

## Managing Pandemic-Related Clinician Burnout

Clinician burnout was prevalent before the COVID-19 pandemic, and it continues as even more workplace hardships and moral dilemmas have arisen. Clinicians have experienced concerns about contracting the COVID-19 virus and taking it home to their families as well as longer hours and increased workloads, staffing shortages, technology issues, regulatory compliance difficulties, and so much more.

Sixty-one percent of physicians now report experiencing feelings of burnout, which shows a significant increase since 2018.<sup>1</sup> To combat this burnout, healthcare organizations should

prioritize their clinicians' health and well-being. Leaders should identify and modify processes and systems in their healthcare organizations that fuel clinician burnout.

Positive work and learning environments should be in place for clinicians. It also may benefit healthcare organizations to create a leadership role and function that is responsible for the professional well-being of all clinicians.

The following risk tips<sup>2</sup> include more specific details on mitigating clinician burnout and fostering professional well-being.

1

Monitor the number of hours that clinicians are required to work, try to distribute workweeks effectively, and adjust staffing procedures and schedules where possible. Make sure clinicians receive adequate breaks.

2

Pay attention to clinicians' time constraints. Assess total workload and the complexity of clinicians' duties, including continuing professional medical education, maintenance of certification, required institutional learning modules, and work performed outside of scheduled hours.

3

Provide adequate resources including sufficient and effective personal protective equipment.

4

Provide ongoing assessment of clinicians' health and well-being to respond to their needs and identify risks or emerging issues. This monitoring can be done using data and validated [measurement tools](#) to guide system-oriented efforts to minimize burden, protect privacy, and address any stigma or pressure that clinicians may perceive related to measurement or reporting.

5

Reduce the stigma and eliminate the barriers associated with obtaining the support and services needed to manage burnout. Identify mental health professionals and counseling options available to support clinicians, and eliminate obstacles that discourage access to professional and personal support programs for individual clinicians.

6

Provide appropriate measures for clinicians' personal safety, and acknowledge and address concerns about their safety as well as their families' safety.

7

Provide access to resources such as coaching and adequate time for professional and personal development. If possible, obtain clinicians to coach other clinicians.

8

Promote a work culture in which clinicians feel supported and able to speak up without repercussions. Give them a psychologically safe environment to openly talk about barriers to their well-being, including stress and burnout. Incorporate items about stress into general care practices.

9

Identify any part of the organization's environment, culture, and infrastructure that can contribute to clinician burnout. Closely monitor implemented technology for negative consequences and create a mitigation plan to address any issues.

10

Encourage clinicians to report safety incidents, such as encounters with violent people or exposure to blood or bodily fluids; adopt policies and procedures for immediate follow-up.

11

Do not require clinicians to return to work during critical situations that may pose a continuing or serious danger to their lives until action has been taken to ameliorate it. If clinicians contract COVID-19 following exposure in their workplaces, be certain to provide them compensation, rehabilitation, and curative services as necessary and provide any other resources needed.

12

Facilitate peer support programs, and create opportunities for professional connection. Allow time for reflection and processing. Encourage clinicians to check in with their teammates and regularly connect with meaning. Encourage them to maintain professional connections and prioritize where to focus energies.

13

Keep clinicians educated, informed, and up-to-date on information and technical updates regarding COVID-19 via a central access point if possible. Make sure they're familiar with technical updates.

14

Give clinicians access to the appropriate tools for them to assess, triage, test, and treat patients as well as educate them on infection prevention and control.

15

Evaluate how business and management decisions may affect work demands and resources, patient care quality and safety, and levels of burnout, and adjust decision-making as necessary.

16

Create mechanisms for cooperation and collaboration between clinicians, management, and clinical teams.

17

Support the implementation of new ideas, approaches, and technologies that may enhance clinicians' well-being and improve quality of care. Implement evidence-based approaches to reduce the risk of burnout while ensuring the appropriate development of competencies, skills, professionalism, and ethical standards.

18

Consider designating funding for research on clinician professional well-being.

## Resources

- [Agency for Healthcare Research and Quality: Physician Burnout](#)
- [American College of Physicians: Individual Physician Wellness and Burnout Tools](#)
- [American Medical Association: No One Should Care Alone: Creating Processes for Intentional Professional Connection in a time of "Social Distancing" ... and Beyond ...](#)
- [American Medical Association: Physician Health](#)
- [American Psychiatric Association: Well-Being Resources](#)
- [Institute for Healthcare Improvement: Joy in Work](#)

- [MedPro Group: Five Ways Healthcare Organizations Can Confront Burnout and Build Cultures of Well-Being and Resiliency](#)
- [MedPro Group: Risk Resources: Burnout in Healthcare](#)
- [The Physician's Foundation: 2021 Survey of America's Physicians COVID-19 Impact Edition: A Year Later](#)

## Endnotes

<sup>1</sup> The Physician's Foundation. (2021). *2021 survey of America's physicians COVID-19 impact edition: A year later*.

Retrieved from <https://physiciansfoundation.org/wp-content/uploads/2021/08/2021-Survey-Of-Americas-Physicians-Covid-19-Impact-Edition-A-Year-Later.pdf>

<sup>2</sup> American Medical Association. (2021, March 29). *Managing mental health during COVID-19*. Retrieved from [www.ama-assn.org/delivering-care/public-health/managing-mental-health-during-covid-19](http://www.ama-assn.org/delivering-care/public-health/managing-mental-health-during-covid-19); National Academies of Sciences, Engineering, and Medicine. (2019). *Taking action against clinician burnout: A systems approach to professional well-being*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25521>; Berg, S. (2020, March 12). *6 big things that must change to beat physician burnout*. American Medical Association. Retrieved from [www.ama-assn.org/practice-management/physician-health/6-big-things-must-change-beat-physician-burnout](http://www.ama-assn.org/practice-management/physician-health/6-big-things-must-change-beat-physician-burnout); National Academies of Sciences, Engineering, and Medicine. (n.d.). Checklist for health care leadership to take action against clinician burnout. Retrieved from <https://nam.edu/systems-approaches-to-improve-patient-care-by-supporting-clinician-well-being/checklist-for-health-care-leadership-to-take-action-against-clinician-burnout/>

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