Omicron pushed doctors to the brink. 3 keys to get them back.

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With the SARS-CoV-2 Omicron variant came a surge in COVID-19 cases. It also placed additional strains on an already overwhelmed health care system. While physician burnout was a problem before the pandemic, Omicron has contributed to unique stressors and psychological consequences that require a shift in well-being priorities.

“The Omicron surge itself has highlighted a few very specific concerns that are going to influence the way in which we address well-being moving forward,” Jonathan Ripp, MD, MPH, chief wellness officer at the Icahn School of Medicine at Mount Sinai, said during an AMA STEPS Forward™ webinar about strategies for well-being in the wake of the Omicron variant. “We’ve been calling this the great resignation, where we’ve been seeing droves of health care workers leaving the field.”

“Clearly, this is an issue that we’ve seen as a result of this pandemic,” said Dr. Ripp. But it “is going to remain well beyond, and is something that all of us in the well-being space are going to have to contend with.”

In the webinar, Dr. Ripp and other expert panelists outlined three well-being priorities to implement.

Take action to address mistreatment

“COVID-19 has really exacerbated violence, harassment and stigmatization against health care workers,” said AMA member Lotte Dyrbye, MD, MPHE, a professor of medicine and medical education at Mayo Clinic and co-director of the organization’s Program on Physician Well-Being.

“It’s important that we take action to respond to that,” Dr. Dyrbye added, noting that “Canada has already taken action by passing a new law that makes it clearly illegal for people to bully, harass or otherwise intimidate health care workers in person or online.”
“The fact that they had to pass a bill making this illegal just tells you that the problem we’re seeing in the United States is not an isolated one,” she said, adding that Mayo Clinic is doing the same by helping staff address patients and visitors when their behaviors are inappropriate.

Discover why threats and intimidation against doctors and health workers must end.

**Show support for the community**

“As we think about interventions, we want to remember that protecting health and sustaining operations requires actions by individuals, but also organizations and leaders,” said Capt. Joshua C. Morganstein, MD, deputy director at the Center for the Study of Traumatic Stress in the Uniformed Services University of the Health Sciences. “What leaders do and say during times of crisis has an impact not only on the well-being of personnel, but the trajectory of recovery for a community.”

“Isolation has become a particularly significant challenge during the pandemic and many leaders have been hunkered down for a long time,” said Dr. Morganstein. “Finding ways to connect with individuals and teams is an important leadership action to help leaders take the temperature of the team, better understand individual concerns and also to learn how best to support people.”

**Have actionable strategies**

AMA member Heather Farley, MD, MHCDS, chief wellness officer at ChristianaCare in Wilmington, Delaware, has worked with a diverse group of health care stakeholders to create the list of five actions below from the 2022 Healthcare Workforce Rescue Package to improve well-being during this challenging time.

**These are not normal times—adjust expectations.** “The ultimate goal here is to get alignment between the front line and health care leadership … to reduce demands and increase resources,” said Dr. Farley.

**Get rid of stupid stuff.** “Partner with clinicians to identify and remove low value work through a rapid improvement process,” she said. Discover five steps physicians can take to get rid of stupid stuff.

**Get radical to shore up staffing.** “We know we need to get that front line the help that they need,” said Dr. Farley. “Ways that we can do that are sending executives to the bedside so they can see what it’s really like to pitch in and consider voluntary redeployment for nonclinical staff to the front lines, creating new types of shifts to fit care needs.”
Designate a well-being executive. “Ideally that would be a system chief wellness officer,” she said. “If that is not feasible, at least assign a senior leader on a short-term basis until long term resources are identified.”

Employee assistance programs are not enough. “We’re really urging implementation of what we’re calling the foundational three: providing quality mental health counseling (including reducing barriers to help seeking behavior), offering psychological first aid training for leaders and standing up peer support programs,” said Dr. Farley.