BURNOUT, BOUNDARIES, & RETENTION

Leading in a High-Stress RT Environment

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AARC Approved for 1 CRCE

Recognizing burnout • Supporting healthy boundaries • Keeping good respiratory therapists

Participant Handout

Learning Objective

By the end of this course, participants will be able to identify common causes, warning signs, and organizational contributors to burnout among respiratory therapists.

1. Understanding Burnout

Respiratory care is inherently stressful. The key distinction is between temporary stress and chronic workplace stress that is not successfully managed.

STRESS	BURNOUT
Often temporary May improve after rest or time away “I have too much to do.”	Develops over time May persist despite time away “I don't have anything left to give.”
Often increases urgency and effort.	Often decreases engagement and creates depletion or detachment.

WHO / ICD-11 Definition

The World Health Organization includes burn-out in ICD-11 as an occupational phenomenon, not as a medical condition. It is conceptualized as resulting from chronic workplace stress that has not been successfully managed.

- Energy depletion or exhaustion
- Increased mental distance from one's job, or negativism/cynicism related to the job
- Reduced professional efficacy

Key point: Burnout specifically refers to the occupational context.

What RT Research Shows

A 2021 multicenter study conducted during the COVID-19 pandemic surveyed 1,114 respiratory therapists at 26 U.S. centers. Among respondents, 79% reported some degree of burnout (37% mild, 32% moderate, 10% severe).

- Inadequate RT staffing was associated with increased odds of burnout.
- Being unable to complete assigned work was associated with increased odds of burnout.
- A workplace burnout climate was strongly associated with burnout.
- Positive leadership was associated with lower odds of burnout.

A qualitative analysis of RT responses identified five major themes: staffing, workload, physical/emotional consequences, ineffective leadership, and lack of respect.

2. Recognizing the Warning Signs

Burnout does not always look like exhaustion. Look for meaningful changes from the therapist's usual behavior, especially when several changes occur together and persist.

EMOTIONAL	BEHAVIORAL	WORK-RELATED
Irritability	Withdrawal	Difficulty concentrating
Increasing negativity	Stops volunteering	Reduced productivity
Feeling overwhelmed	More call-outs/tardiness	More mistakes/delays
Loss of enthusiasm	Avoids extra responsibilities	Less patient engagement
Emotional detachment	Talks about leaving	Feeling ineffective

Cynicism Deserves Attention

Persistent statements such as “Why bother?” or “Nothing is ever going to change” may reflect increasing mental distance from the job. Cynicism can be a warning sign of burnout and a signal about the work environment.

Leadership question: What's changed?

Absenteeism, Presenteeism & Withdrawal

- Absenteeism: more call-outs, tardiness, or unscheduled time off.
- Presenteeism: physically at work but depleted, disengaged, or less productive.
- Withdrawal: less participation, interaction, volunteering, or emotional investment.

These are clues, not a diagnosis. Leaders should notice patterns and create an opportunity for conversation rather than making assumptions.

Moral Distress

Moral distress can occur when a clinician believes they know the ethically appropriate action but constraints prevent them from taking it.

- Providing treatments believed to offer little benefit
- Prolonging aggressive support near the end of life
- Feeling patient care is compromised by workload
- Speaking up about concerns but feeling unheard

3. Staffing, Workload & Boundaries

When Short Staffing Becomes the Staffing Model

OCCASIONAL SHORTAGE	CHRONIC SHORTAGE
Call-out or unexpected absence Sudden census/acuity surge Temporary coverage problem	Repeated excessive assignments Missed/delayed breaks Frequent overtime/extra shifts Difficulty completing assigned work

Staffing is not simply a head-count issue. Acuity, ICU census, transports, procedures, admissions, and hospital layout affect whether assigned work is realistically achievable.

The Dependable-RT Trap

Reliable → asked to do more → becomes indispensable → asked to do even more.

Remember: Reliability is not unlimited capacity. Being dependable should be valued, not unintentionally rewarded with endless additional workload.

Why Boundaries Matter

- Healthy boundaries are not a lack of commitment.
- Employees should be able to decline optional extra work without punishment or guilt.
- PTO and time away should actually be protected.
- Extra responsibilities should be shared rather than repeatedly assigned to the same people.
- Recovery is necessary for sustainable performance.

Teamwork requires flexibility - not unlimited availability. Extra effort should remain extra.

When the Assignment Is Too Much

Speaking up about workload can be a patient-safety issue. Make the concern specific: describe the workload, identify what is at risk, ask for prioritization, request specific help, and escalate when necessary.

Example: "I can't safely complete all of these tasks on time. Which should I prioritize, and what can we redistribute?"

4. Psychological Safety

People are more likely to speak up when they believe concerns will be heard rather than punished.

WHEN SPEAKING UP FEELS RISKY	WHEN SPEAKING UP IS EXPECTED
Concerns dismissed/minimized	Leaders invite concerns
Questions treated as incompetence	Questions treated with respect
Fear of being labeled difficult	Workload concerns trigger discussion
Nothing changes after concerns are raised	Mistakes can be discussed and learned from
	Leaders explain what can and cannot change

Silence does not necessarily mean the department has no problems.

5. Retention Starts Before the Resignation

A common progression is: frustration → disengagement → withdrawal → job search → resignation. By the time an RT accepts another job, the decision to leave may be months old.

What Makes an RT Want to Stay?

- Fair workload - assignments that feel manageable and equitable
- Supportive leadership - leaders who listen, respond, and follow through
- Respect - feeling valued as a professional and team member
- Control and flexibility - meaningful input into scheduling, work, and decisions
- Growth and purpose - learning, advancement, and meaningful contribution

Stay Interviews

Do not wait for the exit interview. Ask good employees what matters while there is still time to act.

- What keeps you working here?
- What frustrates you most?
- What might cause you to leave?
- What would make this job better?

The goal is not to promise everything. It is to discover what matters, act where possible, and follow up.

Meaningful Recognition

Recognition works best when it is specific, timely, personal, and connected to contribution or growth. Recognition should complement a healthy work environment - not substitute for fixing legitimate workplace problems.

Give Good RTs Somewhere to Grow

Growth does not have to mean management. Consider clinical expertise, education, leadership, quality improvement, committees, research/protocol work, credentials, conferences, and advanced education.

6. Leadership Actions

WATCH THE WORKLOAD	Look beyond head count. Ask whether the work is actually achievable.
LISTEN EARLY	Check in when behavior, engagement, or attitude begins to change.
PROTECT BOUNDARIES	Respect PTO, recovery, and the right to decline optional extra work.
FOLLOW THROUGH	Fix what you can. Explain what you cannot. Circle back.
RECOGNIZE	Notice specific contributions and make appreciation meaningful.
DEVELOP	Ask where good RTs want to grow and help create a realistic path.

Case: Jordan

Jordan is an experienced night-shift RT who was previously highly engaged, picked up extra shifts, precepted new staff, and rarely complained. Recently Jordan has become more irritable and negative, stopped volunteering, had unusual call-outs, says “Nothing changes,” and has started asking about jobs elsewhere.

- What warning signs are present?
- What organizational factors might be contributing?
- How would you approach Jordan?
- What happens if nobody does anything?

A useful opening: “You've always been someone we can count on, but lately you seem frustrated. How are you doing?” Then listen.

Leadership Scenario: “I'm Thinking About Leaving.”

A better first response is to listen before defending the department, ask what is driving the decision, identify what can realistically change, avoid promises you cannot keep, and agree on specific follow-up.

Start with: “Tell me what's making you feel like leaving.”

7. Key Takeaways

- Burnout is not just exhaustion. Watch for cynicism, withdrawal, reduced effectiveness, and changes from an RT's normal behavior.
- Look at the work environment. Workload, staffing, leadership, respect, control, and moral distress can contribute.
- Boundaries make commitment sustainable. Protect recovery time, respect PTO, and make it acceptable to say no to optional extra work.
- Retention starts before resignation. Listen early, recognize contribution, create growth opportunities, and ask what makes good RTs stay.

The goal: create an RT environment where good people can continue doing good work.

Leadership Reflection

Where is workload most likely to become unsustainable in your department?

_____

_____

Do employees feel safe saying no to optional extra work?

_____

_____

Would your staff tell you if an assignment felt unsafe or unmanageable?

_____

_____

Which dependable employees may be carrying more than their share?

_____

_____

When did you last ask a good RT what would make them stay?

_____

_____

What is one leadership behavior you can change this month?

_____

_____

Final Thought

Respiratory care is inherently stressful, but there is a difference between stress inherent to the profession and stress created unnecessarily by the way work is organized and led. Burnout prevention cannot rest entirely on the individual therapist.

Take care of the people who take care of the patients.

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