CLINICIAN BURNOUT CRISIS BEFORE, DURING & AFTER COVID-19

Topline Takeaways from a Frontline Clinician Questionnaire

Many clinicians faced burnout, stress, anxiety, depression, substance use, and in some cases, suicidal thoughts before the COVID-19 pandemic. Burnout is a workplace syndrome characterized by high emotional exhaustion, high depersonalization, and a low sense of personal accomplishment from work. COVID-19 has been presenting clinicians with even greater workplace hardships that have been exacerbating existing levels of burnout and related mental health concerns.

Approximately one year after the onset of the COVID-19 pandemic in the United States, the National Academy of Medicine's (NAM) Action Collaborative on Clinician Well-Being and Resilience (Clinician Well-Being Collaborative) reached out to clinicians in their network and received over 500 responses on the effects of the pandemic on their personal and professional lives, as well as creative solutions implemented by health care organizations to better support their workforce.

The questionnaire was used to inform an invitation-only NAM listening session that U.S. Surgeon General Vivek Murthy joined, during which frontline clinicians offered their personal stories about the impacts of burnout. The participants hailed from health care communities across the United States, providing a broad range of perspectives and experiences from different health professions and career stages, and a diversity of races, ethnicities, and genders. The questionnaire was part of ongoing efforts to amplify clinician stories, and have their experiences and insights inform future activities of the Clinician Well-Being Collaborative.

The NAM presents the following major themes identified from a sample of the clinician questionnaire responses. We offer this snapshot of clinicians' lived experiences as a resource to help inform our movement to enhance clinician well-being.

1. **Clinicians experienced trauma and burnout specific to COVID-19 on top of existing large scale system pressures and alarming stress levels among the health care workforce.**

   Burnout has been an increasingly top-of-mind issue in the health professions, and the pandemic exacerbated existing feelings of burnout. However, many respondents chose to highlight their experiences of burnout unique to COVID-19 and the trauma of working on the frontlines during a pandemic.

   In addition to witnessing firsthand numerous deaths caused by the pandemic—many of whom died alone without their families by their bedside and some of whom were fellow clinicians—unique factors that contributed to burnout during COVID-19 included: the burden of keeping up with constantly changing safety guidelines, equipment shortages, and a lack of certainty regarding treatment options. Explicit allusions to war illustrated the personal cost to clinicians from the loss of their colleagues and patients, and

highlighted the moral injury and deleterious effects on well-being felt by caregivers unable to fulfill their values.

2. **The manifestation of burnout varied across clinicians—ranging from depression to anxiety to moral distress.**

Some respondents experienced periods of deep depression, suicidal ideation, and feelings of emptiness. For others, the effects of the pandemic materialized as anxiety. Some respondents self-medicated for their symptoms. Many worried about the danger that working on the frontlines posed to their families.

Some respondents described their burnout in matter-of-fact terms, seeing it as a natural result of a once-in-a-generation pandemic and an impetus for self-reflection and growth. Other respondents expressed feelings of helplessness when describing their burnout. Overall, there was an understanding that clinicians needed to take care of themselves—despite some not knowing how to start or a recognition that traditional avenues of easing burnout like exercising, socializing, or spending time with loved ones were virtually impossible because of a lack of time and/or social distancing measures. Clinicians' sense of burnout caused many to question their ability to perform on the job.

While the pandemic led some respondents to retire early or to consider other career paths, the feelings of burnout specific to COVID-19 did not translate to respondents reporting intention to leave the profession en masse. In fact, many clinicians said that the pandemic had the effect of renewing their commitment to the profession.

3. **Health care workers were not immune to the impacts of COVID-19 in their professional or personal lives, and expressed frustrations with the dearth of chances to connect with their peers and thrive in their roles.**

Many respondents described the task of treating COVID-19 patients as all-encompassing. Respondents noted that they put research projects, teaching opportunities, and manuscripts on hold. They also said that cancelled conferences represented a loss of key peer-bonding opportunities and fewer chances for camaraderie, which clinicians value and see as part of an integral support system.

Other respondents noted that the task of caring for COVID-19 patients limited the already scarce time they had with friends and family, and any downtime they had was dominated by a sense of exhaustion, putting strain on relationships. Respondents highlighted impacts on parenting and challenges of juggling other work-life responsibilities. Respondents also mentioned how widespread vocal skepticism about the seriousness or veracity of the pandemic added to their burden and created an inescapable responsibility to educate those around them, causing clinicians to feel a lack of appreciation in stark juxtaposition to early, fleeting praises of heroism.

4. **Efforts made by hospitals and other health care organizations to address burnout were generally viewed positively, but clinicians who didn't feel supported expressed their desire for more interventions by their organizations.**

   Respondents mentioned group therapy and town halls, confidential one-on-one counseling sessions, peer support, post-shift debrief sessions, the ability to telework, and time off from seeing patients as helpful ways in which their employers sought to address burnout. For organizations that offered mental health and support services, respondents noted that proactive outreach by their employers—rather than spending their limited personal time off to navigate services—was a big help.

   Others identified a lack of open communication—particularly from their organizational leadership—as well as a need for more transparency around help-seeking.

   Those respondents who experienced an increased culture of openness around psychological and emotional support for clinicians during the pandemic conveyed approval of this shift. The pre-pandemic work environment often reinforced stigma around clinicians seeking mental health services, had potential consequences to clinicians' careers, and posed barriers to maintaining their license. According to some respondents, showing vulnerability during the pandemic was more acceptable than in previous years in which the culture of medicine typically valued 'thick skin' and suppressing feelings. Clinicians responding to the questionnaire expressed hope that an environment of openness and support continues to grow after the pandemic, both within those institutions progressing in the right direction and across all organizations.

5. **Clinicians expressed the need for burnout interventions implemented during COVID-19 to continue post-pandemic.**

   Questionnaire respondents noted that COVID-19 illuminated and exacerbated existing flaws in the health care system. For some, the pandemic further stretched their capacities and stressed an already broken system that resulted in an unsustainable working environment for clinicians.

   According to respondents, the pandemic and the many workplace wellness interventions implemented over the last year to lessen clinicians' sense of burnout represent an opportunity to systematically change the way clinicians work and the environments in which they deliver care.

   Specifically, most respondents wanted their leadership to support widespread cultural change in which systems prioritize clinician well-being (both mental and physical health, and where solutions are implemented upstream at a system level rather than ad hoc, individual interventions).

   Respondents, while noting that these solutions aren't cure-alls, wanted many of the employer interventions that demonstrated success during the pandemic to become permanent efforts to mitigate burnout.

This included the work to reduce the stigma around mental health. Respondents saw this as a fundamental step to creating an environment in which clinicians can feel good about going to work and joining the health workforce.

Ultimately, designing a system that allows clinicians to carry out their values was seen as an investment in the well-being of the current and future workforce, as well as patient care.

In response to the parallel pandemic of clinician burnout during the COVID-19 crisis, the Clinician Well-Being Collaborative convened major health care leaders, authored a number of position papers calling for additional attention to and support of clinicians during the pandemic as well as their long-term well-being, and more.

Visit ***bit.ly/CWCOVID19*** for a collection of resources to support clinicians during COVID-19 and beyond.

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This document was prepared as a summary of individual questionnaire responses and key themes. The statements made are those of individual respondents and do not necessarily represent the views of all respondents; members of the Action Collaborative on Clinician Well-Being and Resilience; the National Academy of Medicine; or the National Academies of Sciences, Engineering, and Medicine.

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