Burnout among physicians and other health professionals is not a newly recognized crisis. But the COVID-19 pandemic has exacerbated burnout and presented unique challenges for physicians and other health professionals, according to a national survey.

Published in The Lancet open-access journal EClinicalMedicine, “Prevalence and correlates of stress and burnout among U.S. healthcare workers during the COVID-19 pandemic: A national cross-sectional survey study,” was co-written by researchers from the AMA and Hennepin Healthcare.

Between May 28 and Oct. 1, 2020, using the AMA Coping with COVID-19 for Caregivers Survey, 20,947 health professionals from 42 health care organizations across the U.S. assessed their workers’ stress during the pandemic. The survey found that 61% of those surveyed felt high fear of exposing themselves or their families to COVID-19 while 38% self-reported experiencing anxiety or depression. Another 43% suffered from work overload and 49% had burnout.

Stress scores were highest among nursing assistants, medical assistants, social workers, inpatient workers, women, and among Black and Latinx people. But odds of burnout were 40% lower in those who felt valued by their organizations, which was 46% of respondents.

“We've been really trying to focus our work and our mental models about the COVID crisis as an opportunity for us to reset health care,” Kyra Cappelucci, a coauthor and project administrator for AMA Practice Transformation, said during an AMA STEPS Forward™ webinar on well-being and burnout during COVID-19.

“Some of the changes we’ve seen within health systems focus on individual resiliency and helping people connect to what resiliency means to them, but it's also certainly a time for us to reexamine our operations and our team structures … so that we can support the well-being of everyone in health care,” Cappelucci said.
Here are five solutions to keep in mind to improve well-being and reduce burnout during—and after—the pandemic.

**Meet basic needs**

Having healthy food easily available was “rated highest as a helpful intervention for people who were working in an ER or ICU setting,” said Cappelucci. “In the first month or two of the pandemic, this is where a lot of the wellness efforts were focused on: thinking about personal and family safety.”

This included “having explanations for how people can safely go home to their families and not expose their families since fear of exposure was so high in the early days,” she said.

Read about six ways to address physician stress during COVID-19 pandemic.

**Streamline communications**

“Some groups want to hear just from their CEO [and] some groups only want to hear from their department chairs,” said Cappelucci. “We had organizations create checklists for leaders around how to be transparent and clear in communications, and really acknowledging the uncertainty in those communications.”

Organizations also normalized “the wide range of emotions that were happening” while “being a visible presence in rounding,” she added.

**Allow for reflection and processing**

The concept of peer support has grown more “popular this year than we were used to seeing,” said Cappelucci, adding that “almost every group we work with has at least some kind of formal or informal peer-support program.”

This means creating opportunities “for people to have shared experiences and talk about what they’ve gone through over this past year,” she said, noting that this could, and likely will, extend beyond the pandemic.


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Discover how a peer-support program strives to ease distress during pandemic.

**Make it OK to get help**

Sixty-six percent of all respondents noted that personal access to mental health care would be helpful during times of crisis like the pandemic. This also highlights the need to normalize help-seeking and ensuring that access to mental health support is available and easy to access.

Make “sure that there is accessible information about what’s available to your employees around mental health,” said Cappelucci. “A lot of groups did this through just having an intranet site—just one page where people could go to find what options were available to them.”

“Everyone seeks help in a different way, so making a diverse array of opportunities available and then making it accessible and clear for how they can access that was important,” she said.

**Measure and share results**

“You can’t fix what you don’t measure,” said Cappelucci. “We really encourage organizations to not only collect those data, but to share them transparently.”

It is important to take “the effort to hold a town hall or to somehow share some of those data so that people know that the organization has seen and heard them,” she said.