

Introduction:

- Work turnout rates have significantly increased since the emergence of COVID-19 in the healthcare field.
 - High casualty rates and threats to worker safety intensified these effects.
- Existing research suggests the impact of COVID-19 exceeds beyond immediate health concerns and to work satisfaction and overall quality of life.
 - Feeling “burnt out,” low quality of life, and low job satisfaction.
- There is a disproportionate impact on different racial/ethnic groups, suggesting **marginalization** in work-life experience.
 - **In-group and Out-group Dynamic:** Workers who experience racial profiling may perceive themselves as an “out-group” within the workplace, leading to lower job satisfaction and a sense of exclusion.
 - Can contribute to turnover rates.

Research Questions:

- How does initial burnout during the beginning of COVID-19 pandemic impact turnover rates a year later?
- How does worker race/ethnicity influence the burnout-turnover relationship?

Method:

Sample and Procedure

- 262 frontline healthcare workers
- Majority White, Female, Registered Nurses
- A multi-wave archival dataset of frontline healthcare workers during the COVID-19 pandemic was used.
- Time 1: April 2020 – February 2021
- Time 2: February 2022 – May 2022

Measures

- Burnout: 6-item scale from Maslach et al. (1997) ($\alpha = .85$); measured at Time 1
- Turnover: one-item question asking if participants were in the same job at Time 2 as Time 1; measured at Time 2
- Race/Ethnicity: Collected at Time 1; recoded into binary variable of “White” and “Non-white”

Analysis Plan

- Moderated linear regression in R

Figure 1. *Interaction of Burnout and Race/Ethnicity on Turnover*

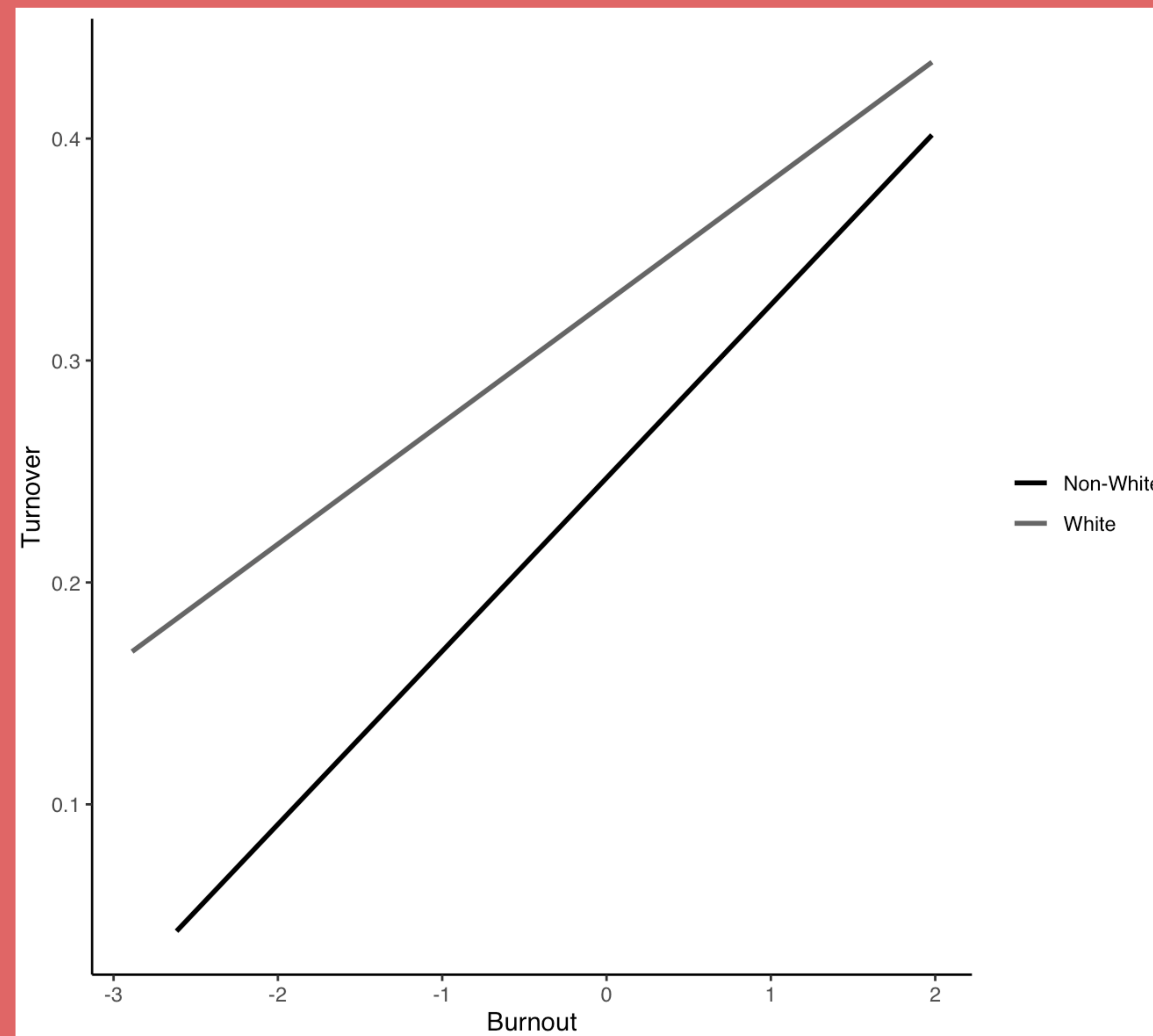


Table 1

Correlation matrix of study variables

	M	SD	1	2
1. T1 Burnout	4.56	1.23	-	
2. T2 Turnover	.31	.47	0.13*	-

Note. * = $p < .05$; Turnover data was coded as 0 = No Turnover, and 1 = Turnover

Table 2

Main findings: Moderated regression on Turnover

	B	B SE	β
(Intercept)	.49	.33	-
Burnout (A)	.05	.32	.12
<i>Simple slopes</i>			
White (B)	-.17	.33	-.13
Non-White (C)	-.25	.34	-.18
<i>Moderation</i>			
A X B	-	-	-
A X C	.02	.08	.02

Note. Effects could not be adequately estimated for the A X B interaction due to singularity issues, which indicates potential multicollinearity.

Results:

- Results of moderated regression showed a nonsignificant main effect of burnout on turnover ($B = 0.05$, $SE = 0.32$), $p = 0.13$. However, there was a small correlation between Time 1 burnout and Time 2 turnover.
- Simple slopes analyses did not reveal a significant effect of race/ethnicity (White or Non-White) on the burnout-turnover relationship. The simple slope of burnout on turnover for Whites was $B = -.17$ ($SE = 0.33$), and for Non-Whites, it was $B = 0.25$ ($SE = 0.34$) (see Table 2).
- Overall, despite a small correlation between burnout and turnover, race/ethnicity does not significantly affect this relationship.

Discussion:

- A binary categorization of White and Non-White respondents was used rather than individual race/ethnic categories due to low sample values. This is a notable limitation in the study.
- With a lack of research focusing on intersectionality in the workplace, our goal was to provide more data about the impact of workplace stressors (burnout) in relation to various cultures and ethnic backgrounds.
- Our hope is that findings are used to help improve workplace policies so that the organization can develop better mental practices and provide equal opportunities for all employees to implement those practices.
- In future research, we plan to see if other factors such as gender and socioeconomic status are related to workplace stressors. We also want to look at how workplace stressors can impact the in-group vs out-group.