process of receiving, interpreting, and attempting to understand an encoded message in order to obtain meaningful information

Feedback: a receiver's response to a sender's message

Interpersonal communication: an exchange of information and messages between two or more individuals or parties

Organizational communication (within the context of this course): the process of sending and receiving information/messages among interrelated individuals within a given organization such as a health care facility

Vertical communication (within the context of organizational communication): the flow of communication between individuals associated with the same organization who are on different levels of the organization's hierarchy

Horizontal communication (within the context of organizational communication): the flow of communication between individuals and/or departments that are on the same level of a given organization

Professional autonomy: any allowance that enables an employee to complete a task with little to no interruption or interference

Micromanagement (within the context of a professional organization): a management style that exhibits excessive control over employees and their professional actions

Coronavirus disease 2019 (COVID-19): a respiratory illness that can spread from person to person that is caused by a virus known as the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)

Hand hygiene: the process of cleaning hands in order to prevent contamination and/or infections

Personal protective equipment (PPE): equipment designed to protect, shield, and minimize exposure to hazards that may cause serious injury, illness, and/or disease

Section 1 Personal Reflection Question

How can health care professionals identify burn-out, within their health care organization, to help prevent employee turnover?

Section 2: Personal and Professional Complications Associated with Chronic Stress and Related Burn-Out

Chronic stress and related burn-out can lead to both personal and professional complications. This section of the course will review the potential personal and professional complications associated with chronic stress and related burn-out. The

information found within this section of the course was derived from materials provided by the CDC unless, otherwise, specified (CDC, 2021).

Personal Complications Associated with Chronic Stress and Related Burn-Out

- **Pain** - pain in the lower back and from headaches is often associated with chronic stress and related burn-out. Health care professionals should note the following: pain may refer to an unpleasant sensory and/or emotional experience resulting from actual or potential tissue damage.
- **Muscle stiffness** - muscle stiffness may result from chronic stress and related burn-out. Muscle stiffness may refer to a state of muscle tightness and contraction that may affect movement. Health care professionals should note that muscle stiffness may be accompanied by pain, cramping, and discomfort.
- **Digestive issues** - chronic stress and related burn-out may lead to digestive issues. The digestive issues associated with chronic stress and related burn-out may lead to diarrhea, constipation, bloating, and stomach discomfort. Health care professionals should note that severe stress may lead to vomiting.
- **Low self-esteem** - individuals suffering from chronic stress and related burn-out may struggle with low self-esteem. Self-esteem may refer to an individual's subjective evaluation of his or her own value or worth. Health care professionals should note the following signs of low self-esteem: poor confidence; self-doubt; negative view of oneself; talking about oneself in a negative manner; negative outlook towards life; an inability to accept acknowledgement or positive feedback; outward feelings of shame; anxious mood; and depressed mood.
- **Relationship problems** - chronic stress, related burn-out, and resulting low self-esteem may lead to relationship problems (e.g., problems maintaining relationships with other individuals; individuals cannot sustain long-term romantic or platonic relationships with other individuals). Health care professionals should note that chronic stress, related burn-out, and resulting low self-esteem may impact both personal and professional relationships.
- **Social isolation** - chronic stress, related burn-out, resulting low self-esteem, and relationship problems may lead to social isolation (note: the term social isolation may refer to a lack of social connections that may impact an individual's health

and quality of life). Health care professionals should note the following signs of social isolation: consistently avoiding social situations, consistently cancelling plans with others, and feeling distressed when isolated.

- **Depression** - chronic stress and related burn-out, as well as associated complications may lead to a depressive disorder. A depressive disorder may refer to a mental health disorder characterized by a persistent depressed mood and/or anhedonia, which ultimately causes significant interference in daily life (note: anhedonia may refer to a loss of interest in previously enjoyable activities). One of the most common forms or types of depressive disorders is major depressive disorder. Health care professionals should note the following signs/symptoms of major depressive disorder: depressed mood, anhedonia, appetite changes, weight changes, sleep difficulties, psychomotor agitation or retardation, fatigue or loss of energy, diminished ability to think or concentrate, feelings of worthlessness or excessive guilt, and suicidality.
- **Anxiety** - chronic stress and related burn-out, as well as associated complications may lead to an anxiety disorder. An anxiety disorder may refer to a mental health disorder characterized by prolonged periods of persistent, excessive worry about a number of events or activities, which cause clinically significant distress or impairment in social, occupational, or other important areas of functioning (note: within the context of an anxiety disorder, excessive worry may refer to worrying when there is no specific reason/threat present or in a manner that is disproportionate to the actual risk of an event, activity, and/or situation). One of the most common forms or types of anxiety disorders is generalized anxiety disorder. Health care professionals should note the following signs/symptoms of generalized anxiety disorder: excessive anxiety, excessive worry, restlessness, persistent feelings of being keyed up or on edge, easily fatigued, difficulty concentrating, mind feeling blank at times (i.e., mind going blank), irritability, muscle tension, and sleep difficulties.
- **Sleep disorders** - chronic stress and related burn-out, as well as associated complications may lead to a sleep disorder. The term sleep disorders may refer to a group of disorders that affect the way individuals sleep. One of the most common sleep disorders is insomnia. Insomnia may refer to a sleep disorder characterized by an inability to fall asleep and/or stay asleep. Insomnia may also be characterized by early morning awakening (i.e., an individual awakens early in the morning or several hours early and is unable to resume sleeping). Health care

professionals should note the following signs/symptoms of insomnia: daytime fatigue, low energy, difficulty concentrating, mood disturbances, and decreased performance at work or at school.

- **Substance abuse** - chronic stress and related burn-out, as well as associated complications may lead to substance abuse. Specific information regarding substance abuse may be found below.
 - Substance abuse may refer to the harmful or hazardous use of a psychoactive substance such as alcohol or illicit drugs.
 - Signs of alcohol and/or illicit drug use may include the following: slurred speech, an active tremor, shakiness, poor coordination, sweating, nausea, vomiting, aggression, agitation, compulsive behavior, craving, red eyes, dry mouth, drowsiness, involuntary eye movements, dilated pupils, nasal congestion, mouth sores, reduced consciousness, lack of pain sensation, intolerance to loud noise, dizziness, confusion, lack of awareness to surroundings, and needle marks.
 - Substance abuse may be associated with addiction. Addiction may refer to the compulsive or uncontrolled use of one or more substances (e.g., alcohol; illicit drugs).
 - Substance abuse may be associated with substance use disorder. Substance use disorder may refer to a medical illness caused by repeated misuse of a substance or substances. Health care professionals should note that a substance use disorder is characterized by clinically significant impairments in health, social function, and impaired control over substance use and is diagnosed through assessing cognitive, behavioral, and psychological symptoms.
 - Substance abuse may be associated with binge drinking. Binge drinking may refer to a pattern of drinking that brings an individual's blood alcohol concentration (BAC) to 0.08 g/dl or above; the act of consuming four or more alcoholic beverages per occasion for women or five or more alcoholic beverages per occasion for men.
 - Substance abuse may be associated with heavy drinking. Heavy drinking is defined as eight or more drinks a week for women; 15 or more drinks a week for men.

- Some individuals suffering from substance abuse may abuse opioids such as prescription opioids, pharmaceutical Fentanyl, or illegal opioids such as heroin. Health care professionals should note the following: prescription opioids may refer to opioids prescribed by a health care professional to treat pain; anyone who takes prescription opioids can become addicted to them; pharmaceutical Fentanyl may refer to a synthetic opioid, approved for treating severe pain; Fentanyl is 50 to 100 times more potent than morphine; heroin may refer to an illegal, highly addictive opioid drug processed from morphine and extracted from certain poppy plants.
- An individual suffering from substance abuse involving opioids may be at risk for an opioid overdose, and related death. Health care professionals should be aware of the following signs of an opioid overdose: constricted pupils, loss of consciousness, slow/shallow breathing, choking sounds, limp body, and pale, blue cold skin. Health care professionals should note the following: prescription opioid overdose deaths often involve benzodiazepines; benzodiazepines are central nervous system depressants used to sedate, induce sleep, prevent seizures, and relieve anxiety; examples of benzodiazepines include alprazolam, diazepam, and lorazepam. Health care professionals should also note the following: the medication naloxone, an opioid antagonist, may be used for the emergency treatment of a known or suspected opioid overdose; naloxone may be used to reverse the life-threatening respiratory depression associated with an opioid overdose; a variety of naloxone products are available (e.g., nasal spray, injection, auto-injection) to respond to a potential opioid overdose; individuals may possess naloxone products in case of an opioid overdose; health care professionals may be required or called upon to administer naloxone to patients suffering from a potential opioid overdose.
- **Suicidal ideation** - finally, chronic stress, burn-out, and related complications may, collectively or independently, lead to suicidal ideation. Suicidal ideation may refer to thoughts of suicide and/or thoughts of planning suicide. Suicidal ideation may lead to a suicide attempt and/or suicide. A suicide attempt may refer to a non-fatal self-directed and potentially injurious behavior with any intent to die as a result of the behavior (note: a suicide attempt may or may not result in injury). Suicide may refer to a death caused by injuring oneself with the intent to die. Health care professionals should work to prevent suicide, when applicable.

Professional Complications Associated with Chronic Stress and Related Burn-Out

- **Reduced employee satisfaction** - simply put, if a health care professional experiences burn-out, he or she is less likely to experience employee satisfaction. Health care professionals should note that reduced employee satisfaction can contribute to employee turnover.
- **Employee turnover** - as previously mentioned, burn-out is often associated with employee turnover. Employee turnover can be costly for a health care organization, therefore, health care organizations, and health care professionals should work to prevent employee turnover. Health care professionals can work to prevent employee turnover by incorporating the essential elements of employee retention into the cultural, executive, and directional structure of their health care organization. Health care professionals should note the following essential elements of employee retention: effective communication, effective employee grievance resolution, effective employee staffing, reducing employee stress, and employee safety.
- **Reduced professional efficacy** - as previously alluded to, burn-out can lead to feelings of energy depletion or exhaustion, increased mental distance from one's job, and/or feelings of negativism or cynicism related to one's job, all of which can impact professional efficacy. Health care professionals should note that reduced professional efficacy can impact patient care.
- **Reduced capacity to engage in effective team work** - if a health care professional is experiencing burn-out, and resulting feelings of energy depletion or exhaustion; increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and reduced professional efficacy, he or she is less likely to engage in effective team work. Health care professionals should note that a reduced capacity to engage in effective team work can impact patient care.
- **Ineffective health care documentation** - much like with effective team work, if a health care professional is experiencing burn-out, and resulting feelings of energy depletion or exhaustion; increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and reduced professional efficacy, he or she is less likely to complete effective health care documentation (note: health care documentation may refer to a digital or an analog record detailing the administration of health care to patients). Health care professionals should note

that ineffective health care documentation can impact patient care. Health care professionals should also note the following information regarding effective health care documentation: in order for health care documentation to be considered effective, it must function as a viable form of communication, as well as a means to establish a detailed record of health care administration; if completed effectively, health care documentation can be used in daily practice by health care professionals to communicate vital patient information to other health care professionals in order to facilitate positive health care outcomes and to decrease the potential for negative health care outcomes, such as adverse events and patient mortalities; effective health care documentation may be used as a method to review patient cases and to ensure all aspects of an individual patient's health care are noted and evaluated to maximize therapeutic outcomes.

- **Increased medical errors** - burn-out and the aforementioned associated professional complications may, collectively or independently, lead to increased medical errors (note: the term medical error may refer to a preventable adverse effect of care that may or may not be evident or causes harm to a patient). Health care professionals should note that medical errors can impact patient care.
- **Reduced patient outcomes** - lastly, burn-out and the aforementioned associated professional complications may, collectively or independently, lead to reduced patient outcomes. Health care professional should note that employee satisfaction, reduced employee turnover, professional efficacy, effective team work, effective health care documentation, and working to prevent medical errors can help health care professional work to optimize patient care.

Section 2 Summary

Chronic stress and related burn-out can lead to both personal and professional complications. The potential personal complications that may be associated with burn-out include the following: pain, muscle stiffness, digestive issues, low self-esteem, relationship problems, social isolation, depression, anxiety, sleep disorders, substance abuse, and suicidal ideation. The potential professional complications that may be associated with burn-out include the following: reduced employee satisfaction, employee turnover, reduced professional efficacy, reduced capacity to engage in effective team work, ineffective health care documentation, increased medical errors, and reduced patient outcomes.

Section 2 Key Concepts

- The potential personal complications that may be associated with burn-out include the following: pain, muscle stiffness, digestive issues, low self-esteem, relationship problems, social isolation, depression, anxiety, sleep disorders, substance abuse, and suicidal ideation.
- The potential professional complications that may be associated with burn-out include the following: reduced employee satisfaction, employee turnover, reduced professional efficacy, reduced capacity to engage in effective team work, ineffective health care documentation, increased medical errors, and reduced patient outcomes.

Section 2 Key Terms

Pain: an unpleasant sensory and/or emotional experience resulting from actual or potential tissue damage

Muscle stiffness: a state of muscle tightness and contraction that may affect movement

Self-esteem: an individual's subjective evaluation of his or her own value or worth

Social isolation: a lack of social connections that may impact an individual's health and quality of life

Depressive disorder: a mental health disorder characterized by a persistent depressed mood and/or anhedonia, which ultimately causes significant interference in daily life

Anhedonia: a loss of interest in previously enjoyable activities

Anxiety disorder: a mental health disorder characterized by prolonged periods of persistent, excessive worry about a number of events or activities, which cause clinically significant distress or impairment in social, occupational, or other important areas of functioning

Excessive worry (within the context of an anxiety disorder): worrying when there is no specific reason/threat present or in a manner that is disproportionate to the actual risk of an event, activity, and/or situation

Sleep disorders: a group of disorders that affect the way individuals sleep

Insomnia: a sleep disorder characterized by an inability to fall asleep and/or stay asleep

Substance abuse: the harmful or hazardous use of a psychoactive substance such as alcohol or illicit drugs

Addiction: the compulsive or uncontrolled use of one or more substances

Substance use disorder: a medical illness caused by repeated misuse of a substance or substances

Binge drinking: a pattern of drinking that brings an individual's blood alcohol concentration (BAC) to 0.08 g/dl or above; the act of consuming four or more alcoholic beverages per occasion for women or five or more alcoholic beverages per occasion for men

Heavy drinking: the act of consuming eight or more alcoholic beverages per week for women or 15 or more alcoholic beverages per week for men

Prescription opioids: opioids prescribed by a health care professional to treat pain

Pharmaceutical Fentanyl: a synthetic opioid, approved for treating severe pain

Heroin: an illegal, highly addictive opioid drug processed from morphine and extracted from certain poppy plants

Benzodiazepines: central nervous system depressants used to sedate, induce sleep, prevent seizures, and relieve anxiety

Suicidal ideation: thoughts of suicide and/or thoughts of planning suicide

Suicide attempt: a non-fatal self-directed and potentially injurious behavior with any intent to die as a result of the behavior

Suicide: a death caused by injuring oneself with the intent to die

Health care documentation: a digital or an analog record detailing the administration of health care to patients

Section 2 Personal Reflection Question

How can the potential personal and professional complications of chronic stress and related burn-out affect patient care?

Section 3: Burn-Out/Employee Turnover Prevention Recommendations

Burn-out can impact the health, overall well-being, and the quality of life of those affected, as well as lead to employee turnover. Fortunately, burn-out and employee turnover can be prevented. Health care professionals can work to prevent burn-out and employee turnover by following related recommendation. This section of the course will review burn-out/employee turnover prevention recommendations.

Burn-Out/Employee Turnover Prevention Recommendations

- **Work to develop and achieve emotional intelligence** - research indicates that emotional intelligence can potentially lead to improved personal and professional relationships, personal and professional success, the ability to reach desired outcomes and goals, and, ultimately, to improved health, overall well-being, and quality of life, all of which can prevent chronic stress and related burn-out. Therefore, health care professionals should work to develop and achieve emotional intelligence. Specific information regarding emotional intelligence may be found below. The information found below was derived from materials provided by Positive Psychology unless, otherwise, specified (Craig, 2021; Houston, 2021).
 - Emotional intelligence, otherwise known as emotional quotient (EQ), may refer to the ability to perceive, process, and regulate emotional information accurately and effectively, both within oneself and in others to guide one's thinking; the ability to understand, use, and manage emotions in positive ways to relieve stress, communicate effectively, empathize with others, overcome challenges, and defuse conflict.
 - Research indicates that an individual can achieve emotional intelligence by incorporating the essential elements of emotional intelligence into their daily lives.

- The essential elements of emotional intelligence include the following: self-awareness, self-regulation, self-motivation, empathy, and the development and effective use of social skills.
- Self-awareness may refer to the ability to recognize and understand one's own emotions, as well as their impact on thoughts, behavior, and other individuals.
- Self-regulation may refer to the ability to effectively manage one's negative or disruptive emotions in order to adapt to changes in circumstance, take on responsibilities, follow through on commitments, and achieve desired goals.
- Self-motivation may refer to the internal drive to achieve, produce, learn, develop, improve, and reach desired outcomes and goals.
- Empathy may refer to the ability to understand another individual's feelings and/or emotions.
- Social skills may refer to any ability and/or behavior that allows individuals to connect, build a rapport, communicate, and manage the emotions of others in order to build and maintain healthy relationships, create socially acceptable behavior, and achieve desired outcomes and goals.
- **Work to improve employee safety** - as previously alluded to, concerns regarding workplace safety can lead to chronic stress, which, in turn, could result in burn-out/employee turnover. Therefore, health care organizations and health care professionals should ensure their health care facility is safe for all employees. To ensure a health care facility is safe for all employees, health care organizations and health care professionals should consider the laws included in the Occupational Safety and Health Act of 1970 (OSH Act). The Occupational Safety and Health Act of 1970 (OSH Act) may refer to the group of labor laws that govern the federal law of occupational health and safety in the private sector and federal government in the U. S. Specific information regarding the OSH Act may be found below. The information found below was derived from materials provided by the United States Department of Labor (United States Department of Labor, 2021).
 - The OSH Act was passed to prevent workers from being killed or otherwise harmed at work.

- The OSH Act requires employers to provide their employees with working conditions that are free of known dangers.
- The OSH Act created the Occupational Safety and Health Administration (OSHA), which sets and enforces protective workplace safety and health standards.
- The OSH Act gives workers the right to safe and healthful working conditions. It is the duty of employers to provide workplaces that are free of known dangers that could harm their employees. This law also gives workers important rights to participate in activities to ensure their protection from job hazards.
- The OSH Act states that employers have the responsibility to provide a safe workplace. Employers must provide their employees with a workplace that does not have serious hazards and must follow all OSHA safety and health standards.
- The OSH Act states that employers must inform workers about hazards through training, labels, alarms, color-coded systems, chemical information sheets, and other methods.
- The OSH Act states that employers must train workers in a language and vocabulary they can understand.
- The OSH Act states that employers must keep accurate records of work-related injuries and illnesses.
- The OSH Act states that employers must perform tests in the workplace, such as air sampling, required by some OSHA standards.
- The OSH Act states that employers must provide hearing exams or other medical tests required by OSHA standards.
- The OSH Act states that employers must post OSHA citations and injury and illness data where workers can see them.
- The OSH Act states that employers must notify OSHA within eight hours of a workplace fatality or within 24 hours of any work-related inpatient hospitalization, amputation, or loss of an eye.

- The OSH Act states that employers must not retaliate against workers for using their rights under the law, including their right to report a work-related injury or illness.
- The OSH Act states that employers must comply with the General Duty Clause of the OSH Act. This clause requires employers to keep their workplaces free of serious recognized hazards and is generally cited when no specific OSHA standard applies to the hazard.
- The OSH Act states that employers must provide most protective equipment free of charge. Employers are responsible for knowing when protective equipment is needed. Examples of protective equipment include: respirators, goggles, and gloves.
- OSHA gives workers and their representatives the right to see information that employers collect on hazards in the workplace. Workers have the right to know what hazards are present in the workplace and how to protect themselves. Additionally, the Hazard Communication standard, known as the “right-to-know” standard, requires employers to inform and train workers about hazardous chemicals and substances in the workplace.
- Many OSHA standards require employers to run tests of the workplace environment to find out if their workers are being exposed to harmful levels of hazardous substances such as lead or asbestos, or high levels of noise or radiation. These types of tests are called exposure monitoring. OSHA gives workers the right to get the results of these tests.
- OSHA conducts on-site inspections of worksites to enforce the OSHA law that protects workers and their rights. On-site inspections can be triggered by a worker complaint of a potential workplace hazard or violation.
- Workers and their representatives have the right to ask for an inspection without OSHA telling their employer who filed the complaint. It is a violation of the OSH Act for an employer to fire, demote, transfer or retaliate in any way against a worker for filing a complaint or using other OSHA rights.
- When the OSHA area director determines that there has been a violation of OSHA standards, regulations, or other requirements, the area director

issues a citation and notification of proposed penalty to an employer (typically following an inspection).

- A citation includes a description of the violation and the date by when the corrective actions must be taken. Depending on the situation, OSHA can classify a violation as serious, willful, or repeat. The employer can also be cited for failing to correct a violation for which it has already been cited. Employers must post a copy of a citation in the workplace where employees will see it.
- Workers and employers can contest citations once they are issued to the employer. Workers may only contest the amount of time the employer is given to correct the hazard. Workers or their representatives must file a notice of contest with the OSHA area office within 15 days of the issuance of a citation.
- Employers have the right to challenge whether there is a violation, how the violation is classified, the amount of any penalty, what the employer must do to correct the violation and how long they have to fix it. Workers or their representatives may participate in this appeals process by electing “party status.” This is done by filing a written notice with the Occupational Safety and Health Review Commission (OSHRC).
- The OSHRC hears appeals of OSHA citations. They are an independent agency separate from the Department of Labor.
- The OSHA area director evaluates complaints from employees or their representatives according to the procedures defined in the OSHA Field Operations Manual. If the area director decides not to inspect the workplace, he or she will send a letter to the complainant explaining the decision and the reasons for it.
- OSHA will inform complainants that they have the right to request a review of the decision by the OSHA regional administrator. Similarly, in the event that OSHA decides not to issue a citation after an inspection, employees have a right to further clarification from the area director and an informal review by the regional administrator.
- The OSH Act prohibits employers from retaliating against their employees for using their rights under the OSH Act. These rights include filing an

OSHA complaint, participating in an inspection or talking to the inspector, seeking access to employer exposure and injury records, raising a safety or health issue with the employer, or any other workers' rights described above. Protection from retaliation means that an employer cannot punish workers by taking "adverse action," such as firing or laying off.

- If an employee has been retaliated against for using their rights, they must file a complaint with OSHA within 30 calendar days from the date the retaliatory decision has been both made and communicated to the employee (the worker). Following a complaint, OSHA will contact the complainant and conduct an interview to determine whether an investigation is necessary.
- If the evidence shows that the employee has been retaliated against for exercising safety and health rights, OSHA will ask the employer to restore that worker's job, earnings, and benefits. If the employer refuses, OSHA may take the employer to court.
- Employees may file a complaint with OSHA concerning a hazardous working condition at any time. However, an employee should not leave the worksite merely because he or she has filed a complaint. If the condition clearly presents a risk of death or serious physical harm, there is not sufficient time for OSHA to inspect, and, where possible, an employee has brought the condition to the attention of his or her employer, an employee may have a legal right to refuse to work in a situation in which you would be exposed to the hazard.
- If a worker, with no reasonable alternative, refuses in good faith to expose himself or herself to a dangerous condition, he or she would be protected from subsequent retaliation. The condition must be of such a nature that a reasonable person would conclude that there is a real danger of death or serious harm and that there is not enough time to contact OSHA and for OSHA to inspect. Where possible, the employee must have also sought from his employer, and been unable to obtain, a correction of the condition.
- Since passage of the OSH Act in 1970, Congress has expanded OSHA's whistleblower protection authority to protect workers from retaliation under federal law. These laws protect employees who report violations of

various workplace safety, airline, commercial motor carrier, consumer product, environmental, financial reform, health care reform, nuclear, pipeline, public transportation agency, railroad, maritime and securities laws. Complaints must be reported to OSHA within set timeframes following the retaliatory action, as prescribed by each law.

- Health care professionals should note the following: OSHA offers cooperative programs under which businesses, labor groups and other organizations can work cooperatively with OSHA; the OSHA Strategic Partnerships (OSP) provide the opportunity for OSHA to partner with employers, workers, professional or trade associations, labor organizations, and/or other interested stakeholders; through the Alliance Program, OSHA works with groups to develop compliance assistance tools and resources to share with workers and employers, and educate workers and employers about their rights and responsibilities.
- **Engage in mentoring programs** - a mentoring program may refer to any program that allows/encourages individuals with less work experience to work, interact, and engage with individuals with more work experience. Health care professionals should note the following: taking part in mentoring programs can help employees effectively communicate, relate to each other, and work together, which in turn can help prevent workplace stress and related burn-out/employee turnover.
- **Engage in team-building programs** - a team-building program may refer to any program designed to encourage cooperative group collaboration with various individuals throughout an organization. Much like with mentoring programs, team-building programs can allow individuals with less work experience to work, interact, and engage with individuals with more work experience. Furthermore, team-building programs can help health care professionals create professional bonds and relationships that can help prevent workplace stress and related burn-out/employee turnover. Health care professionals should note the following examples of team-building programs: education workshops, organizational retreats, and employee shadowing (note: the term employee shadowing, within the context of this course, may refer to any program that allows a health care professional from one department to follow and observe a health care professional from another department in order to gather intra-organizational insight and perspective).

- **Engage in employee functions, retreats, and group talk sessions** - health care professionals should engage in and encourage participation in employee functions, retreats, and group talk sessions (note: within the context of this course, the term group talk session may refer to a small gathering of individuals who possess a common bond, and a willingness to discuss specific topics centered around positive notions, such as peer recognition and gratitude). Employee functions, retreats, and group talk sessions may provide opportunities for health care professionals to congregate and discuss work-related issues before they lead to stress. Such socialization can help prevent chronic stress and related burn-out/employee turnover. Health care professionals should be encouraged to organize employee functions, retreats, and group talk sessions, when applicable. Health care professionals should note that employee functions, retreats, and group talk sessions do not have to be extravagant in nature, they just have to present an opportunity to health care professionals to recognize each other for their self sacrifices, health care service, and dedication to patient care.
- **Make communication a priority** - health care professionals should make communication a priority when working to prevent chronic stress and burn-out/employee turnover. As previously alluded to, ineffective communication in the workplace can lead to chronic stress, and, subsequent, burn-out/employee turnover. Thus, health care professionals should consistently work towards effective communication when interacting and engaging with other individuals from the workforce. Health care professionals should note that effective communication occurs when information and messages are adequately transmitted, received, and understood.
- **Encourage communication** - to build on the previous recommendation, health care professionals should encourage communication when working to prevent chronic stress and burn-out/employee turnover. This recommendation may seem obvious, however, the simple truth of the matter is that, often, individuals do not encourage communication. With that said, health care professionals can encourage communication by remaining professional, poised, calm, collected, level headed, respectful, receptive, approachable, engaging, objective, and by limiting bias and judgment. Health care professionals should note that effective communication often begins with encouragement and receptiveness.
- **Utilize intra-organizational vertical and horizontal communication channels** - as previously mentioned, vertical communication, within the context of

organizational communication, may refer to the flow of communication between individuals associated with the same organization who are on different levels of the organization's hierarchy, while horizontal communication, within the context of organizational communication, may refer to the flow of communication between individuals and/or departments that are on the same level of a given organization. Health care professionals should utilize intra-organizational vertical and horizontal communication channels to communicate relevant health care information to other health care professionals and health care managers. For example, if a piece of health care equipment breaks down, health care professionals should utilize intra-organizational vertical and horizontal communication channels to communicate the information to both fellow health care professionals and health care managers. Health care professionals should note that the use of intra-organizational vertical and horizontal communication channels can help health care professionals efficiently transmit relevant health care-related information to resolve work-related issues before they lead to stress and related burn-out/employee turnover.

- **Provide positive feedback** - positive feedback, with the context of communication, may refer to a form of communication that recognizes an individual's success, achievements, and/or hard work. Positive feedback often motivates individuals to do their best, while relieving stress. Therefore, health care professionals should provide positive feedback to motivate individuals, relieve stress, and help prevent burn-out/employee turnover. Health care professionals should note the following examples of positive feedback: "excellent work today;" "you did a great job helping patients today;" "I appreciate all your hard work;" "your effort is really making a difference;" "your effort is helping to improve patient care." Health care professionals should also note that individuals are less likely to feel stressed and experience burn-out when they consistently receive positive feedback similar to the aforementioned examples.
- **Provide positive reinforcement** - to build on the previous recommendation, health care professionals should utilize positive reinforcement when attempting to prevent workplace stress and related burn-out/employee turnover. Positive reinforcement, with the context of communication, may refer to a communication exchange or response that encourages a constructive or beneficial action or behavior. In essence, positive reinforcement can be used by health care professionals to inspire or motivate individuals to repeat constructive, beneficial, and/or productive behavior. For example, if a health care professional goes above

and beyond the minimum effort to improve upon patient care, positive reinforcement can be used to motivate the health care professional to continue to go above and beyond the minimum effort to improve upon patient care. Health care professionals should note the following examples of positive reinforcement: simply saying thank you to an individual from the workforce, verbal praise, and recommending a peer or colleague for an intra-organizational employee recognition award. Health care professionals should also note that individuals are less likely to feel stressed and experience burn-out when they consistently receive positive reinforcement similar to the aforementioned examples.

- **Embrace transparency** - transparency may refer to an open and honest method of transmitting information and messages to other individuals. Transparency can foster trust, honesty, effective communication, teamwork, personal and professional relationships, responsibility, and accountability, all of which can help individuals avoid chronic stress and related burn-out/employee turnover. Health care professionals should note the following: health care professionals can embrace transparency in personal and professional relationships; health care professionals can achieve transparency by engaging in direct and honest communication.
- **Take a "time-out," when appropriate** - as previously mentioned, taking time-outs can help individuals slow down their thoughts, and provide individuals with an opportunity to "recharge their batteries" (note: within the context of this course, the term time-out may refer to a short pause in daily activities, which allows individuals an opportunity to compose themselves and gather their thoughts). Time-outs can be taken throughout the day and may be advantageous to individuals when they feel overwhelmed, overworked, and/or unhappy. Health care professionals should note that time-outs may allow individuals an opportunity to improve upon their state of mind in order to, ultimately, relieve chronic stress and prevent burn-out/employee turnover.
- **Engage in journaling** - journaling may refer to the act of keeping a journal or writing in a journal/diary. Journaling can provide individuals with an opportunity to engage in introspective reflection and introspective self-evaluation. Health care professionals should note that journaling can be an opportunity and means for individuals to take a time-out. Health care professionals should also note that journaling can help individuals relieve chronic stress and prevent burn-out.

- **Engage in breathing exercises** - breathing exercises can help individuals calm their minds and relieve stress. Therefore, health care professionals should consider engaging in breathing exercises when working to prevent chronic stress and related burn-out/employee turnover. Specific information and recommendations regarding breathing exercises may be found below. The information found below was derived from materials provided by the National Center for Complementary and Integrative Health (National Center for Complementary and Integrative Health [NCCIH], 2021).
 - A breathing exercise may refer to the practice of clearing the mind, relaxing, and breath focus.
 - Research suggests that breathing exercises may reduce stress, improve mood, and potentially help to improve many health problems and promote healthy behaviors.
 - Breathing exercises are generally considered to be safe for healthy individuals.
 - The three essential elements of breathing exercises include the following: a quiet location with as few distractions as possible; a comfortable posture or position (e.g., sitting down; lying down; standing); and the focus of attention on the sensations of the breath.
- **Engage in physical activity** - physical activity can help individuals relieve stress and chronic stress, which in turn may help individuals prevent burn-out/employee turnover. Therefore, health care professionals should engage in physical activity when working to relieve chronic stress and prevent burn-out/employee turnover. Specific information and recommendations regarding physical activity may be found below. The information found below was derived from materials provided by the U.S. Department of Health and Human Services (U.S. Department of Health and Human Services, 2018).
 - Physical activity may refer to any bodily movement produced by the contraction of skeletal muscle that increases energy expenditure above a basal level

Physical Activity Recommendations for Adults

- Adults should move more and sit less throughout the day. Some physical activity is better than none. Adults who sit less and do any

amount of moderate-to-vigorous physical activity gain some health benefits.

- For substantial health benefits, adults should do at least 150 minutes (2 hours and 30 minutes) to 300 minutes (5 hours) a week of moderate-intensity, or 75 minutes (1 hour and 15 minutes) to 150 minutes (2 hours and 30 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic activity. Preferably, aerobic activity should be spread throughout the week.
- Additional health benefits are gained by engaging in physical activity beyond the equivalent of 300 minutes (5 hours) of moderate-intensity physical activity a week.
- Adults should also do muscle-strengthening activities of moderate or greater intensity and that involve all major muscle groups on two or more days a week, as these activities provide additional health benefits.

Physical Activity Recommendations for Older Adults

- As part of their weekly physical activity, older adults (note: the term older adult may refer to an individual 65 years or older) should do multicomponent physical activity that includes balance training, as well as aerobic and muscle-strengthening activities.
- Older adults should determine their level of effort for physical activity relative to their level of fitness.
- Older adults with chronic conditions should understand whether and how their conditions affect their ability to do regular physical activity safely.
- When older adults cannot do 150 minutes of moderate-intensity aerobic activity a week because of chronic conditions, they should be as physically active as their abilities and conditions allow.

Physical Activity Recommendations for Women During Pregnancy and the Postpartum Period

- Women should do at least 150 minutes (2 hours and 30 minutes) of moderate-intensity aerobic activity a week during pregnancy and the postpartum period. Preferably, aerobic activity should be spread throughout the week.
- Women who habitually engaged in vigorous-intensity aerobic activity or who were physically active before pregnancy can continue these activities during pregnancy and the postpartum period.
- Women who are pregnant should be under the care of a health care provider who can monitor the progress of the pregnancy. Women who are pregnant can consult their health care provider about whether or how to adjust their physical activity during pregnancy and after the baby is born.

Physical Activity Recommendations for Adults With Chronic Health Conditions and Adults With Disabilities

- Adults with chronic conditions or disabilities, who are able, should do at least 150 minutes (2 hours and 30 minutes) to 300 minutes (5 hours) a week of moderate-intensity, or 75 minutes (1 hour and 15 minutes) to 150 minutes (2 hours and 30 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic activity. Preferably, aerobic activity should be spread throughout the week.
- Adults with chronic conditions or disabilities, who are able, should also do muscle-strengthening activities of moderate or greater intensity and that involve all major muscle groups on 2 or more days a week, as these activities provide additional health benefits.
- When adults with chronic conditions or disabilities are not able to meet the above key guidelines, they should engage in regular physical activity according to their abilities and should avoid inactivity.
- Adults with chronic conditions or symptoms should be under the care of a health care professional. Individuals with chronic conditions can consult a health care professional or physical activity

specialist about the types and amounts of activity appropriate for their abilities and chronic conditions.

Physical Activity Recommendations for Safe Physical Activity

- Individuals should understand the risks, yet be confident that physical activity can be safe for almost everyone.
- Individuals should choose types of physical activity that are appropriate for their current fitness level and health goals, because some activities are safer than others.
- Individuals should increase physical activity gradually over time to meet key guidelines or health goals. Inactive people should “start low and go slow” by starting with lower intensity activities and gradually increasing how often and how long activities are done.
- Individuals should protect themselves by using appropriate gear and sports equipment, choosing safe environments, following rules and policies, and making sensible choices about when, where, and how to be active.
- Individuals should be under the care of a health care provider if they have chronic conditions or symptoms. Individuals with chronic conditions and symptoms can consult a health care professional or physical activity specialist about the types and amounts of activity appropriate for them.

Section 3 Summary

Burn-out and employee turnover can be prevented. Health care professionals can work to prevent burn-out/employee turnover by following related recommendation. Burn-out/employee turnover prevention recommendations include the following: work to develop and achieve emotional intelligence; work to improve employee safety; engage in mentoring programs; engage in team-building programs; engage in employee functions, retreats, and group talk sessions; make communication a priority; encourage communication; utilize intra-organizational vertical and horizontal communication channels; provide positive feedback; provide positive reinforcement; embrace

transparency; take a "time-out," when appropriate; engage in journaling; engage in breathing exercises; engage in physical activity.

Section 3 Key Concepts

- Health care professionals can work to prevent burn-out/employee turnover by following burn-out/employee turnover prevention recommendations

Section 3 Key Terms

Emotional intelligence (otherwise known as emotional quotient [EQ]): the ability to perceive, process, and regulate emotional information accurately and effectively, both within oneself and in others to guide one's thinking; the ability to understand, use, and manage emotions in positive ways to relieve stress, communicate effectively, empathize with others, overcome challenges, and defuse conflict

Self-awareness: the ability to recognize and understand one's own emotions, as well as their impact on thoughts, behavior, and other individuals

Self-regulation: the ability to effectively manage one's negative or disruptive emotions in order to adapt to changes in circumstance, take on responsibilities, follow through on commitments, and achieve desired goals

Self-motivation: the internal drive to achieve, produce, learn, develop, improve, and reach desired outcomes and goals

Empathy: the ability to understand another individual's feelings and/or emotions

Social skills: any ability and/or behavior that allows individuals to connect, build a rapport, communicate, and manage the emotions of others in order to build and maintain healthy relationships, create socially acceptable behavior, and achieve desired outcomes and goals

Occupational Safety and Health Act of 1970 (OSH Act): the group of labor laws that govern the federal law of occupational health and safety in the private sector and federal government in the U. S.

Mentoring program: any program that allows/encourages individuals with less work experience to work, interact, and engage with individuals with more work experience

Team-building program: any program designed to encourage cooperative group collaboration with various individuals throughout an organization

Employee shadowing (*within the context of this course*): any program that allows a health care professional from one department to follow and observe a health care professional from another department in order to gather intra-organizational insight and perspective

Group talk session (*within the context of this course*): a small gathering of individuals who possess a common bond, and a willingness to discuss specific topics centered around positive notions, such as peer recognition and gratitude

Positive feedback (*with the context of communication*): a form of communication that recognizes an individual's success, achievements, and/or hard work

Positive reinforcement (*with the context of communication*): a communication exchange or response that encourages a constructive or beneficial action or behavior

Transparency (*within the context of health care*): an open and honest method of transmitting information regarding operating practices and patient care

Journaling: the act of keeping a journal or writing in a journal/diary

Breathing exercise: the practice of clearing the mind, relaxing, and breath focus (NCCIH, 2021)

Physical activity: any bodily movement produced by the contraction of skeletal muscle that increases energy expenditure above a basal level (U.S. Department of Health and Human Services, 2018)

Older adult: an individual 65 years or older

Section 3 Personal Reflection Question

How can health care professionals use the above recommendations to prevent burn-out/employee turnover?

Conclusion

Burn-out may refer to a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed (WHO, 2019). Burn-out is often associated with employee turnover (i.e., burn-out may lead to employee turnover). The leading causes of burn-out/employee turnover within the health care system include the following: stress; employee staffing; patient morbidity and mortality; technology overload; information overload; employee safety concerns; ineffective communication; a lack of professional autonomy; micromanagement; and the COVID-19 pandemic. Finally, health care professionals can work to prevent burn-out/employee turnover by following burn-out/employee turnover prevention recommendations.

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