

# Charting a New Course for Public Health Workforce Well-Being

Moral injury and burnout negatively impact public health agencies' operational capacity. The COVID-19 pandemic has increased the urgency and scope of public health professionals' work, while decreasing individual capacity and effectiveness. The result may adversely impact population health outcomes, highlighting the importance of making the public health workforce's long-term well-being an organizational priority. Therefore, public health agencies should consider implementing strategies to address workforce well-being at all levels of their workforce, including front line and entry-level staff, middle management and supervisors, and senior and executive leadership.

## What is Moral Injury?

[Moral injury](#) is the cognitive and emotional response that results from perpetrating, witnessing, and/or failing to prevent events or actions that violate a person's moral beliefs and expectations. It is distinct from post-traumatic stress disorder, which is caused by experiencing or witnessing a threat to life. It is also distinct from [burnout](#), which is a work-related syndrome caused by a combination of individual and organizational factors.

Individual-level solutions alone are not sufficient, and changes to institutional leadership, governance structure, operations, and organizational processes are needed in conjunction with individual-level strategies.

Public health workers may have experienced moral injury during the COVID-19 pandemic as a result of having such a large workload that they couldn't complete their work to their typical standards. Other potential causes include having insufficient personal protective equipment or COVID-19 vaccines, or else having evidence-based public health practices politicized or undermined by non-public health officials.

## Burnout Results from Chronic Workplace Stress

Burnout is a syndrome conceptualized as a result of chronic workplace stress that has not been successfully managed. It is characterized by [three dimensions](#):

1. Feelings of depleted energy or exhaustion.
2. Increased mental distance from—or feelings of cynicism related to—one's job.
3. Reduced professional efficacy.

Some factors leading to burnout include disparate workload between work areas, long working hours, tedious documentation, limited control over work environment and hours, and diminished trust between frontline staff and leadership. Some institutional factors that contribute to burnout include racism and unconscious biases, microaggressions, lack of recognition for one's work, lack of resources, and lack of opportunity for professional development and advancement.

## Organizational Change is Necessary for Workplace Resilience

Resilience is not a “shake it off” mentality that leaves workers feeling invincible. Rather, it is a long-term process centered on flexibility, well-being, and healthy coping. Individual-level solutions alone are not sufficient to mitigate burnout and do little to address moral injury.

Changes to institutional leadership, governance structure, operations, and organizational processes must be made in conjunction with individual-level strategies. Individual-level resources can serve as a lifeline, but it remains leadership’s responsibility to plot a course towards sustainability and resilience.

## Recommendations for Increasing Workplace Resilience

1. **Operate as a trauma-informed, resilient organization.** Ensure that leaders demonstrate high levels of emotional intelligence, that structures allow for transparent and open communication between staff and leadership, and leadership meaningfully addresses staff concerns. Trainings and programming around trauma-informed leadership, Diversity, Equity, Inclusion, and Accessibility, and workforce engagement and retention are an ideal starting point.
2. **Establish and monitor formal policies to support work-life balance and prevent burnout.** Strategies include managing workloads and modeling a healthy work-life balance; screening regularly for burnout and stress while working to recognize and address trauma among employees; and supporting staff experiencing burnout, moral injury, or chronic stress to prevent further negative consequences.
3. **Routinely monitor employee well-being.** Avoid assessment fatigue by using existing data, such as the [Public Health Workforce Interests and Needs Survey](#). Openly share data back with employees to foster trust and motivate your organization to act on the results.
4. **Ensure affordable access to physical and mental healthcare.** Raise awareness of these benefits and others that can support well-being, allow flexibility and time off for attending appointments, and [“treat” burnout and overwork](#) by adjusting employees’ workloads, providing staff with more autonomy in their roles, and giving staff time to recover when needed.

These strategies should be seen as an organization-wide objective, rather than suggestions for frontline staff and supervisors. Individuals in senior and executive leadership should be recognized as champions of the work by leading the charge to examine existing policies, identifying gaps and areas for improvement, and modeling activities and practices to support well-being. If executive leadership adopts practices that support wellbeing, staff at other levels will feel comfortable doing the same.