Front-line physicians have laid themselves out for the COVID-19 pandemic response, and it’s clear that their work is far from over. This has left many physicians wondering how much more they can take.

Physicians need moral and practical support, but where should administrators start? A recent perspective published in Mayo Clinic Proceedings outlined one approach. At its core, it’s about reconnecting with physicians’ sense of calling.

It’s all about being effective

Massachusetts General Hospital’s Department of Medicine held listening sessions with clinicians between May 2020 and March 2021 to support their well-being during the pandemic.

“We learned that simply asking clinicians ‘How are you?’ or ‘How can we help?’ did not generate much input or provide direction,” the authors wrote, adding that “the mental and emotional lift of coming up with ideas proved to be an unwanted additional burden, particularly when loss and grief seemed to cloud creative problem solving.”

The authors are AMA member Kerri Palamara, MD, a primary care general internist at Massachusetts General Hospital, and Christine Sinsky, MD, vice president of professional satisfaction at the AMA. Learn more from an episode of the AMA STEPS Forward™ podcast where Dr. Palamara shares the important takeaways from the Mayo Clinic Proceedings article.

"Informed by these experiences, and review of the AMA COVID Caring for Caregivers data, we developed four questions health care leaders at all levels can ask to show value and appreciation to their clinicians,” they wrote. This approach can “help leaders connect with their workforce and walk clinicians through a process where they can articulate loss and impact of their experiences, identify
what value feels like, what doing a job they feel proud of looks like, and what is getting in the way of that vision.”

Those questions are:

**What are the ways your life has been impacted by the COVID-19 pandemic?** “Acknowledging the many losses people have experienced is a first step in helping them feel seen and heard by leaders,” the authors wrote, adding that some of these losses might have gone unrecognized.

“In fact, until this conversation, many may not have realized what they were feeling was loss or grief,” they added. “Naming those losses begins the process of grieving and can promote post-traumatic growth through development of one’s narrative. It also provides an opportunity for leaders to understand the areas of greatest need for resource development and support.”

**What do value and appreciation at work feel like for you?** Responses might cite communication, planning or even flexibility of the work environment.

These answers can give leaders a clearer understanding of physicians’ needs and help them align the values of the care team. They can also help set a vision of the future that can be adapted over time.

**What prevents you from doing a job that you are proud of?** Survival isn’t enough, the authors noted.

“Providing space to focus on what an individual clinician needs to do a job they can feel proud of sends a message of being valued by leadership,” they wrote. “It also creates a space to promote self-compassion rather than self-condemnation during a time when the workforce is overwhelmed, both at work and at home.”

**What can be done to move forward and help you do a job you are proud of?** “This is the opportunity question,” the authors noted.

“Now that they have named their losses … clinicians can ask leaders for what they need,” the authors wrote. “Consider a follow-up question of ‘What can we take off of your plate?’”

The AMA is committed to making physician burnout a thing of the past. The AMA has studied, and is currently addressing, issues causing and fueling physician burnout—including time constraints, technology and regulations—to better understand and reduce the challenges physicians face. By focusing on factors causing burnout at the system level, the AMA assesses an organization’s well-being and offers guidance and targeted solutions to support physician well-being and satisfaction.