LEADERSHIP • AARC Approved for 1 CRCE

Burnout, Boundaries, & Retention

Leading in a High-Stress RT Environment

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Recognizing burnout • Supporting healthy boundaries • Keeping good respiratory therapists

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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.

Recognize the problem earlier • Understand what drives it • Identify what leaders can influence

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UNDERSTANDING RT BURNOUT

Respiratory Care Is a High-Stress Environment

- Critically ill and rapidly deteriorating patients
- Codes, emergencies, and high-consequence decisions
- Death and end-of-life situations
- Heavy workloads and competing priorities
- Staffing shortages and unpredictable assignments
- Shift work, nights, weekends, and holidays
- Constant interruptions and changing priorities

Stress may be part of respiratory care.

Chronic unmanaged stress doesn't have to be.

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UNDERSTANDING RT BURNOUT

Stress Is Not the Same as Burnout

STRESS

- Often temporary
- May improve after rest or time away
- Feeling overwhelmed or pressured
- "I have too much to do."
- Can increase urgency and effort

BURNOUT

- Develops over time
- May persist despite time away
- Feeling depleted or detached
- "I don't have anything left to give."
- Often decreases engagement

A stressful shift doesn't necessarily mean an RT is burned out.

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UNDERSTANDING RT BURNOUT

What Is Burnout?

Burnout is an occupational phenomenon resulting from chronic workplace stress that has not been successfully managed.

1
EXHAUSTION
Feeling emotionally and physically depleted

2
CYNICISM / DISTANCE
Increasing negativity, detachment, or indifference

3
REDUCED EFFECTIVENESS
Feeling less capable, productive, or accomplished

Key point: Burnout specifically refers to the occupational context.

Source: World Health Organization, ICD-11

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WHAT THE RT RESEARCH SHOWS

Burnout Among Respiratory Therapists

79%
reported burnout

1,114 respondents
26 U.S. centers

37% Mild

32% Moderate

10% Severe

Factors associated with increased burnout:
- Inadequate RT staffing
- Unable to complete assigned work
- A workplace burnout climate

Positive leadership was associated with lower odds of burnout.

Miller AG, et al. Respir Care. 2021;66(11):1639–1648. doi:10.4187/respcare.09283

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WHAT RTS SAY DRIVES BURNOUT

Five Themes Behind RT Burnout

STAFFING
Too few RTs to meet patient-care demands

WORKLOAD
High assignments, acuity & competing tasks

PHYSICAL / EMOTIONAL
Exhaustion, anxiety & compassion fatigue

LEADERSHIP
Inadequate support or ineffective leadership

RESPECT
Feeling the RT role and contributions are undervalued

Burnout is not just about the individual — the work environment matters.

Strickland SL, et al. Respir Care. 2022;67(12):1578–1587. doi:10.4187/respcare.10144

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FROM INDIVIDUAL COPING TO WORKPLACE CONDITIONS

Burnout Is Not Simply an Employee Problem

THE COMMON RESPONSE

"You're burned out? Take care of yourself."

- Get more sleep
- Exercise
- Meditate
- Take a vacation
- Improve work-life balance

BUT WHAT HAPPENS WHEN THEY RETURN TO…

THE SAME WORKLOAD

THE SAME STAFFING

THE SAME CULTURE

THE SAME UNRESOLVED PROBLEMS

Individual coping strategies can help but they cannot fix an organizational problem.

Context: RT burnout research identifies staffing, workload, leadership, and respect as major themes.

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STAFFING & WORKLOAD

When "Short Staffed" Becomes the Staffing Model

OCCASIONAL SHORTAGE

"We're having a bad day."

- Call-out or unexpected absence
- Sudden census or acuity surge
- Temporary coverage problem

CHRONIC SHORTAGE

"This is how we operate."

- Repeated excessive assignments
- Missed or delayed breaks
- Frequent overtime / extra shifts
- Difficulty completing assigned work

Leadership question:
Is this a temporary shortage — or our normal operating condition?

Miller AG, et al. Respir Care. 2021;66(11):1639–1648. doi:10.4187/respcare.09283

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WORKLOAD & RELIABILITY

Your Best RT May Be at Greatest Risk

THE DEPENDABLE RT

- Rarely says no
- Picks up extra shifts
- Helps struggling coworkers
- Takes difficult assignments
- Precepts new employees
- Serves on committees
- Becomes the "go-to" person

THE LEADERSHIP TRAP

Reliable
↓
Asked to do more
↓
Becomes indispensable
↓
Asked to do even more

Reliability can unintentionally be rewarded with additional workload.

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RECOGNIZING THE WARNING SIGNS

Burnout Doesn't Always Look Like Exhaustion

Look for a change from the therapist's usual behavior.

ENERGY
Fatigue • less enthusiasm slower recovery between shifts

ATTITUDE
Cynicism • irritability negativity • detachment

ENGAGEMENT
Stops volunteering withdraws from coworkers

PERFORMANCE
More errors or delays reduced sense of effectiveness

Don't just ask: "Are they tired?"
Ask: "What's changed?"

Warning signs are clues, not a diagnosis. Look for patterns and changes over time.

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RECOGNIZING THE WARNING SIGNS

Early Warning Signs of Burnout

The signs often appear gradually — and may be easy to normalize.

EMOTIONAL
- Irritability or frustration
- Increasing negativity
- Feeling overwhelmed
- Loss of enthusiasm
- Emotional detachment

BEHAVIORAL
- Withdrawing from coworkers
- Stops volunteering
- More call-outs or tardiness
- Avoids extra responsibilities
- Talks about leaving

WORK-RELATED
- Difficulty concentrating
- Reduced productivity
- More mistakes or delays
- Less patient engagement
- Feeling ineffective

One sign may mean very little. A pattern of change deserves attention.

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RECOGNIZING THE WARNING SIGNS

Cynicism: The Warning Sign We Sometimes Normalize

WHAT IT MAY SOUND LIKE

"Why bother?"

"Nobody listens to respiratory anyway."

"Nothing is ever going to change."

"Just do the treatment and move on."

"I don't care anymore."

WHEN CYNICISM BECOMES THE CULTURE

Frustration

↓

Detachment

↓

Cynicism

↓

"That's just how we are here."

Cynicism can be a symptom of burnout — and a signal about the work environment.

WHO ICD-11: increased mental distance, negativism or cynicism toward one's job is a dimension of burnout.

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RECOGNIZING THE WARNING SIGNS

Changes in Performance & Behavior

Burnout may show up in the work before an RT ever says, "I'm burned out."

PERFORMANCE CHANGES

- Difficulty concentrating
- Tasks take longer
- More missed details or delays
- Reduced sense of effectiveness
- Less initiative or problem-solving

BEHAVIOR CHANGES

- More irritable or easily frustrated
- Withdraws from coworkers
- Stops volunteering or participating
- More call-outs or tardiness
- Increasingly talks about leaving

Before assuming it's an attitude or performance problem…
Ask what changed.

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RECOGNIZING THE WARNING SIGNS

Absenteeism, Presenteeism & Withdrawal

Burnout doesn't always mean the employee stops showing up.

ABSENTEEISM

Not at work

More call-outs
Tardiness
Unscheduled time off

PRESENTEEISM

At work — but depleted

Physically present
Mentally disengaged
Reduced productivity

WITHDRAWAL

Pulling away

Less participation
Less interaction
Stops volunteering

A therapist can be on the schedule…
and still be psychologically checking out.

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EMOTIONAL & ETHICAL STRESS

Moral Distress: When You Know What Should Be Done

…but feel unable to make it happen.

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

WHAT THIS MAY LOOK LIKE FOR AN RT

- 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

REPEATED EXPOSURE
Frustration
↓
Helplessness
↓
Detachment / Burnout

Leadership question: Do RTs have a meaningful way to raise ethical concerns and be heard?

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CASE STUDY

What Happened to This Therapist?

MEET JORDAN — EXPERIENCED NIGHT-SHIFT RT

- 6 yrs in dept; previously highly engaged
- Picks up extra shifts - precepts new staff
- Recently more irritable and negative
- Stopped volunteering
- Two call-outs in the past month — unusual
- Says, "It doesn't matter what we say. Nothing changes."
- Has started asking about jobs at other hospitals

WHAT DO YOU SEE?

What warning signs are present?

What organizational factors might be contributing?

How would you approach Jordan?

What happens if nobody does anything?

The resignation may be the final event, not the first warning sign.

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BOUNDARIES IN A HIGH-STRESS RT DEPARTMENT

Why Boundaries Matter

Healthy boundaries are not a lack of commitment.

WITHOUT CLEAR BOUNDARIES

- Always available
- Repeatedly accepts extra shifts
- Work follows them home
- PTO doesn't feel protected
- Saying "no" creates guilt

WITH HEALTHY BOUNDARIES

- Can say no without punishment
- Time off is actually time off
- Extra work has limits
- Responsibilities are shared
- Recovery is treated as necessary

Boundaries help make commitment sustainable.

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BOUNDARIES IN A HIGH-STRESS RT DEPARTMENT

The Problem With Always Saying Yes

Every "yes" has a cost, even when the reason is good.

WHY RTS SAY YES

"My coworkers need me."

"We're already short staffed."

"I don't want to let the team down."

"They always count on me."

"It's easier to just do it."

THE CUMULATIVE COST

- Less recovery time
- More fatigue
- Resentment
- Work-life conflict
- Burnout risk increases

A healthy team cannot depend on the same people continually sacrificing their recovery time.

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BOUNDARIES IN A HIGH-STRESS RT DEPARTMENT

When Being a Team Player Becomes Unsustainable

Teamwork requires flexibility — not unlimited availability.

1	→	2	→	3	→	4	→	5
HELPFUL		**DEPENDABLE**		**EXPECTED**		**RESENTFUL**		**EXIT**
Occasionally picks up or stays late		Frequently asked because they say yes		Extra effort becomes part of the routine		Feels taken for granted or unable to say no		Cuts back, transfers, or leaves

Leadership checkpoint

Has "going above and beyond" quietly become the minimum expectation?

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BOUNDARIES IN A HIGH-STRESS RT DEPARTMENT

Leaders Set the Boundary Standard

Employees notice what leaders do, not just what leaders say.

WHAT LEADERS MAY MODEL

- Answering routine messages while off
- Working through PTO
- Staying late every day
- Never taking breaks
- Being available 24/7

WHAT HEALTHY LEADERSHIP MODELS

- Protecting time away from work
- Using PTO without apology
- Delegating responsibilities
- Respecting others' time off
- Making recovery acceptable

If the leader has no boundaries…
employees may assume they aren't allowed to have them either.

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BOUNDARIES IN A HIGH-STRESS RT DEPARTMENT

When the Assignment Is Too Much

Speaking up about workload is a patient-safety issue, not a failure of teamwork.

WHEN TO SPEAK UP

- Essential care is being delayed
- You cannot complete assigned work
- Acuity exceeds what you can safely manage
- Breaks are repeatedly impossible
- New demands keep being added without relief

MAKE THE CONCERN SPECIFIC

- Describe the workload
- Identify what is at risk
- Ask for prioritization
- Request specific help
- Escalate when necessary

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

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PSYCHOLOGICAL SAFETY

Can Your RTs Speak Up Without Paying a Price?

People speak up when they believe concerns will be heard, not punished.

WHEN SPEAKING UP FEELS RISKY

- "Don't complain — everyone is busy."
- Concerns are dismissed or minimized
- Questions are treated as incompetence
- Employees fear being labeled difficult
- Nothing changes after concerns are raised

WHEN SPEAKING UP IS EXPECTED

- Leaders invite concerns
- Questions are treated with respect
- Workload concerns trigger discussion
- Mistakes can be discussed and learned from
- Leaders explain what can — and cannot — change

Silence does not necessarily mean the department has no problems.

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RETENTION: WHY GOOD RTS STAY

Retention Starts Before the Resignation

By the time an RT accepts another job, the decision to leave may be months old.

1 **FRUSTRATION** — Workload, staffing, or lack of support

→ 2 **DISENGAGEMENT** — Stops volunteering and speaking up

→ 3 **WITHDRAWAL** — Does the job — but little more

→ 4 **JOB SEARCH** — Starts looking for alternatives

→ 5 **RESIGNATION** — The leader finally sees the problem

The best retention conversation happens here:
before the employee starts looking.

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RETENTION: WHY GOOD RTS STAY

What Makes an RT Want to Stay?

Retention is rarely about one thing.

FAIR WORKLOAD
Assignments that feel manageable & equitable

SUPPORTIVE LEADERSHIP
Leaders who listen, respond & follow through

RESPECT
Feeling valued as a professional & team member

CONTROL & FLEXIBILITY
Input into scheduling, work & decisions

GROWTH & PURPOSE
Learning, advancement & meaningful contribution

People are more likely to stay where they feel supported, respected, and able to do good work.

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RETENTION: WHY GOOD RTS STAY

Don't Wait for the Exit Interview

Ask why they stay, while you still have time to act.

EXIT INTERVIEW

After the decision is made

- Why are you leaving?
- What could we have done differently?
- Would anything make you reconsider?

STAY INTERVIEW

Before they start looking

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

The goal isn't to promise everything, it's to discover what matters before it's too late.

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RETENTION: WHY GOOD RTS STAY

Recognition: More Than a Pizza Party

Recognition works best when it is specific, timely, and meaningful.

GENERIC RECOGNITION

- "Thanks for everything you do."
- Annual appreciation event
- Same reward for everyone
- Recognition disconnected from the work
- Only noticed when something goes wrong

MEANINGFUL RECOGNITION

- Specific: what did they do well?
- Timely: say it when it happens
- Personal: know what they value
- Visible when appropriate
- Connected to contribution & growth

"The way you recognized that patient was tiring on NIV and escalated early made a difference."

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RETENTION: WHY GOOD RTS STAY

Give Good RTs Somewhere to Grow

Not every career path has to lead to management.

CLINICAL EXPERTISE

ICU • NICU/PICU
ECMO • Transport
PFT • Sleep

EDUCATION

Preceptor
Clinical educator
Student instruction

LEADERSHIP

Charge RT
Supervisor
Management

SPECIAL PROJECTS

Quality improvement
Committees
Research / protocols

PROFESSIONAL GROWTH

Credentials
Conferences
Advanced education

If growth requires leaving your department, eventually someone will.

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LEADERSHIP ACTIONS

What Can a Leader Actually Do?

You may not control every problem, but you can influence the daily work environment.

1
WATCH THE WORKLOAD
Look beyond head count.
Ask whether the work is actually achievable.

2
LISTEN EARLY
Check in when behavior, engagement, or attitude begins to change.

3
PROTECT BOUNDARIES
Respect PTO, recovery, and the right to decline optional extra work.

4
FOLLOW THROUGH
Fix what you can.
Explain what you can't.
Circle back.

RECOGNIZE
Notice specific contributions and make appreciation meaningful.

DEVELOP
Ask where good RTs want to grow and help create a path.

Small leadership behaviors, repeated consistently, shape the culture.

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LEADERSHIP SCENARIO

"I'm Thinking About Leaving."

What happens in the next five minutes may matter.

THE RT SAYS:

"I like the people here, but I'm exhausted. We're always short, I'm constantly precepting, and I don't feel like anything changes when we bring it up. I've started looking at other jobs."

A BETTER FIRST RESPONSE

- Listen before defending
- Ask what is driving the decision
- Identify what can change
- Don't make promises you can't keep
- Agree on specific follow-up

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

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KEY TAKEAWAYS

Burnout, Boundaries & Retention

What should respiratory care leaders remember?

1. **BURNOUT IS NOT JUST EXHAUSTION**
   Watch for cynicism, withdrawal, reduced effectiveness, and changes from an RT's normal behavior.
2. **LOOK AT THE WORK ENVIRONMENT**
   Workload, staffing, leadership, respect, control, and moral distress can all contribute.
3. **BOUNDARIES MAKE COMMITMENT SUSTAINABLE**
   Protect recovery time, respect PTO, and make it acceptable to say no to optional extra work.
4. **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.

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FINAL THOUGHT

Take Care of the People Who Take Care of the Patients

Burnout prevention and retention are leadership responsibilities, not just employee responsibilities.

NOTICE	LISTEN	ACT
Recognize changes before disengagement becomes resignation.	Create a culture where RTs can raise concerns and be heard.	Address what you can, protect boundaries, and follow through.

We cannot remove all of the stress from respiratory care.
But we can stop making a difficult job harder than it has to be.

Burnout, Boundaries, & Retention: Leading in a High-Stress RT Environment

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BURNOUT, BOUNDARIES, & RETENTION

THE END

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

Leading in a High-Stress RT Environment

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REFERENCES

Selected References

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6. National Academies of Sciences, Engineering, and Medicine. Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being. Washington, DC: The National Academies Press; 2019. doi:10.17226/25521.

Respiratory Care publications include studies involving AARC/AARConnect resources and RT-specific burnout data.

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