Burnout Among Respiratory Therapists Amidst the COVID-19 Pandemic: A Qualitative Analysis

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Background

Burnout has been identified as a major challenge in health care and is significantly associated with increased medical errors and poor job satisfaction.[1-4] There is scant literature focused on the respiratory therapist (RT) experience of burnout and a thorough exploration of RTs' perception of the factors associated with burnout has not been reported.[5] The aim of this qualitative study was to understand the factors associated with burnout as experienced by RTs amidst the COVID-19 pandemic.

Methods

We performed a post-hoc, qualitative analysis of free text responses to a survey of 26 centers that assessed the prevalence of burnout in RTs. The analysis used an inductive approach to identify themes within the unstructured comments provided by the subjects in the context of their experiences of burnout. Three of the authors triangulated the emerged themes. The survey was declared exempt by the Duke University Medical Center Institutional Review Board.

The researchers conducted thematic analysis in two stages, beginning with open coding. Electronic software was not used, as the researchers opted to organize and code the data by hand. Three researchers independently performed the first and second stage and the emerged themes were validated by an expanded research team.

The first stage, open coding, focused on in vivo codes within each line of text provided by the subjects. Phenomenon discovered during open coding included words such as patient deaths, exhaustion, compassion fatigue, lack of training, policy changes, workload, staffing, and compensation, to name a few. The second stage, axial coding, linked the subcategories to five overarching themes: staffing, workload, physical/emotional consequences, lack of leadership, and lack of respect.

Results

Within the original study were 220 free text responses. Five overarching themes emerged from the analysis: staffing, workload, physical/emotional consequences, lack of or ineffective leadership, and lack of respect. Subjects discussed feelings of anxiety, depression, and compassion fatigue, as well as concerns that lack of adequate staffing, high workload assignments, and inadequate support from leadership contributed to feelings of burnout. Specific instances of higher patient acuity, surge in critically ill patients, rapidly evolving changes in treatment recommendations, and minimal training and preparation for an extended scope of practice were reported as stressors that led to burnout. Some subjects stated that they felt a lack of respect for both the RT profession and the contribution of RTs to patient care.

Figure 1. Final Themes and Initial Codes

Table 1. Thematic Analysis Sample

Excerpt of Participants' Comments	Initial code	Final Theme
My immediate manager has gone on many transports to get patients over an hour away because we don't have to bodies to send anyone else.	Inadequate staffing	Staffing
I am feeling burned out due to the fact that our staffing is so poor. Because we are consistently short, I feel that I am doing the work of two RRTs.	Inadequate staffing	Staffing
"Busy work" is frustrating when you already have plenty of work that actually needs to be done.	Non-EBM care	Workload
Every shift I have to call Supervisor for help because there is more than 1 thing going on at the same time where patient's need to be seen	High workload	Workload
Personal fear of the disease, sense of overwhelming loss, feeling of inability to be effective for my patient's and more are not a good, positive combination.	Exhaustion/ anxiety	Physical/ emotional toll
I go home with the weight of our work on my heart, I feel personal responsibility when something goes wrong with our patients and every time I come in we're being asked to do more and more.	Compassion fatigue + High workload	Physical/ emotional toll + workload
Its hard to watch these people die and slowly deteriorate and feel like you are doing everything you can and they don't get better.	High death toll	Physical/ emotional toll
Management seems to be disconnected from the needs and abilities of the staff. Decisions are made that do not favor the bedside staff or retention.	Lack of management support	Lack of leadership
I feel most frustrated by in my job is a lack of closed loop communication between management and staff.	Lack of RT manager support	Lack of leadership
RTs were not valued by the media covering Covid	Lack of respect	Lack of respect
I feel the most frustrated with having to renew certifications (nrp) that do not apply to my role especially during the pandemic. It's unnecessary time spent away from the bedside.	Additional requirements	Lack of respect

Respondent comments reproduced verbatim from survey text entries.

Conclusions

Through a qualitative analysis of free-text comments, the researchers identified five themes associated with burnout in RTs: staffing, workload, physical/emotional exhaustion, lack of or ineffective leadership, and lack of respect.

This study is a secondary analysis of a study conducted by Miller et al[6] to assess the prevalence of burnout in respiratory therapists. The original survey analysis discovered a burnout prevalence of 79% in a convenience sample of RTs practicing in the United States during the COVID-19 pandemic.

To date, there is a lack of literature to support interventions designed to combat and/or prevent burnout in healthcare providers.[7] Combined, the results of this analysis and the primary survey results provide targets for employers to design interventions with the purpose of addressing burnout prevalence and prevention among RTs.

References

1. Sorenson C, Bolick B, Wright K, Hamilton R. Understanding compassion fatigue in healthcare providers: a review of current literature. J Nurs Scholarsh 2016;48(5):456-465.
2. Burr KL, O'Brien P, Brown JM, Penfil SH, Hertzog JH. Occupational-induced secondary traumatic stress and posttraumatic stress disorder in respiratory therapists. Respir Care 2020;65(7):1019–1023.
3. Larson CP, Dryden-Palmer KD, Gibbons C, Parshuram CS. Moral distress in PICU and neonatal ICU practitioners: a cross-sectional evaluation. Pediatr Crit Care Med 2017;18(8):e318–e326.
4. Dryden-Palmer K, Moore G, McNeill C, Larson CP, Tomlinson G, Roumeliotis N, et al. Moral distress of clinicians in canadian pediatric and neonatal ICUs. Pediatr Crit Care Med 2020;21(4):314–323.
5. Miller AG, Roberts KJ, Hinkson CR, Davis G, Strickland SL, Rehder KJ. Resilience and burnout resources in respiratory care departments. Respir Care 2021;66(5);715-723.
6. Miller AG, Roberts KJ, Smith BJ, Burr KL, Hinkson CR, Hoerr CA, et al. Prevalence of burnout among respiratory therapists amidst the COVID-19 pandemic. Respir Care 2021 [Epub ahead of print] DOI: https://doi.org/10.4187/respcare.09283
7. Evans DL. The Impact of COVID-19 on respiratory therapist burnout. Respir Care 2021; 66(5) 881-883

Disclosures

Katlyn Burr discloses a relationship with Hill-Rom as a Patient Trainer.
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