

# It's Time to Take Care of Those Who Take Care of Us

Robert Lam, MD FAAEM



**T**he physician burnout crisis has only been exacerbated by the COVID-19 pandemic. The pandemic revealed the vulnerabilities

of our health care institutions to meet even the basic needs of emergency physicians and their patients. Many emergency physicians were unable to secure adequate PPE to protect themselves, their families and their patients.<sup>1</sup> Countless health care workers contracted COVID-19. Some became critically ill and tragically, some died.<sup>2</sup> Thwarted basic needs, moral injury from working in a chronically overwhelmed safety net stretched to the breaking point, and challenges to mental well-being created disillusionment and contributed to the already widespread crisis of clinician burnout.

In times of crisis, we need to have our basic needs of safety and protection addressed at a minimum. In fact, we need to address all of Maslow's hierarchy of needs to promote well-being. A framework to prioritize and address thwarted needs can be found in the wellness hierarchy created by Shaprio et al.<sup>3</sup> The wellness hierarchy provides a road map that includes where to begin to address unmet needs. An institution supported well-being program is also needed to carry out an effective response to physician distress.

Physician burnout exists because of a dysfunctional work environment. For decades, we have struggled with inadequate hospital staffing resulting in chronic ED boarding with the effect of creating a moral injury of working with inadequate resources to provide the care we desire for our patients. The culture created by the relentless pursuit of lower cost, yet increasingly efficient health care with high patient satisfaction places physicians in an unwinnable scenario further diminishing sense of accomplishment at work.<sup>4</sup> Physicians have

been subject to meaningless unachievable metrics, thankless unpaid tasks that do not improve patient care<sup>5</sup> and have become saddled with an EHR that has the effect of removing us from patient contact and turning us into highly paid clerks.<sup>6</sup> At the center of the burnout crisis and the net effect of the dysfunctional work environment is the removal of physicians from the doctor patient relationship. The diminishment of doctor patient relationships has eroded our sense of purpose and many of the rewards of our work.

Emergency physicians have always done the work of caring for our communities during normal times as well as during times of crisis. COVID-19 revealed the inadequate response to meet the basic needs of safety and personal protection. Hospitals filled beyond capacity with the overflow of patients inevitably ending up in the emergency department, amplifying the moral injury of caring for patients with inadequate resources. The seeds of cynicism and disillusionment are fueled when these thwarted needs continue through the first and then the second peaks of the pandemic.

The price of burnout on physicians and to health care systems is high. Burnt out physicians leave the institution they work for at rates of 3-4 times compared to their peers.

Financially, it costs between 3-5 times a physician's annual salary<sup>7</sup> to replace one physician that leaves in lost revenue, ramp up costs, and recruiting. Institutions literally have millions of reasons to support the retainment of their physicians. Physicians that are burnt out have higher rates of error<sup>8</sup> and lower patient satisfaction scores.<sup>9</sup> Burnt out physicians also have lower productivity<sup>10</sup> all of these factors affect the bottom line for institutions. Tragically, an argument can be made that burn out is related directly to the epidemic of physician suicide. Physicians currently have the higher risk of suicide of any profession<sup>11,12</sup> with rates so staggering that we likely all know a colleague that has died by suicide.

In every crisis, there is also an opportunity. For the first time in recent memory, emergency physicians are viewed by the public with the respect that was long overdue. Although many may find the title of "hero" uncomfortable, the work done by our specialty is truly heroic. Pushing past the fear of a lethal illness and putting our own health at risk truly is what heroes do. In much the same way that we have rebounded from wars and disasters with improved systems, we have an opportunity to ride the wave of public support for health care workers into real systems change.

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Over the past year, the Wellness Committee has written articles taking a deep dive into each level of the wellness hierarchy of needs. Using this same model and adapted from this study from Shanafelt et al,<sup>13</sup> here is what institutions should do right now to support emergency physicians during the pandemic:

- **Basics:** Ensure the basic needs of physicians are met. That includes provisions that allow physicians to stay well hydrated, adequately fed and allow for their basic physiological needs to be met.<sup>14</sup>
- **Safety:** Provide confidential support for treatment of mental health strain of caring for critically ill patients during a pandemic and put programs in place to lower the risk of PTSD for the caring experience.<sup>15,16</sup>
- **Safety:** Provide adequate personal protection and minimize conditions that physicians might contract COVID-19.
- **Respect:** Listen to and respect the challenges and expertise of emergency physicians working in extraordinary circumstances and address their concerns to the extent that organizations and leaders are able.
- **Respect:** Work to redesign the surge plan to take into account once in a career events but also everyday staffing challenges that result in chronic ED boarding.
- **Respect:** Don't silence the voices of physicians. Physicians advocating for patient and health care workers safety need due process and a safe place for their concerns to be addressed through hospital leadership.<sup>17</sup>
- **Appreciation:** Recognize good work and show appreciation to health care teams particularly in a time where physicians are putting their own health at risk to care for others.
- **Heal Patients and Contribute:** Empower physicians to contribute to process improvements that results in better patient care and continuous improvement of the health care delivery.
- **Create or strengthen a well-being infrastructure** to effectively and sustainably continue to meet the needs of emergency physicians towards professional fulfillment. Organizations should prioritize organizing and engaging this infrastructure at the highest level of leadership in order to achieve the goals of professional fulfillment, engagement and returning joy to practice.

Taking care of those who take care of us requires us to transform this crisis into a system that takes better care of all physicians. Health care systems like Stanford and Christiana Care were ready to meet this challenge with a robust response because of the well-being infrastructure already in place. Will you use this moment to advocate for a robust wellness infrastructure in your health care system? The stakes are high and there is no better time than the present moment to ensure that our current and future colleagues will continue to be cared for and supported in the way they deserve. ●

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