Behavioral Health

Staff Burnout & Safety Toolkit

Detect Burnout, Moral Injury, and Safety Risks Among BH Staff

A complete system for using anonymous feedback to protect the people who protect your clients. Contains 10 ready-to-use documents covering burnout signal surveys, psychological safety measurement, rollout scripts, escalation thresholds, supervisor response guidance, confidentiality boundaries, trend tracking, leadership briefings, action planning, and trust pulse-checks — so your organization detects staff distress before it becomes staff departure.

10 Staff Safety Documents

Burnout Detection • Moral Injury • Psychological Safety • Trust Measurement

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Toolkit Contents

Behavioral health workers carry the emotional weight of other people's crises every day. They witness suffering, absorb trauma, make impossible decisions with inadequate resources, and then come back tomorrow to do it again. Burnout in this field is not a personal failure — it is an occupational hazard that organizations have a duty to detect, address, and prevent. This toolkit turns anonymous feedback inward, giving staff the same psychologically safe voice you give clients.

Document 1: Burnout Signal Survey Templates — Detecting exhaustion, cynicism, and efficacy loss before they become crises

Document 2: Psychological Safety Question Bank — Measuring whether staff feel safe enough to speak up, disagree, and ask for help

Document 3: Anonymous Staff Feedback Rollout Script — Launching the system with trust, transparency, and realistic expectations

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Burnout Signal Survey Templates

Detecting exhaustion, cynicism, and efficacy loss before they become turnover

📋 **INSTRUCTIONS:** *These surveys are designed for anonymous, kiosk-based or digital deployment to behavioral health staff. They measure the three dimensions of burnout (emotional exhaustion, depersonalization, and reduced personal accomplishment) plus two BH-specific dimensions (moral injury and secondary traumatic stress). Deploy quarterly. Results should never be attributable to individual staff members.*

Burnout Dimensions in Behavioral Health

DIMENSION	WHAT IT MEANS	WHY IT MATTERS IN BH
Emotional Exhaustion	Feeling drained, depleted, unable to give any more	BH workers absorb client crises daily. Exhaustion predicts absenteeism and turnover.
Depersonalization / Cynicism	Emotional distancing from clients; treating them as cases, not people	In BH, cynicism degrades the therapeutic relationship — the primary mechanism of care.
Reduced Personal Accomplishment	Feeling that your work doesn't matter, nothing you do makes a difference	BH outcomes are slow and uncertain. Staff who lose efficacy belief stop trying.
Moral Injury	Distress from being asked to act against your values, or from witnessing systemic failures	BH staff frequently face impossible choices: discharge a client who isn't ready, follow rules that harm people.
Secondary Traumatic Stress (STS)	Trauma symptoms acquired by exposure to others' trauma	Distinct from burnout. STS includes intrusive thoughts, avoidance, and hyperarousal — and requires different interventions.

Template A: Core Burnout Survey (8 Questions, ~3 Minutes)

Deploy quarterly to all BH staff. Use 5-point agreement scale: Strongly Disagree (1) – Strongly Agree (5).

#	QUESTION	DIMENSION
B1	I feel emotionally drained by my work.	Emotional Exhaustion

B2	I dread coming to work more often than I used to.	Emotional Exhaustion
B3	I feel like I'm making a real difference for the people we serve.	Personal Accomplishment (reverse-scored)
B4	I feel supported by my supervisor when things get hard.	Organizational Support
B5	I sometimes feel like I have to do things at work that go against my values.	Moral Injury
B6	I have the resources I need to do my job well.	Organizational Support
B7	Images or stories from clients' experiences stay with me after I leave work.	Secondary Traumatic Stress
B8	Is there anything you want leadership to know about what it's like to work here right now?	Open-Ended

Template B: Expanded BH Staff Wellbeing Survey (15 Questions)

Deploy annually or when baseline data is needed. Includes all of Template A plus deeper assessment.

#	QUESTION	DIMENSION
B1–B8	[All questions from Template A]	[Same]
B9	I feel safe raising concerns about how things are done here without fear of retaliation.	Psychological Safety
B10	My workload is manageable on most days.	Workload
B11	I have enough time to provide the quality of care I believe in.	Moral Injury / Workload
B12	I feel valued and recognized for the work I do.	Recognition
B13	I have access to clinical supervision or support when I need help processing difficult cases.	Clinical Support
B	I would recommend this organization as a good place to work.	Overall Engagement

14		
B15	If you could change one thing about working here, what would it be?	Open-Ended

Scoring Guide

DIMENSION	QUESTIONS	SCORING	CONCERN THRESHOLD
Emotional Exhaustion	B1, B2	Average of items (1–5)	Avg ≥3.5 = Elevated; ≥4.0 = Critical
Personal Accomplishment	B3	Reverse score (5=1, 4=2, etc.)	Avg ≤2.5 = Concern; ≤2.0 = Critical
Organizational Support	B4, B6	Average of items	Avg ≤2.5 = Concern
Moral Injury	B5 (expanded: B5, B11)	Average of items	Avg ≥3.5 = Elevated; ≥4.0 = Critical
Secondary Traumatic Stress	B7	Single item	Score ≥4 = Clinical attention warranted
Psychological Safety	B9	Single item	Score ≤2 = Critical organizational concern
Overall Engagement	B14	Single item	Score ≤2 = Leadership alert

Psychological Safety Question Bank

Measuring whether staff feel safe enough to speak up, disagree, make mistakes, and ask for help

📋 **INSTRUCTIONS:** *Psychological safety is the foundation upon which every other workforce initiative depends. If staff do not feel safe raising concerns, your burnout surveys will undercount burnout, your incident reports will undercount incidents, and your staff will leave without telling you why. These questions measure the conditions that make honesty possible.*

What Psychological Safety Means in BH Settings

It Is Safe To...

- Disagree with a clinical decision without being labeled "difficult"
- Admit you are struggling without being seen as incompetent
- Report a safety concern about a colleague without retaliation
- Ask for help with a client without being told you should be able to handle it
- Push back on a policy without being accused of insubordination
- Cry at work after a hard day without being told to "toughen up"
- Say "I don't know" without losing credibility

If any of these feel risky in your organization, you have a psychological safety problem.

Question Bank

Select 3–5 of these for inclusion in your staff survey. All use a 5-point agreement scale (Strongly Disagree to Strongly Agree).

#	QUESTION	DOMAIN
PS 1	If I make a mistake at work, it is held against me. (reverse-scored)	Error tolerance
PS 2	I feel comfortable bringing up problems and tough issues with my supervisor.	Upward voice
PS 3	People on my team sometimes reject others for being different. (reverse-scored)	Inclusion
PS	It is safe to take a risk in this organization — for example,	Innovation safety

4	trying a new clinical approach.	
PS 5	I can ask other team members for help without feeling judged.	Help-seeking safety
PS 6	My supervisor would support me if I raised an ethical concern about how we treat clients.	Ethical voice
PS 7	I feel free to disagree with a clinical decision without fear of consequences.	Clinical dissent
PS 8	If I reported a safety concern about a coworker, I believe it would be taken seriously and handled fairly.	Reporting safety
PS 9	I feel like I can be myself at work.	Authenticity
PS 10	Staff who raise concerns here tend to be treated well, not punished. (reverse if disagreed)	Organizational track record

Red-Flag Indicators in Psychological Safety Data

IF YOU SEE...	IT LIKELY MEANS...	RESPONSE
PS1 avg >3.5 (mistakes are held against me)	Blame culture. Staff will hide errors.	Leadership training on just culture. Error reporting system review.
PS2 avg <2.5 (not comfortable raising issues with supervisor)	Supervisory relationship is broken.	Supervisor feedback and coaching. Anonymous upward feedback mechanism.
PS6 avg <3.0 (wouldn't feel supported raising ethical concern)	Moral injury risk. Staff will disengage silently.	Ethics committee activation. Leadership messaging about ethical voice.
PS8 avg <3.0 (safety reports won't be handled fairly)	Reporting system distrust. Safety events will go unreported.	Incident reporting system audit. Follow-through visibility.
PS10 avg <2.5 (people who raise concerns get punished)	Active retaliation pattern. Organizational crisis.	External consultation. Board notification. Immediate investigation.

Anonymous Staff Feedback Rollout Script

Launching the system with trust, transparency, and realistic expectations

📋 **INSTRUCTIONS:** *How you introduce anonymous staff feedback determines whether staff trust it. If leadership announces it in a way that feels like surveillance, monitoring, or performance management, the system is dead on arrival. This script positions the system correctly: as a tool for leadership to listen, not for leadership to watch.*

Launch Email from Executive Director

Email Template: Launching Anonymous Staff Feedback

Subject: We're Listening — Anonymous Staff Feedback Is Here

Team,

We ask our clients to tell us the truth about their experience. We believe that if we're serious about quality, we need to ask the same of ourselves.

Starting [date], we are launching an anonymous staff feedback system. Here's what it is and what it isn't:

WHAT IT IS: A short, anonymous survey about your experience working here — your workload, your support, your safety, and whether you feel heard. Your answers are completely anonymous. No names, no logins, no way to trace responses.

WHAT IT ISN'T: A performance review, a compliance exercise, or a way to identify "problem" staff. This is about what WE — as an organization — can do better for YOU.

WHAT WILL HAPPEN WITH THE DATA: Results will be shared with all staff in aggregate. We will tell you what we heard. We will tell you what we're going to do about it. And if we can't fix something, we'll tell you that too.

I know trust takes time. If you're skeptical, I understand. All I ask is that you try it once. If the system doesn't earn your trust, we'll hear about it — in the feedback itself.

[Signature]

Staff Meeting Rollout Script (10 Minutes)

TIME	SEGMENT	TALKING POINTS
0:00–2:00	Why we're doing this	"We ask clients for honest feedback. We realized we weren't doing the same for you. That's a gap we want to close."
2:00–4:00	How it works	"Short survey, 3–5 minutes, anonymous. No names, no logins, no tracking. Digital or kiosk — your choice. Quarterly."
4:00–6:00	What we promise	"We will share results with you. We will not try to figure out who wrote what. We will act on what we learn. And we'll tell you what we changed."
6:00–8:00	What this is NOT	"This is NOT a performance review. It's NOT a way to identify unhappy people and 'manage' them. It's a way for us to understand what's working and what isn't — from YOUR perspective."
8:00–10:00	Questions and honest acknowledgment	"I know some of you may not trust this yet. That's fair. Trust is earned. If this system doesn't earn your trust, we'll hear about it in the data itself. Give it a chance."

Rollout Checklist

☐	Executive Director / CEO has sent the launch email personally (not from HR)
☐	Staff meeting rollout has been delivered at every site by a senior leader (not delegated to middle management)
☐	Supervisors have been briefed separately and understand they are NOT to track, encourage, or follow up on who participates
☐	The survey has been tested by 2–3 staff members for clarity and emotional tone before deployment
☐	An FAQ document has been distributed addressing common skepticism (see Confidentiality Boundaries, Document 6)
☐	The first results-sharing meeting is already scheduled (within 4 weeks of survey close)
☐	A commitment has been made publicly: "We will share what we heard and what we're going to do about it"

Escalation Thresholds for Staff Safety Concerns

When staff feedback demands immediate action vs. quarterly monitoring

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📋 **INSTRUCTIONS:** *Most staff feedback drives quarterly improvement. Some demands immediate attention. This document defines the thresholds that separate routine review from urgent escalation. The principle: if feedback reveals that a staff member is in danger, is being harmed, or is at risk of harming a client, the organization has a duty to act — even within an anonymous system.*

Level 1: Immediate Response (Within Hours)

⚠ **Activate Immediately**

INDICATORS IN STAFF FEEDBACK:

• Staff describes suicidal ideation or self-harm ("I don't know how much longer I can do this" with distress indicators)

• Staff reports being physically threatened or assaulted by a client or coworker

• Staff describes active substance use that impairs their ability to provide safe care

• Staff reports sexual harassment or sexual assault in the workplace

• Staff describes a situation in which client safety is imminently at risk due to staffing, policy, or practice

RESPONSE: Notify HR director and clinical leadership same day. Activate EAP outreach. If client safety is at risk, activate clinical safety protocols. Do NOT attempt to identify the respondent — address the situation environmentally and systemically.

Level 2: Urgent Review (Within 1 Week)

INDICATOR	EXAMPLES	RESPONSE
Aggregate burnout scores cross critical threshold	Emotional Exhaustion avg ≥4.0; Moral Injury avg ≥4.0	Emergency leadership briefing. Workload and caseload review.
Psychological safety score drops below critical	PS score avg <2.5 (especially PS8 or PS10)	External assessment of workplace culture. Supervisor review.
Staff alleges	Open-ended response describes	HR investigation. Consider board

ethical violations by leadership	fraud, cover-ups, or patient endangerment	notification. Legal review.
Pattern of fear-based language	Multiple responses mention fear of retaliation, punishment, or termination	Leadership coaching. Anonymous follow-up survey.
Staff reports hostile work environment	Discrimination, bullying, or harassment described across multiple responses	HR investigation. External consultation if pattern involves leadership.

Level 3: Quarterly Monitoring

INDICATOR	EXAMPLES	RESPONSE
Burnout scores are elevated but not critical	Emotional Exhaustion avg 3.0–3.4	Track quarterly. Implement targeted supports (supervision, caseload).
Moderate dissatisfaction with organizational support	Support scores avg 2.5–3.0	Review resource allocation. Supervisor training.
Low but not critical engagement	Recommendation score (B14) avg 2.5–3.5	Engagement initiatives. Results-sharing and action follow-through.
Open-ended themes about workload or scheduling	Common complaints about hours, caseloads, administrative burden	Workload mapping exercise. Scheduling review.

The Anonymity-Safety Tension

When You Cannot Identify the Person Who Needs Help

Anonymous staff feedback will sometimes reveal that someone is struggling badly — and you won't know who. This is the hardest tension in the system. Here is how to navigate it:

• DO: Increase visible EAP promotion. Post crisis resources. Normalize help-seeking in team meetings.

• DO: Have supervisors conduct individual check-ins with ALL direct reports (not just suspected individuals).

• DO: Announce that leadership has heard the feedback and is taking it seriously — without quoting specific responses.

• DON'T: Try to figure out who wrote it by cross-referencing schedules, recent events,

or behavior patterns.

• DON'T: Pull staff into meetings to "check in" in a way that feels like an investigation.

• DON'T: Announce "we're concerned about someone on the team" — this outs the respondent by implication.

Supervisor Response Guidance

How to act on staff feedback without violating anonymity or creating defensiveness

📋 **INSTRUCTIONS:** *Supervisors are the most important link in the staff feedback chain. They receive aggregate data about their teams, and their response determines whether staff trust the system. A supervisor who becomes defensive, investigative, or dismissive will destroy trust instantly. A supervisor who responds with curiosity and action will build it.*

What Supervisors Receive

SUPERVISORS SEE	SUPERVISORS DO NOT SEE
Aggregate scores for their team or site (if team size ≥10)	Individual responses
Open-ended theme summaries (not verbatim quotes if team <15)	Verbatim open-ended text from small teams
Trend data comparing this quarter to last quarter	Which staff member wrote which response
Organizational-level results for context	Data that could be narrowed to a specific individual

Supervisor Response Dos and Don'ts

DO	DON'T
Read the data with curiosity: "What are my people telling me?"	Read the data with suspicion: "Who wrote this?"
Share results with your team: "Here's what the data says about our team"	Hide results and hope staff don't ask
Ask your team: "What would help?" and mean it	Announce changes without consulting the team
Acknowledge hard truths: "The data says we're struggling. I see it too."	Dismiss low scores: "Every team has a couple of unhappy people"
Take one visible action within 30 days of receiving results	Promise sweeping change you can't deliver
Ask for help from your own supervisor if the data overwhelms you	Absorb the data in isolation and try to fix everything alone
Thank your team for their honesty	Punish, investigate, or single out anyone you suspect of writing negative feedback

Supervisor Team Debrief Script

SITUATION: Supervisor shares results with their team (15 minutes)

SUPERVISOR: "I want to share the results from the staff feedback survey. I've seen the aggregate data for our team, and I want to be transparent about what it says."

"Here's what stood out: [share 2–3 key findings — both strengths and concerns]."

"I'm not going to pretend the hard parts aren't hard. If the data says we're struggling with [workload / support / safety], I want to take that seriously."

"Here's what I'd like to do: [name 1 specific action you will take]. And I want to hear from you: what would make the biggest difference?"

"I will not try to figure out who wrote what. The system is anonymous, and I'm going to keep it that way. If you want to talk to me directly about anything — my door is open. But no one is required to."

When the Data Is About You

If Staff Feedback Indicates Concerns About Your Own Supervision

This is one of the hardest moments in leadership. Here's how to navigate it:

• Do NOT become defensive or investigative. This will confirm staff's fears.
• DO acknowledge it publicly: "The data suggests I may not be providing the support you need. I want to do better."
• DO ask for specific input: "What would better support from me look like?"
• DO seek your own support: talk to your supervisor, a coach, or EAP.
• DO take one visible action. Staff will be watching to see if anything changes.

The most powerful thing a supervisor can do is model vulnerability: "I heard you, and I'm going to work on this."

Confidentiality Boundary Explanation

What staff need to hear about who sees what — and what the limits are

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📋 **INSTRUCTIONS:** *Staff will not use the feedback system if they believe their responses can be traced back to them. This document provides the exact language to explain confidentiality — including its limits. Being honest about the boundaries builds MORE trust than making promises you can't keep.*

What We Promise (And Mean)

PROMISE	HOW IT'S KEPT
Your responses are anonymous. No names, logins, or identifiers are collected.	The system does not collect IP addresses, device IDs, or timestamps that could identify individuals.
No one — including your supervisor — will see your individual response.	Supervisors receive only aggregate data. For teams <10, data is rolled up to a higher level to prevent identification.
Your feedback will not be used in performance reviews, disciplinary actions, or hiring decisions.	This is policy. Violations are subject to disciplinary action for the violator.
We will share results with you. You will see what we saw.	Aggregate results are shared within 4 weeks of survey close.
We will tell you what we're going to do about what we heard.	An action plan is shared with all staff after each survey cycle.

What We Cannot Promise (And Why)

Honest Limits of Anonymity

We want to be transparent about what anonymous means and what it does not:

• If you include your name or describe a situation that is uniquely identifiable, your response may not remain fully anonymous in practice. We will treat it as anonymous, but we encourage you to avoid including identifying details.

• If your response describes imminent danger to yourself or others (e.g., suicidal

intent, threat of violence, client endangerment), we may take action to ensure safety. This action will be environmental and systemic — we will NOT try to identify the respondent. But we do have a duty to act.

• If you are on a very small team (≤5 people), even aggregate data could feel less anonymous. In these cases, your data is rolled up to a larger group level. You can also choose not to participate.

Staff FAQ

QUESTION	ANSWER
"Can my supervisor see what I wrote?"	No. Supervisors see aggregate scores for teams of 10+. They never see individual responses or verbatim open-ended text from small teams.
"What if I'm the only one who has this complaint?"	Your response is mixed with all other responses. Even a unique concern cannot be attributed to you.
"What if I say something negative about my boss?"	Your feedback is anonymous. If themes about supervision emerge in the aggregate data, they will be addressed through leadership development — not by investigating who said what.
"Will this affect my job?"	No. This data is never used in any employment decision. This is policy, and violations will be treated seriously.
"What if nothing changes?"	That's a fair concern. We commit to sharing results AND actions within 4 weeks. If nothing changes, the next round of feedback will show it.
"Why should I trust this?"	You shouldn't — not yet. Trust is built by action, not announcements. We're asking you to try it once. If we earn your trust, you'll see it in how we respond.

Burnout Trend Tracking Worksheet

Monitoring patterns over time to catch slow deterioration before it becomes a crisis

📋 **INSTRUCTIONS:** *A single survey is a snapshot. Trends tell the story. This worksheet tracks burnout dimensions across quarters, identifies early warning patterns, and triggers escalation when thresholds are crossed. Review at every quarterly leadership briefing.*

Quarterly Trend Dashboard

DIMENSION	Q1	Q2	Q3	Q4	TREND	STATUS
Emotional Exhaustion (avg)						🟢 / 🟡 / 🔴
Personal Accomplishment (avg, reverse)						
Organizational Support (avg)						
Moral Injury (avg)						
Secondary Traumatic Stress (avg)						
Psychological Safety (avg)						
Engagement / Recommend (avg)						
Response Rate (%)						

Automatic Escalation Triggers

TRIGGER	THRESHOLD	ESCALATION
Any dimension moves from green to red in a single quarter	≥1.0 point adverse change	Emergency leadership briefing within 1 week
Two or more dimensions are in yellow simultaneously	Two dims avg ≥3.0 (exhaustion/injury) or ≤3.0 (support/safety)	Accelerated action planning. Targeted intervention.
Response rate drops	<40% participation	Trust investigation. Staff may have

below 40%		lost confidence in the system.
Open-ended responses contain crisis language	References to leaving, self-harm, hopelessness, or organizational betrayal	Level 1 or Level 2 escalation per Document 4
Moral Injury score is elevated for 3+ consecutive quarters	≥3.5 avg for 3 quarters	Systemic policy review. External ethics consultation.

Year-Over-Year Comparison

DIMENSION	YEAR 1 AVG	YEAR 2 AVG	CHANGE	INTERPRETATION
Emotional Exhaustion				
Personal Accomplishment				
Organizational Support				
Moral Injury				
Secondary Traumatic Stress				
Psychological Safety				
Engagement				
Response Rate				

Qualitative Theme Tracker

THEME	Q1	Q2	Q3	Q4	TREND
Workload / caseload					
Supervision quality					
Moral distress / ethical conflicts					
Safety concerns (physical)					
Recognition / feeling valued					
Administrative burden					

Team dynamics / interpersonal				
Turnover / retention concerns				

Leadership Briefing Template

Presenting staff wellbeing data to executives and boards in a way that drives action

📋 **INSTRUCTIONS:** *Leadership briefings on staff burnout require a different approach than client feedback briefings. Executives may be inclined to dismiss burnout as "normal for the field" or to view low morale as a management problem rather than an organizational one. This template frames the data in terms leadership understands: risk, retention, quality, and cost.*

One-Page Executive Summary Template

SECTION	CONTENT	SPACE
Headline	Single most important finding, framed as organizational risk. Example: "Emotional exhaustion among clinical staff has crossed the critical threshold for the first time."	1–2 lines
Key Metrics	Burnout dimension scores with trend arrows. Response rate. Comparison to prior quarter.	Small dashboard or table
Business Impact Translation	Connect scores to outcomes leadership cares about: • Burnout → Turnover cost ($X per clinician to replace) • Low psych safety → Unreported incidents → Regulatory risk • Moral injury → Disengagement → Quality of care	3–4 lines
What Staff Said	1–2 anonymized quotes from open-ended responses. Choose the most representative, not the most dramatic.	2–3 lines
What We've Done	Actions already taken since last survey.	2–3 lines
What We Need	Specific asks: budget for additional staff, EAP expansion, workload policy change, training investment.	2–3 numbered items

The Cost-of-Inaction Frame

> **Why Burnout Is a Business Problem, Not Just a Feelings Problem**
>
> For audiences who respond to financial framing, include these data points in your briefing:
>
> • Average cost to replace a behavioral health clinician: $15,000–$25,000 (recruiting,

onboarding, lost productivity)

• Burnout-driven turnover in BH averages 30–50% annually nationwide

• Every point increase in emotional exhaustion correlates with increased absenteeism, errors, and client complaints

• Low psychological safety predicts underreporting of incidents — creating unmanaged regulatory and liability risk

• Moral injury predicts quiet quitting: staff who stay but stop caring

The question is not whether your organization can afford to address burnout. It is whether you can afford not to.

Board-Level Reporting

For board of directors, provide a high-level annual summary:

METRIC	THIS YEAR	LAST YEAR	INDUSTRY BENCHMARK	STATUS
Staff survey response rate			50–70% typical	
Emotional Exhaustion (avg)			2.5–3.0 typical BH	
Psychological Safety (avg)			3.5–4.0 high-performing	
Would recommend as workplace (% agree)			60–75% typical BH	
Turnover rate (annualized)			30–50% BH industry avg	
Actions taken from staff feedback			N/A	

Follow-Up Action Planning Tool

Turning staff feedback into structural change, not just empathy

📋 **INSTRUCTIONS:** *The most common failure of staff feedback systems is not collection — it is follow-through. Staff provide feedback, leadership says "thank you," and nothing changes. Within two cycles, response rates collapse and cynicism deepens. This tool ensures that every survey cycle produces at least one visible, measurable action.*

The One-Action Minimum Rule

After Every Survey Cycle, At Least ONE Thing Must Visibly Change

It does not have to be big. It does not have to solve the whole problem. But staff must see that their feedback moved something. Examples of visible actions:

- Changed a scheduling policy that staff identified as a burden
- Added a clinical supervision session that staff said was missing
- Reduced a documentation requirement that staff flagged as excessive
- Repaired a break room that staff said was unusable
- Publicly acknowledged a problem that leadership had been avoiding

The act of changing one visible thing says more than any email. It says: we heard you, and it mattered.

Action Planning Worksheet

FEEDBACK THEME	STAFF SAID	ROOT CAUSE	PROPOSED ACTION	OWNER	TIMELINE	VISIBLE TO STAFF?
						Y / N
						Y / N
						Y / N
						Y / N
						Y / N

Action Categories

CATEGORY	EXAMPLES	TIMELINE	VISIBILITY
Quick Wins (do now)	Fix the break room. Approve the schedule change. Post the EAP number. Cancel the unnecessary meeting.	1–2 weeks	High — staff notice immediately
Structural Changes (plan and implement)	Reduce caseloads. Add supervision hours. Revise documentation requirements. Hire additional staff.	1–3 months	Medium — communicate the plan before the change is visible
Cultural Shifts (commit and model)	Leadership publicly acknowledges problems. Supervisors model vulnerability. Blame culture is addressed in leadership development.	6–12 months	Low initially — requires sustained messaging and behavioral change
Cannot Fix (acknowledge honestly)	Budget constraints that prevent hiring. System-wide issues beyond organizational control. Regulatory burdens.	N/A	High — tell staff honestly: "We heard this. We cannot fix it right now. Here's why, and here's what we CAN do."

Communication Template: What We Heard, What We're Doing

Send this to all staff within 4 weeks of survey close:

Staff Communication Template

Subject: What We Heard — Staff Feedback Results and Our Response

Thank you to everyone who participated in the staff feedback survey. Here's what we heard and what we're doing about it.

WHAT WE HEARD:
• [Finding 1: e.g., "Workload was the most-cited concern, with 68% of respondents reporting unmanageable caseloads."]
• [Finding 2: e.g., "Staff feel supported by their direct supervisors but less so by senior leadership."]
• [Finding 3: e.g., "Moral injury scores have increased, particularly around discharge decisions."]

WHAT WE'RE DOING:

- [Action 1: specific, measurable, with timeline]
- [Action 2]
- [Action 3]

WHAT WE CAN'T FIX RIGHT NOW (and why):
- [Honest acknowledgment with explanation]

The next survey will open on [date]. We'll keep listening.

Staff Trust Pulse-Check Survey

A rapid-cycle trust thermometer to use between full burnout assessments

📋 **INSTRUCTIONS:** *The full burnout survey runs quarterly. Between cycles, you need a lightweight way to check the temperature. This 3-question pulse-check takes 30 seconds, can be deployed monthly or after significant organizational events (layoffs, leadership changes, critical incidents), and provides a rapid signal of whether trust is building or eroding.*

The 3-Question Pulse-Check

#	QUESTION	RESPONSE TYPE	WHAT IT MEASURES
T1	Right now, how are you doing at work?	☹️ 😦 ☺️ 🙂 😄 (5-point emoji)	Current emotional state. Leading indicator of exhaustion.
T2	Do you trust that leadership is listening to staff feedback?	👎 / 👍 / Not sure	Trust in the feedback system itself. The meta-measure.
T3	One word to describe how it feels to work here right now:	Open text (1 word encouraged)	Emotional snapshot. Powerful in aggregate (word cloud).

When to Deploy

TIMING	RATIONALE
Monthly (between quarterly full surveys)	Maintains a listening posture without survey fatigue
After a critical incident (client death, workplace violence, restraint event)	Checks for secondary traumatic stress and organizational trust
After a leadership change	Checks for anxiety, trust disruption, and hope
After layoffs or restructuring	Checks for survivor guilt, workload fear, and trust collapse
After the organization takes a visible action from feedback	Checks whether the action was perceived as meaningful
After results are shared from a full survey	Checks whether the communication landed and built or eroded trust

Interpreting the Pulse-Check

SIGNAL	WHAT IT MEANS	RESPONSE
T1 avg declining over 2+ consecutive checks	Emotional state is deteriorating. Burnout may be accelerating.	Accelerate the next full survey. Consider immediate supports.
T2 "Yes" increasing over time	Trust in the feedback system is building. Actions are being noticed.	Continue the cycle. Share this trend WITH staff.
T2 "No" or "Not sure" >50%	Staff do not trust leadership is listening. System credibility at risk.	Emergency action: schedule a results-sharing meeting immediately. Take one visible action.
T3 reveals clusters of negative words (exhausted, trapped, hopeless, ignored)	Moral injury or burnout crisis may be emerging.	Deploy full survey immediately. Leadership briefing.
T3 reveals mixed signals (grateful but tired, hopeful but stretched)	Staff are engaged but straining. Sustainable capacity is at risk.	Increase supports without adding demands. Protect existing resilience.
Response rate drops below 30%	Staff have disengaged from the system. Trust may be broken.	Pause surveys. Conduct listening sessions. Rebuild before redeploying.

Pulse-Check Tracking Dashboard

MONTH	T1 AVG (1–5)	T2 % YES	T2 % NO	T2 % NOT SURE	T3 TOP WORDS	RESPONSE RATE

Closing the Pulse-Check Loop

After every pulse-check, close the loop — even briefly:

Pulse-Check Follow-Up Message (Email or Staff Meeting, 2 Minutes)

"Thank you to the [X]% of staff who completed this month's pulse-check. Here's what we heard:

"The average emotional state score was [X] out of 5, which is [stable / improving / declining] from last month.

[X]% of you said you trust that leadership is listening. [If low: We hear you. Here's what we're doing about that.]"

"The most common words to describe working here right now were: [top 3 words].

"We're listening. The next full survey opens [date]."

End of Toolkit

Detect burnout before it becomes departure. Protect the people who protect your clients.

For implementation support, contact your Pulse For Good account manager or visit pulseforgood.com