

# Supporting Clinicians During the COVID-19 Pandemic

Charlene Dewey, MD, MEd; Susan Hingle, MD; Elizabeth Goelz, MD; and Mark Linzer, MD

The coronavirus disease 2019 (COVID-19) pandemic has upended clinicians' sense of order and control. Such disruption may lead to substantial stress in the short term and higher risk for burnout over the long term. While natural disasters, such as Hurricane Katrina, demonstrated the effectiveness of short-term emergency planning (1), the COVID-19 pandemic poses unique long-term stressors and risks to clinicians' physical, mental, spiritual, and emotional well-being. Leaders and front-line clinicians need to proactively protect the well-being of themselves and their colleagues to avoid adverse outcomes for clinicians and adverse effects on quality of patient care (2). We provide practical suggestions to encourage a culture that will sustain the clinician workforce during the pandemic. Regardless of practice location or size, everyone must commit to supporting the well-being of those involved in patient care.

First and foremost, organizational leaders should provide clear messages that clinicians are valued and that managing the pandemic together is the goal. Front-line clinicians must individually and collectively identify concerns that arise while facing the reality of the pandemic. Leaders must communicate current best practices clearly and compassionately, manage expectations, clarify work hours, and provide sufficient resources and effective personal protective equipment. To better enable clinicians to maintain personal well-being and resilience throughout the pandemic, leaders should aim to monitor clinician wellness and proactively address concerns related to the safety of clinicians and their families.

Leaders should aim for work schedules that promote physical resilience by enabling adequate sleep and providing access to call rooms for hospital-based clinicians working long or multiple shifts. Leaders should also take initiatives to provide basic provisions during work hours, such as easy access to water, healthy snacks, chargers for phones and other devices, and toiletries. Leaders must also designate times for clinicians to take breaks, eat, and take medications. It may also be helpful to advise clinicians working such shifts to bring at least 3 days of their own medications to work and designate a source for emergency refills. Clinicians should also continue using wellness activities that have worked for them in the past and make efforts to support each other during this challenging time.

Reduction of noncritical work activities may help to promote mental well-being. Examples include rescheduling preventive and routine patient follow-up visits and eliminating nonessential administrative tasks. Anxiety can be reduced by providing a central source for updated information and clear communication of well-defined protocols, expectations, and such resources as

childcare via e-mails, tweets, and automated calls. When an individual clinician feels well but cannot be present in the clinical setting because of mandatory isolation or childcare, hospitals and practices should aim to redistribute work and have these clinicians participate in computer- and phone-based care while home.

During the pandemic, clinicians should be encouraged to openly discuss vulnerability and the importance of protecting one's emotional strength. Health care organizations can provide information on managing stress, reducing burnout, and identifying mental health professionals available to support clinicians (3). Deploy designated wellness champions in health care systems and practices to field clinicians' concerns, advocate for clinicians, and distribute messages of gratitude and support.

We also suggest fostering spiritual resilience through distribution of positive messaging that emphasizes appreciation for clinicians' dedication and altruism. Disseminating strategies for connecting with colleagues to share stories of success, rather than focusing on failures and stresses, can help clinicians find joy amidst chaos (4). Helping clinicians recognize what they can and cannot control helps to balance expectations with realities.

A supportive work culture is vital to maintaining the resilience of clinicians during a crisis such as COVID-19. We suggest developing an evidence-based menu of interventions, to be carefully selected from, and tailored to various workplace settings. For larger health systems, wellness committees and employee assistance programs are the logical resources to organize these interventions. In smaller settings, appointing a wellness champion could help to elucidate colleagues' needs and implement solutions. Surveys to assess stress points, fears, and concerns can inform leaders and provide insight into areas requiring attention. We also suggest developing plans to back up, cross-train, and rotate leadership to avoid leader burnout.

Sharing challenges and successes will help to meet urgent needs during the evolving pandemic. Examples of settings for such sharing include the American College of Physicians Physician Well-Being and Discussion Forum (5), the Society of General Internal Medicine GIMConnect (6), and the American Medical Association Physician Health (7) resources that members can access. Other professional organizations, or organizations with access to community discussion boards, could develop similar venues for highlighting best practices in wellness.

Emphasizing clinician wellness during the COVID-19 pandemic (8) is necessary to enable them to provide high-quality care. We propose some preliminary, common sense steps toward this goal and encourage colleagues to share strategies they find successful. How we

meet the wellness needs of our clinicians may determine how well we survive the COVID-19 pandemic and future public health crises.

From Vanderbilt University School of Medicine, Nashville, Tennessee (C.D.); Southern Illinois University School of Medicine, Springfield, Illinois (S.H.); and Hennepin Healthcare and University of Minnesota, Minneapolis, Minnesota (E.G., M.L.).

**Disclosures:** Dr. Linzer reports grants from the American Medical Association and the American College of Physicians outside the submitted work. Authors not named here have disclosed no conflicts of interest. Disclosures can also be viewed at [www.acponline.org/authors/icmje/ConflictOfInterestForms.do?msNum=M20-1033](http://www.acponline.org/authors/icmje/ConflictOfInterestForms.do?msNum=M20-1033).

**Corresponding Author:** Charlene M. Dewey, MD, MEd, Center for Professional Health, Vanderbilt University School of Medicine, 1107 Oxford House, Nashville, TN 37232-4300; e-mail, [Charlene.dewey@vumc.org](mailto:Charlene.dewey@vumc.org).

Current author addresses and author contributions are available at [Annals.org](http://Annals.org).

*Ann Intern Med.* doi:10.7326/M20-1033

## References

1. DeSalvo KB. New Orleans rises anew: community health after Katrina. *Ann Intern Med.* 2016;164:57-8. [PMID: 26502034] doi:10.7326/M15-2284
2. Tawfik DS, Scheid A, Profit J, et al. Evidence relating health care provider burnout and quality of care: a systematic review and meta-analysis. *Ann Intern Med.* 2019. [PMID: 31590181] doi:10.7326/M19-1152
3. Linzer M, Poplau S, Grossman E, et al. A cluster randomized trial of interventions to improve work conditions and clinician burnout in primary care: results from the Healthy Work Place (HWP) study. *J Gen Intern Med.* 2015;30:1105-11. [PMID: 25724571] doi:10.1007/s11606-015-3235-4
4. Sexton JB, Adair KC. Forty-five good things: a prospective pilot study of the Three Good Things well-being intervention in the USA for healthcare worker emotional exhaustion, depression, work-life balance and happiness. *BMJ Open.* 2019;9:e022695. [PMID: 30898795] doi:10.1136/bmjopen-2018-022695
5. American College of Physicians. Physician Well-Being and Discussion Forum. Accessed at [www.acponline.org/forums/physician-well-being-and-professional-satisfaction](http://www.acponline.org/forums/physician-well-being-and-professional-satisfaction) on 18 March 2020.
6. Society of General Internal Medicine. GIMConnect. Accessed at <https://connect.sgim.org/home> on 18 March 2020.
7. American Medical Association. Physician Health. Accessed at [www.ama-assn.org/practice-management/physician-health](http://www.ama-assn.org/practice-management/physician-health) on 18 March 2020.
8. Center for the Study of Traumatic Stress. Sustaining the well-being of healthcare personnel during coronavirus and other infectious disease outbreaks. Accessed at [www.cstsonline.org/assets/media/documents/CSTS\\_FS\\_Sustaining\\_Well\\_Being\\_Healthcare\\_Personnel\\_during.pdf](http://www.cstsonline.org/assets/media/documents/CSTS_FS_Sustaining_Well_Being_Healthcare_Personnel_during.pdf) on 18 March 2020.

**Current Author Addresses:** Dr. Dewey: Center for Professional Health, Vanderbilt University School of Medicine, 1107 Oxford House, Nashville, TN 37232-4300.

Dr. Hingle: Southern Illinois University School of Medicine, 913 North Rutledge cHOP, Mailcode 9623, Springfield, IL 62794-9623.

Dr. Goelz: Hennepin Healthcare, 701 Park Avenue, (P5), Minneapolis, MN 55415.

Dr. Linzer: Institute for Professional Worklife, Hennepin Healthcare, 701 Park Avenue, (G5), Minneapolis, MN 55415.

**Author Contributions:** Conception and design: C. Dewey, S. Hingle, E. Goelz.

Drafting of the article: C. Dewey, S. Hingle, M. Linzer.

Critical revision of the article for important intellectual content: C. Dewey, S. Hingle, E. Goelz.

Final approval of the article: C. Dewey, S. Hingle, E. Goelz, M. Linzer.

Administrative, technical, or logistic support: C. Dewey, S. Hingle.