

Jonathan Ripp, MD, MPH, on clinician well-being in Omicron's wake

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Featured topic and speakers

In today's COVID-19 Update, AMA Chief Experience Officer Todd Unger discusses clinician well-being in the COVID "new normal" with Jonathan Ripp, MD, MPH, dean for well-being and resilience at the Icahn School of Medicine at Mount Sinai and chief wellness officer at Mount Sinai Health System.

Dr. Ripp is moderating the AMA's upcoming webinar titled, "Reconsidering priorities and practical strategies for addressing clinician well-being in Omicron's wake" on Thursday, Jan. 27, at 11 a.m., Central. Register for the webinar.

Learn more at the AMA COVID-19 resource center.

Speaker

- Jonathan Ripp, MD, MPH, chief wellness officer, Mount Sinai Health System

Transcript

Unger: Hello, this is the American Medical Association's COVID-19 Update video and podcast. Today we're talking with Dr. Jonathan Ripp, dean for well-being and resilience at the Icahn School of Medicine at Mount Sinai and chief wellness officer at Mount Sinai Health System in New York, about clinician well-being in the COVID "new normal". That's in quotation marks. I'm Todd Unger, AMA's chief experience officer in Chicago.

Dr. Ripp, thanks for joining us. I went back and watched our first time we ever talked together back in April of 2020. Talk about a time machine is to look back and see the state of things back there when you were really just learning how to deal with this in the first wave. Fast forward, better part of two years, you're now moderating an upcoming AMA webinar titled, "Clinician Well-being in the COVID "New Normal": Reconsidering Priorities in Omicron's Wake." I'm just say, if you were to go back and advise yourself two years ago knowing what you know now, what would you have told yourself?

Dr. Ripp: Oh my goodness. Well, first of all, Todd, thanks for having me. It's great to be here. I'm trying to process all that you just said. I guess for what I tell myself, I would say, "Brace yourself for what's coming." My goodness, it has been a long and tiring couple years. But hey, we're here and I think we've learned a lot. I'm looking forward to this webinar to talk about where we are.

Unger: I love this concept of the new normal, which is given how fluid things in, is just at this particular point in time of what we consider the new normal right now. Why don't you give us a preview of what this webinar is going to be all about?

Dr. Ripp: Yeah, well, the new normal, that's kind of the term that I think a lot of us started using really early on. Because we were sort of moaning our loss and thinking about what we had and where we are and when is it going to get back that way, get back to normal. We all kind of realized, it's probably not going to be that way, it's probably going to be a new normal.

I think in the wake of Delta, not Omicron, but Delta, there probably was a considerable amount of optimism of hope that maybe we were turning the corner on COVID and that we wouldn't be seeing too much of it. And so maybe we were kind of getting a sense of what the new normal might be. And Omicron just kind of has really changed things, I think, in terms of a lot of people's outlook. So I can share with you in a second what we want to cover in the webinar but I think as we think about new normal, with Omicron, some of the differences are that a lot of people who are vaccinated felt like, "Okay, well, I'm safe." And that's just been thrown out the window with Omicron, as there've been so many vaccinated cases.

So those folks who felt, "Well, now we're getting somewhere." It's hard to think of what the new normal is going to be. So I think there's a lot of uncertainty in a mix that's fueling a lot of anxiety. And we're going to talk a bit about that in the webinar.

Unger: What do you think characterizes the new normal right now?

Dr. Ripp: Yeah, well, I think about it in terms of, obviously, the work that I'm engaged in and the things that we're going to talk about. And so it's really about how have our priorities changed or not changed as a result of where we are at this phase of the pandemic? I think we learned a lot in terms of what was needed as there are COVID surges. And so what that looked like was, as numbers are going up, there's a lot of attention to basic needs. As those numbers go up and begin peaking, the uncertainty

continues and there's a lot of anxiety. And then as we start coming down, we know that's when people process, they grieve and there's a lot of attention and need for mental health support.

With this most recent wave, this most recent Omicron surge, we're seeing other elements creep in that are having significant impact on wellbeing. So from the standpoint of where we are as it relates to our work in this space, we're really seeing the dramatic impacts of the exhaustion and staffing. Everybody knows about the great resignation, the staff shortages in health care. And when you compound that with so many people getting sick, who are providing the care, those issues have just become incredibly acute. And I think will have impact beyond Omicron, as we really focus a lot on, what does it mean to keep people engaged in health care? How do we keep people in this profession? How do we enable them to want to stay in this work?

Unger: I mean, you talked a lot ... just now, you talked about exhaustion. I mean, this is two years, the cumulative effect of that. And psychologically we still see this having an outsize impact on those who have chosen to be unvaccinated at this point. Do you think that that in particular, especially in light of what we heard from the Supreme Court last week. Is that really weighing on physicians at this point? That kind of sense that, geez, we have a vaccine at hand—

Dr. Ripp: Yeah.

Unger: Why aren't you using it?

Dr. Ripp: Yeah, I think it's one piece of the puzzle that certainly influences this conversation. I think for a workforce that is exhausted, it's one thing to take care of people who have gotten vaccinated and got their boosters and they still get Omicron. And so okay, that's happening now. So, we got to take care of those people.

It's another a thing when folks, particularly those that seem to be getting sicker are the ones that are unvaccinated. And I think that does take a toll on the workforce if you're already tired and you see someone come in like that, and you're thinking, "This person is contributing to my exhaustion." These are the human thoughts that obviously our workforce is experiencing. That's going to take its toll. And we're also seeing sort of an increase in the instability or at least it tends to be picked up by the press or at least, I do think you'll hear about it in the webinar, as well. But some of the mistreatment that comes from patients to the workforce, we may be seeing it in greater amounts. And that too is having an increasing toll on all of us.

Unger: Gosh, I can only imagine. I mean, when you think about the different phases and the different surges that we're in right now. And you mentioned different kind of psychological stresses, how do you compare what needs to be done for physicians and health care teams right now, that's different than it was two years ago?

Dr. Ripp: Yeah, no, that's a great question. Just when we thought we understood from our experience how to respond to these things and there's many silver linings. But that of course is one of them that we've garnered a great deal of experience in understanding, how are health care workforces impacted by crises? And what are their needs? We thought we learned a lot. And a lot of that has born out this time around but there are these new elements.

But certainly, and as I mentioned before, when the crisis is rapidly sort of unfolding, that's where people really tend to focus on, "Okay, how do I survive?" It's survival mode. How do I take care of my kids if they're out of school? How do I take care of my elders, if I got to provide them care and their care attendants are out sick. Cafeteria is closed, how do I get my next meal? So that we know. And that was true in this surge, as much as in the beginning.

The uncertainty elements also, it drives anxiety when we don't know what's coming. And so clearly providing information is critical at those time periods. That too we've seen. I anticipate what we've seen last time is forthcoming. Perhaps in greater extent, you'll hear about that in the webinar as well. I'm concerned about the mental health consequences. We knew they were significant and real after the first major surge. And we have every reason to believe we're going to see more of that.

I think what's layered on, what might be new is this element of exhaustion. There's just such little reserve and fold in the issues around staffing and workforce challenges, meeting just the staffing needs. It compounds all of this stuff. So I don't know if I think of them as separate issues or just drivers that influence what we've already learned. But it's making it very hard.

In fact, I would go so far as to say that well-being probably isn't ... who's actually feeling well right now? I think that may not actually be our current benchmark. I do believe that we can get to that place where we really are promoting well-being. But right now it's just, can we get folks to be okay? Can we enable folks to kind of get through this, get through it effectively and really unscathed. And I think that's the difference, that's what we're doing right now. Which is a little different than when we emerged from Omicron.

Unger: I think that's a really interesting point about what's the best case scenario for right now? I mean, when you're in a hospital, that's way, way over capacity due to the surge right now. When we think about what needs to happen going forward and let's just hope that the numbers we're seeing in many of the kind of early urban centers of this seem to have peaked. There's some indication, let's say we are able to move past Omicron. We got two years of this pandemic under our belt and the cumulative toll that it's taken on physicians, nurses, health care teams. What's the job then to be able to really help these folks deal with the trauma of this time?

Dr. Ripp: Yeah. Well, that too, I think, we will talk about. I would say first and foremost, it's to prepare for this possible, I think, for what we will see. We've all been through communal traumas. So, I think we can prepare for that outcome, that we're going to see people who are experiencing psychological

consequences of this. So first and foremost, just knowing what to expect to shore up and make sure we're aware of what our resources are to help those folks. To make sure that we're sending out a lot of supportive and normalizing communications, making sure people know that it's okay to not be okay in the wake of all this. And so encouraging people to seek help when they need it.

So, that's going to be critical. And concurrently, we're going to need to get back to the things that we know work as it relates to well-being, to all the work and culture and culture transformation, leadership, communications. All those things that have impact on making people feel cared for, enable them to derive meaning from their work. And to focus on those efficiencies that enable people to do their work, so that they are able to spend more of their time on the meaningful aspects of their work, less of their time on the meeting-less aspects of their work.

Unger: Is there anything, as you think of your strategy going forward, that might seem unusual or unexpected that you need to bring to the table as we hopefully put at least some of this behind us? And have at least one window before something else happens.

Dr. Ripp: Yeah. I'm not sure I have like a zinger there for you but what I will say is a theme as it relates to efforts to support the workforce at a time like this, that I think not that it's something new. But it's, when you're working in the cultural sphere and in times of crisis, when we really know, we've heard from our workforce, that what they need to know that you hear them and that you care for them and that you value them.

And so one of the things that I think has really emerged for me and certainly the leadership at my institution espouses this. It's got to be words and actions. So the way in which we make people feel, it's that Maya Angelou quote, it's what people will really remember is how you made them feel. And so, it's not necessarily just the words or just the actions. It's got to be both. It's got to be heartfelt, authentic messaging that is linked with things that are real, that are tangible. Whether it's some gesture of appreciation. Just give the whole hospital pizza for dinner. But also the real stuff that we know, paying attention to those workflow, operational needs in times of crisis to sort of bolster those.

I think when all that's done together, you're going to have the greatest impact. And if you don't do it together, you really run the risk of falling short. And potentially it could even backfire on you if you say, "Hey, we really care about you." But you're not doing anything to back it up. And even the other way around, if you're doing things but it's not also included with that message that really brings it home. It may actually not be effective.

Unger: Dr. Ripp, this issue of physician wellness is at the top of our minds as we enter 2022 at the AMA. And this webinar that you're going to be hosting is an important way for us to kick off the year. I'm really excited to hear what you and the rest of the panel have to say. And I'd encourage everyone to watch this upcoming webinar, "Clinician Well-being in the COVID "New Normal": Reconsidering Priorities in Omicron's Wake." It's Thursday, January 27 at 11 o'clock, Central time. And a registration



link can be found in the description of this episode.

That's it for today's COVID-19 Update, we'll be back soon with another segment soon. For resources on COVID-19, visit ama-assn.org/COVID-19. Thanks so much for joining us. Please take care.

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