8 Steps to Alleviate Health Care Worker Burnout From COVID-19 and Beyond

The COVID-19 pandemic has escalated already high levels of burnout, creating a tipping point for growing numbers of doctors, nurses, other providers and health care employees.

- 1 in every 4 (26%) U.S. health care workers has considered leaving their job since the start of the pandemic.[1]
- 14% are thinking of leaving the health care profession altogether due to COVID-19.[2]
- Nearly 1 in 5 primary care clinicians say someone in their practice plans to retire early or has already retired because of COVID-19.[3]

This situation poses serious problems for health systems, health care workers and their patients. Workers who stay and those who leave may be suffering from mental health illnesses, including post-traumatic stress disorder, brought on by prolonged stress and risk from caring for COVID-19 patients.

If large numbers follow through with resigning, providers would face critical workforce shortages that could compromise care and burn out the remaining staff. Even if only a fraction of your health care staff leaves, you would still face a formidable problem of disengaged, disaffected workers who are providing care and are pivotal to accomplishing any major initiatives, from population health management to digital transformation.

Health systems need to act quickly to relieve health care worker burnout, for the good of your employees, your organizations and your patients.

Eight Steps for Alleviating Burnout

Spurred by the pandemic, health care has shown an amazing ability to reimagine and roll out new ways of delivering care, managing operations and protecting workers and patients. Given all your workers have been through and are still going through while accomplishing miracles every day, burnout now deserves the same effort and attention.

Leadership can take immediate action that will address some of the acute pain while putting in place procedures and programs that will take a strategic approach to managing burnout and morale.

1. Provide Peer Support

The Balint method of group therapy provides a forum for clinicians to discuss their day-to-day cases and stressors, creating empathy, peer support and an ability to self-reflect, which in turn better equips clinicians for future cases and challenges. This approach, implemented in a number of residencies, has proven highly effective.

It is best to collaborate with chaplains, wellness groups, psychiatrists and other available resources when creating these forums. Also important is to make it easy for health care workers to access these resources, for example coordinating with employee assistance programs.

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2. Redistribute Tasks

Non-COVID-19 patients who avoided care need to be engaged. It is possible to reduce time stressors on providers by leveraging non-provider staff such as registered nurses, licensed practical nurses or medical assistants. They can handle missed appointments and preventative screenings, prep charts and respond to questions from patients about needs for screenings or vaccines, laboratory reviews, and medication follow-up calls.

You can provide fast relief with rapid-deployment supplemental staffing as well. Kaiser Permanente quickly filled critical staffing gaps at several medical centers during the pandemic with COPE Health Scholars. These aspiring health care professionals were already working in the Kaiser facilities through the Health Scholars experiential education program and filled in for depleted staff in materials management, supply chain, and nursing units for patient rounding and responding to patient call lights. Read more about the program at Kaiser Permanente.

3. Improve Triage Workflow

Managing patient calls effectively is critical to well-coordinated care and efficient use of health care resources. It also directly impacts provider and patient satisfaction. COVID-19 has bolstered telemedicine which may mean more patient emails and messages. Is your triage system for handling test results, physician referrals, scheduling and disease management efficient and consistent? If not, evaluate options that will improve performance including in-house, outsourced or a combination.

4. Keep a Pulse on Burnout Levels

Gathering baseline data and keeping a pulse on clinician burnout levels is key to understanding the reasons for burnout and determining the best solutions for your organization. Many health care providers use the Maslach Burnout Inventory, which measures emotional exhaustion, depersonalization and low sense of personal accomplishment. You also can use simpler surveys or even regular, informal roundtables to check in with the staff.

5. Conduct a Human Resources Assessment

Collecting and reviewing data around roles, responsibilities, absenteeism/tardiness, turnover rate and reasons for leaving the organization is essential for addressing burnout and workforce planning and development. It will help pinpoint causes of burnout, measure your organization against national benchmarks, and project future vacancies. From this information, you can build fact-based strategies for improving retention and recruitment.

6. Build a Sustainable Workforce Pipeline

Even as you turn to shorter-term, supplemental and surge staffing, you need to create a plan for workforce hiring and development that is sustainable and delivers a strong return on investment.

Adventist Health has launched its own accredited medical assistant school, believed to be the first started by a health system, and is rolling out specialized educational programs for other health professionals. The goal is to ensure continued excellent care for the communities it serves, building the right staff so providers can practice to their full scope and expanding health care career opportunities, especially in rural communities.

7. Reinvest in Staff

Investing in upskilling and reskilling staff provides opportunities for growth, improves retention and morale and enhances care quality and efficiency. Training primary care providers to diagnose and treat behavioral and mental health issues, for example, is even more vital now as we are seeing the effects of COVID-19 on the entire population. Training should be available to all members of the staff. Some training could be a requirement for all, such as best practices in treating patients virtually.

Destigmatizing Burnout

There are very real barriers to addressing burnout, especially if it involves mental health issues. Payers, providers and state licensing boards require physicians and other providers to disclose any mental health issues that could affect their ability to treat patients. Providers are understandably worried about negative repercussions to their careers, practices and even their licenses if they reveal they've received mental health treatment.

Another complication: The provider culture and personality, especially among doctors, is to not show weakness and keep on keeping on, much as they did during their residencies.

The pandemic may force a reckoning:

- 1 in 5 health care workers has experienced anxiety, depression or post-traumatic stress disorder due to COVID-19.[4]
- More than half of doctors, nurses, and emergency responders involved in COVID-19 care could be at risk for one or more mental health problems, including acute traumatic stress, depression, anxiety, problematic alcohol use and insomnia.[5]

Too often, there is a predisposition to treat health professionals suffering from mental illnesses differently than from physical ailments and to assume the worst. Yet there are proven treatments for depression, bipolar disorder, PTSD, and other mental illnesses that providers endorse and health plans cover for other patients, so why not for health care workers?

Ensuring our health care workers aren't singled out and stigmatized for seeking proven care for mental as well as physical illnesses is critical. It's in everyone's best interests to have a health care workforce that is both physically and mentally healthy.

8. Leverage Technology/Automate Manual Processes

Technology has an important role to play in improving the work life of providers and staff. Health systems need to prioritize tech that is faster and easier to use, from consolidating operations on a single system to incorporating voice agents and automation. Decreasing the manual burden and creating a more user-friendly experience for the providers and other staff will help decrease the staff's frustration and path to burnout.

Health care providers and staff have been doing heroic work, taking on the brunt of the pandemic for more than a year. Delivering pizza at lunch time won't solve burnout or mental health issues. Health systems must quickly take concrete steps to show the same care and concern for their workforce as health care workers show to their patients all year long.

For more information, please contact Elizabeth DuBois at edubois@copehealthsolutions.com.

Footnotes

[1] January, 2021 survey by Morning Consult

[2] January, 2021 survey by Morning Consult

[3] September 2020 survey by The Larry A. Green Center with the Primary Care Collaborative

[4] PLOS One article, March 10, 2021: Prevalence of depression, anxiety and post-traumatic stress disorder in health care workers during the COVID-19 pandemic: A systematic review and meta-analysis

[5] University of Utah Health, January 2021

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