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Public Safety Personnel and Burnout Finding Solutions



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Before the onset of COVID-19, Public Safety Personnel (PSP) were already experiencing elevated levels of burnout. However, the pandemic overloaded an already struggling system and workforce. Although burnout manifests in individuals, it is fundamentally an organizational failing. Researchers have identified six occupational risk factors associated with burnout which include: workload, reward, control, fairness, community/culture, and values.

Systemic changes need to be made by innovative leaders and tenacious managers to transform stressful and unsustainable working conditions into a healthy workplace.

Workload



THE AMOUNT OF WORK AN INDIVIDUAL IS ASSIGNED.

The Problem: "Excessive workload is always the aggravating factor for burnout. When demands constantly push physiologies beyond their capacity, energy sources are overloaded. Nobody wins when we do more than we can do well." -Robinson

1. Create an environment that supports a work-life balance.
2. Assign appropriate scheduling.
 - a. Schedule downtime between calls. This reduces the effects of fatigue and other related risks among PSP.
 - b. Employees should only be working manageable hours.
 - c. Allow sufficient time for sleep. The Centres for Disease Control and Prevention (CDC) suggests 7+ hours of sleep a night.
3. Initiate an early intervention or support program for high-risk PSP that assists them in managing stress and emotions. This is particularly important for PSP with less than 15 years of work experience.
4. PSP require appropriate training to feel competent in situations where they must de-escalate patients, family members, or bystanders who are threatening or attempting an assault.
5. Proactively reach out to PSP who are at higher risk of developing burnout and provide assistance or resources.



Reward



THE EXTRINSIC AND INTRINSIC COMPENSATION OR REWARDS RECEIVED FOR A JOB.

The Problem: "Extreme workload wears away at the energy and loyalty of employees. When overload becomes the expectation and there is no compensating reward for the extra effort or even a sense of gratitude, it is human nature to feel you're on the short end of the stick." -Robinson

1. Provide achievable benchmarks and detailed performance reports for employees.
2. Provide job protection when possible.
3. Ensure PSP receive a living wage, access to health insurance, and adequate sick leave.
4. Provide financial management education to help promote effective management of money.
5. Increasing the direct contact frontline workers have with leadership has been shown to reduce burnout.
6. Appreciate and recognize employee efforts.
 - a. Validate the risk and sacrifice of PSP.



Control



THE ABILITY TO INFLUENCE DECISIONS RELATED TO YOUR WORK AND HAVE AUTONOMY OVER YOUR JOB.

The Problem: "Stress is a function of how much perceived control we feel we have over the demands coming our way." -Robinson

1. Provide PSP with greater control over their work environment.
 - a. Increase scheduling flexibility.
2. Encourage employees to create boundaries at work.
3. Decisions made by PSP should be supported by managers and leaders.
4. Include PSP in designing and implementing large- and small-scale well-being strategies.
5. Actively consider and respond to input from frontline workers.
6. Organizations should create an anonymous self-reporting system to allow early recognition of safety issues that impact the safety of PSP.



Fairness



RECEIVING FAIR AND EQUITABLE TREATMENT.

The Problem: "There is an implied contract for most of us that we will be treated in good faith. When that trust is broken, cynicism grows. In the era of downsizing and restructuring, many feel their efforts are not valued, promises are not being kept, and everyone is replaceable. This climate added to chronic overload can ramp up the withdrawal and cynicism of burnout." -Robinson

1. Do not blame individuals for experiencing burnout. This may inadvertently place the responsibility on the victim.
2. Do not assume that individuals are solely responsible for their recovery, as their leadership and organization should support them. Meaningful and lasting change will require interventions at multiple levels within organizations.
3. Provide adequate personal protective equipment (PPE) to PSP.
4. Find ways to ensure employees have access to mental, physical, emotional, and spiritual health services.
5. Worker well-being should become a measurable priority.
6. Recognize and address systemic biases.
7. To ensure systemic challenges are targeted and addressed, provincial and federal governments must prioritize PSP and incorporate feedback from all levels, including PSP, researchers, and stakeholders.

Community/Culture



THE PERVASIVE BEHAVIORS AND PRACTICES THAT OCCUR IN A WORKING ENVIRONMENT.

The Problem: "High-turnover, mergers, and constant changes within organizations can hollow out support systems and leave employees estranged as they try to do more than they are equipped for. Alienation is the route to cynicism, a main dimension of burnout. People feel more depersonalized when there is a sense that no one cares, and engagement disappears. The risk for burnout grows as trust fades." -Robinson

1. Provide appropriate performance feedback and support to PSP.
2. Do not punish PSP for reporting safety risks or concerns.
3. As a leader or manager, supporting employees' physical and psychological well-being should be a top priority.
 - a. Break the tradition of silence surrounding the suffering of PSP.
 - b. Implemented strategies to reduce risk and strengthen resilience.
 - c. Ensure PSP have appropriate social supports in place.
 - d. Proactively provide accessible and confidential care for those who require intensive services.
 - e. Eliminate the shame associated with seeking help for mental health struggles.
 - f. Phase out expectations to work overtime and to work while sick.
4. Ensure resilience training is a staple practice throughout a PSPs career. Resiliency training provides individuals with some protection from developing burnout.
5. Find additional ways to build a culture of psychological safety, well-being, and respect that will improve workforce morale.

Values



A PERSON'S DEEPLY HELD BELIEFS, VALUES, AND PRINCIPLES.

The Problem: "People are more likely to embrace the vision of the company they work for when it reflects their values. But when those values are contradicted by policies or behaviors that are at odds with deeply held values, the mismatch can lead to an acceleration of disengagement and withdrawal." -Robinson

1. Ensure that the values of the work environment and organization are clearly articulated and that all employees share a collective understanding.
2. The organization's values must direct decision-making processes made by leadership and management.
3. Public safety organizations and departments in Canada need investment. Having appropriate resources and staffing helps create a work environment that PSP are proud of.



Sources

Benincasa, V., Passannante, M., Pierrini, F., Carpinelli, L., Moccia, G., Marinaci, T., Capunzo, M., Pironti, C., Genovese, A., Savarese, G., De Caro, F., & Motta, O. (2022). Burnout and psychological vulnerability in first responders: Monitoring depersonalization and phobic anxiety during the COVID-19 pandemic. *International Journal of Environmental Research and Public Health*, 19(5), 2794. <https://doi.org/10.3390/ijerph19052794>

Canadian Institute for Public Safety Research and Treatment (CIPSRT). (2022). Glossary of terms: A shared understanding of the common terms used to describe psychological trauma (version 2.2). Regina, SK: Author. <https://www.cipsrt-icrtsp.ca/en/resources/glossary-of-terms>

Centers for Disease Control and Prevention (CDC). (2022). How much sleep do I need? https://www.cdc.gov/sleep/about_sleep/how_much_sleep.html

Crowe, R. P., Bower, J. K., Cash, R. E., Panchal, A. R., Rodriguez, S. A., & Olivo-Marston, S. E. (2018). Association of burnout with workforce-reducing factors among EMS professionals. *Prehospital Emergency Care*, 22(2), 229–236. <https://doi.org/10.1080/10903127.2017.1356411>

Crowe, R. P., Fernandez, A. R., Pepe, P. E., Cash, R. E., Rivard, M. K., Wronski, R., Anderson, S. E., Hogan, T. H., Andridge, R. R., Panchal, A. R., & Ferketich, A. K. (2020). The association of job demands and resources with burnout among emergency medical services professionals. *Journal of the American College of Emergency Physicians Open*, 1(1), 6–16. <https://doi.org/10.1002/emp2.12014>

Hendrickson, R. C., Slevin, R. A., Hoerster, K. D., Chang, B. P., Sano, E., McCall, C. A., Monty, G. R., Thomas, R. G., & Raskind, M. A. (2022). The impact of the COVID-19 pandemic on mental health, occupational functioning, and professional retention among healthcare workers and first responders. *Journal of General Internal Medicine: JGIM*, 37(2), 397–408. <https://doi.org/10.1007/s11606-021-07252-z>

Hsieh, C. -W. (2014). Burnout among public service workers: The role of emotional labor requirements and job resources. *Review of Public Personnel Administration*, 34(4), 379–402. <https://doi.org/10.1177/0734371X12460554>

Hunter, J. (2018). Handling stress and burnout as a first responder. *Armour up*. <https://armorupnow.org/2018/06/07/handling-stress-and-burnout-as-a-first-responder/#:~:text=When%20the%20stress%20and%20burnout%20of%20the%20job,reflect%20%20Practice%20your%20spiritual%20beliefs%20More%20items>

Lee, J., Resick, C. J., Allen, J. A., Davis, A. L., & Taylor, J. A. (2022). Interplay between safety climate and emotional exhaustion: Effects on first responders' safety behavior and wellbeing over time. *Journal of Business and Psychology*, 1–23. <https://doi.org/10.1007/s10869-022-09869-1>

Leiter, M. P. (2015). Key worklife areas contributing to healthcare burnout: Reflections on ORCAB project. *British Journal of Health Psychology*, 20, 223–227. <https://doi.org/10.1111/bjhp.12124>

Maslach, C., & Leiter, M. P. (2016). Understanding the burnout experience: Recent research and its implications for psychiatry. *World Psychiatry*, 15(2), 103–111. <https://doi.org/10.1002/wps.20311>

Maslach, C. (2017). Finding solutions to the problem of burnout. *Consulting Psychology Journal*, 69(2), 143–152. <https://doi.org/10.1037/cpb0000090>

Murthy, V. H. (2022). Confronting health worker burnout and well-being. *The New England Journal of Medicine*, 387(7), 577–579. <https://doi.org/10.1056/NEJMp2207252>

Robb-Dover, K. (2020). First responder burnout – An interview with Dr. Sachi Ananda. *FHEHealth*. <https://therehab.com/learning/first-responder-burnout/>

Robinson, J. (n. d.) Risk factors for burnout: The 6 burnout triggers. *Work To Live*. <https://www.worktolive.info/blog/risk-factors-for-burnout-the-6-burnout-triggers>

Taylor, J. A., Davis, A. L., Barnes, B., Lacovara, A. V., & Patel, R. (2015). Injury risks of EMS responders: Evidence from the national fire fighter near-miss reporting system. *BMJ Open*, 5(6). <https://doi.org/10.1136/bmjopen-2014-007562>

Vagni, M., Maiorano, T., Giostra, V., Pajardi, D., & Bartone, P. (2022). Emergency stress, hardiness, coping strategies, and burnout in health care and emergency response workers during the COVID-19 pandemic. *Frontiers in Psychology*, 13, 918788. <https://doi.org/10.3389/fpsyg.2022.918788>

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