

# California's Rural North: Trauma-Informed Retention Strategies

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## Introduction and Purpose

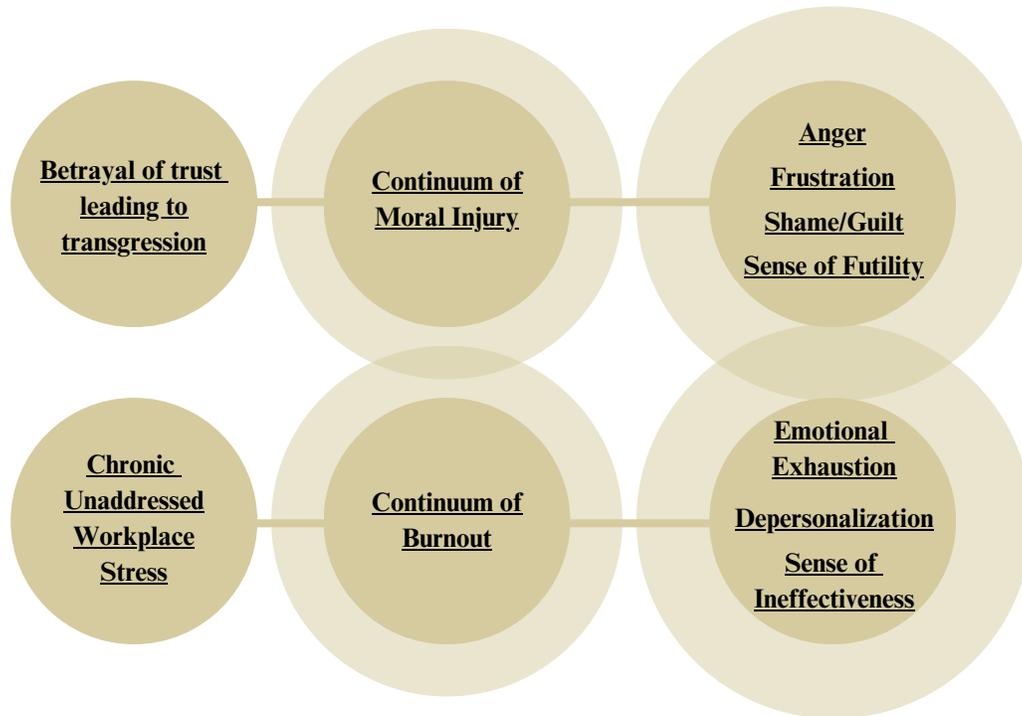
The chronic underfunding of the Public Health (PH) system in the United States and, consequently, the level of understaffing prevalent in the PH workforce led to the system being ill equipped to handle the COVID-19 pandemic (Dent & Chen, 2023; Farberman & Kelley, 2020). These elements, together, resulted in greater health impacts to our communities including the PH workers responding to the pandemic. The workload of their jobs increased and many of their job roles shifted dramatically for response. Two years after the onset of the pandemic, close to one out of three PH workers were considering leaving their job within the next year, citing stress and burnout as top causes (Dent & Chen, 2023). If these trends continue, it is estimated that as much as half of the governmental public health workforce will leave by 2025 (Leider et al., 2023).

The purpose of this brief is to elevate burnout and moral injury as primary drivers of retention challenges in the public health sector, particularly in the post-pandemic context. This brief also provides best practice strategies that PH departments can leverage to begin improving the well-being of their workforce, and subsequently their retention levels.

## Burnout and Moral Injury

As illustrated in the figure below, both processes have unique starting points and operate on a continuum. Burnout starts as chronic workplace stress, whereas moral injury is sparked through a sense of being harmed by actions or omissions of a trusted individual and institution. The continuum of both burnout and moral injury refer to the range of distinct experiences, symptoms, and presentations of both processes (ex. moral injury: from a moral dilemma to moral distress to moral injury; burnout: from engaged to burnt out). Burnout and moral injury share similar outcomes related to emotional distress (Workplace Change Collaborative, 2023). Both processes appear to be related, although the direct connection is not entirely understood. Empirical measures of moral injury are strongly correlated with empirical measures of burnout, meaning they appear to measure similar experiences (Mantri et al., 2020).

## Moral Injury and Burnout Process (Workplace Change Collaborative, 2023)



Emerging from research relating to the mental well-being of military veterans, moral injury has recently been examined in the context of healthcare workers responding to the COVID-19 pandemic (Coimbra BM et al., 2023). The reality that public health workers lack the staffing support and resources necessary to adequately care for their communities has left many of them with ethical dilemmas and feelings of betrayal directed towards the institutions they represent.

### *Drivers of Burnout and Moral Injury*

Burnout and moral injury result from the intersection of environmental, relational, and operational drivers. Environmental drivers are the systems-level elements that influence organizational priorities and behaviors (ex. available funding to staff PH departments). Relational and operational drivers function at the organizational level and impact the direct experience of burnout and moral injury.

Burnout and moral injury are exacerbated by relational drivers including a sense of distrust, conflicting values, a lack of control, and workplace inequities. Experiences of distrust can vary, whether between individual colleagues, administration, or teams. Value conflicts particularly occur when workers are expected to operate in suboptimal circumstances (ex. having insufficient training or support). Workers feel they lack control when their voices aren't heard or if their workplace culture lacks psychological safety. All of the factors above, including inequities in treatment and compensation, function to negatively impact workplace relationships.

Operational drivers refer to the lack of investment in precautions around physical and mental health safety, excessive work demands, and workplace inefficiencies. Burnout and moral injury are exacerbated when organizations fail to protect their employees

from physical risks (ex. workplace violence and occupational hazards) and mental risks (ex. stress/trauma and stigma). Organizations are also accountable for excessive demands placed on their staff, especially when considering insufficient staffing and resources that increase these demands. Inefficiencies such as poor communication, administrative burden, and chaotic workflows further impact the ability of staff to meet these demands (Workplace Change Collaborative, 2023).

### Loop of Retention Challenges

These processes have negative implications for the health workforce, as they are associated with physical and mental harms including symptoms of mental illness (ex. PTSD, depression, suicide ideation) and substance abuse. They are often associated with a greater intent to leave a job, decreased performance, and turnover, which in turn negatively impacts the communities served, healthcare organizations/sector, and even society at large.

Communities are impacted through a reduction or decrease in quality of services. Organizations and the sectors these workers are leaving from are impacted as the total number of workers reduces, requiring organizations to rehire, hurting their bottom line. Lastly, public trust in health institutions decline as more of the health workforce burn out, experience moral injury, and leave. High levels of trust between communities, healthcare providers, and institutions is associated with elevated community resilience and health promotion at the individual level (Dzotsenidze, 2023).

The outcomes of burnout and moral injury perpetuate their drivers. As turnover becomes more common and recruitment challenges continue to exist, incumbent staff become more vulnerable to excessive work demands, often in areas where they lack proper training. These conditions may lead to burnout and moral injury, and ultimately, more turnover and worse recruitment and retention challenges.

### Inequity in Outcomes

The experience and outcomes of burnout and moral injury are inequitable, both at the individual- and community-level. Research suggests that experiences of burnout differ depending on gender (Templeton et al., 2019; Lyubarova et al., 2023), race, ethnicity, and occupation (Prasad et al., 2021), meaning that marginalized populations are most at risk. Communities that are rural and/or socioeconomically disadvantaged are disproportionately harmed by workforce shortages, regardless of the drivers. Shortages impact an organization's ability to provide quality care and end up perpetuating inequities for vulnerable populations (Kett et al., 2023).

## Strategies to Improve Workforce Well-Being

Many organizations have released guidance on improving workplace well-being, particularly in response to the heightened levels of reported burnout and moral injury for healthcare workers amidst the COVID-19 pandemic. Guidance is often organized and packaged into different frameworks, which on the surface may appear distinct, but share similar core strategies (Workplace Change

Collaborative, 2023; Greer & Perry, 2022; Office of the U.S. Surgeon General, 2022; Chari et al., 2018). Strategies are as follows:

**Establish activities and structures that promote psychological safety.** Creating a psychologically safe environment, or one where staff feel they can take risks, express ideas and concerns, or speak up with questions, can lay the foundation for a workforce that is characterized as having high levels of trust (Gallo, 2023). Workplaces that create opportunities for staff at all levels to communicate and engage with each other, and more importantly with leadership, can advance perceptions of psychological safety. Beyond efforts to increase perceptions of safety in the workplace, leaders can review policy in order to analyze gaps where they can embed psychological safety.

It is imperative that staff feel comfortable expressing not only what is going right, but also what isn't. Confidential reporting systems can be established so that staff can give feedback without fear of reprisal. It is important to note that anonymous reporting systems can be challenging to operate in smaller, rural, health departments.

**Normalize and operationalize Diversity, Equity, Inclusion, and Accessibility (DEIA) and mental health.** Creating cultures of inclusion and belonging have a profound impact on the health and well-being of the workforce. Cultures characterized as such allow for increased teamwork and collaboration, which leads to trusted relationships. It also impacts psychological safety, as staff are more confident that their workplace will address discrimination.

It can also be beneficial for workplaces to normalize discussing topics related to mental health. This can lead to tangible efforts that workplaces can do to support staff who experience difficulties with their mental health and well-being. Additionally, leaders can model worker well-being and values tied to resilience and stress management for their staff.

**Improve workflows and establish manageable workloads.** The degree of work that is placed on staff members can be a significant risk factor in whether they experience burnout or moral injury, and ultimately decide to leave their position. Workplaces can promote positive team cultures and structures by establishing organizational policies that limit the amount of work that can be placed on a single staff member. Require that time is built in and protected for staff that take on extra work, especially for particularly invisible work such as administrative tasks. Additionally, team configurations can also be optimized in order to maintain that staff are supported with their current workload.

Workloads become more manageable when staff are equipped enough to handle the work placed upon them. Organizations can seek to coach or mentor their staff members, particularly around supplemental demands not related to their primary responsibilities.

Flexible arrangements for staff can also operate as benefits to support their wellbeing. This can look like allocating virtual or remote work time to staff members and respecting boundaries between work and non-work time, ultimately in support of their work life

balance. This can also look like developing a work environment that provides more choice and autonomy around how the work is done.

**Establish buy-in for organizational mission and values.** In order for staff to create meaning out of their work and contributions, they need to have a framework for why their individual work is important. Workplaces can foster collective pride by engaging staff in the shared mission of the work and the values that drive it. Establishing support of the common goal can foster social cohesion and trust between staff of all levels.

**Meaningfully reward and recognize staff contributions and provide structures for career growth.** In order for staff efforts to be meaningfully rewarded and recognized, leaders will require an understanding of current workloads. Leaders can support a culture of gratitude and recognition by formalizing and utilizing structures that celebrate staff successes. Recognition, however, can only go so far. It is just as important to reward staff members for their work and dedication. This starts with ensuring that staff are provided a living wage and satisfactory benefits. Organizations can decide to conduct pay equity audits and offer incentive bonuses to their staff.

Another common method of recognizing the work of staff is through providing them with advancement opportunities. Organizations can operationalize this by establishing career ladders, apprenticeships for higher-level staff, and advanced roles for workers.

**Consistently measure workplace well-being efforts.** Piecemeal efforts from organizations will not sufficiently improve the well-being of their workforce. A dedication to their well-being will require continuous evaluation of interventions and honesty from staff at all levels. Organizations can become accountable for efforts by measuring metrics related to retention, turnover, burnout, moral injury, teamwork, and the organizational environment. Organizations can use these measurements to build trust across staff by ensuring that confidentiality is protected and that results are shared transparently at all levels.

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