

Five High-Priority Actions to Protect Clinicians' Well-Being during and after the Covid-19 Crisis.

Organizational Level

Integrate the work of chief wellness officers or clinician well-being programs into Covid-19 “command centers” or other organizational decision-making bodies for the duration of the crisis.

Ensure the psychological safety of clinicians through anonymous reporting mechanisms that allow them to advocate for themselves and their patients without fear of reprisal.

Sustain and supplement existing well-being programs.

National Level

Allocate federal funding to care for clinicians who experience physical and mental health effects of Covid-19 service.

Allocate federal funding to set up a national epidemiologic tracking program to measure clinician well-being and report on the outcomes of interventions.

for nurses surveyed after the 2011 Fukushima Daiichi nuclear disaster, who described the emotional turmoil of being forced to choose between protecting themselves and their loved ones and doing their duty as caregivers during a national crisis.⁴

The inability to do their duty may be at the heart of the moral distress experienced by Covid-19 clinicians. With overwhelming numbers of seriously ill patients and shortages of essential supplies, providing the optimal standard of care becomes a mathematical impossibility. People who feel that they are called as healers in the altruistic Hippocratic tradition must stand by powerlessly as their patients sicken and die — a tragedy that can cause serious moral injury. Such injury may be most acute and long lasting in the young physicians, nurses, and other health professionals serving on the front lines during their formative years of training.

How should health systems respond to such a formidable chal-

lenge? Many organizations have already created a chief wellness officer (CWO) position at the highest executive level. As a first immediate action at the organizational level, CWOs should be given a powerful voice in “command centers” or decision-making bodies that their organizations have assembled to respond to the pandemic. Furthermore, organizations can sustain and supplement existing well-being programs, which can also provide a “playbook” for groups that have yet to bring such programing online (<https://nam.edu/clinicianwellbeing/case-studies>). Although Covid-19 presents a monumental “excuse,” now is not the time to divert resources from clinician well-being or delay the establishment of new activities.

As a second immediate action, organizations can empower and encourage clinicians to speak freely about the stressors they face and to advocate for their own health as well as that of their patients. This effort might include the use of anonymous hotline systems to allow clinicians to voice their concerns without fear of reprisal. For such systems to be meaningful, leaders must be prepared to respond transparently and proactively to feedback.

The final set of actions will have to be taken by the U.S. Congress. Our clinician workforce is an exhaustible national resource, and it is already stretched to the breaking point in many locations. The Covid-19 crisis comes as a blow to a population already at heightened risk for psychological distress and mental health problems. Even before the pandemic, alarmingly high numbers of health professionals were suffering from burnout — accord-

ing to some studies, as many as 45 to 55%. Burnout is associated with higher rates of anxiety disorders, depression, substance abuse, and suicidality — trends that will be aggravated by the pandemic. And the cost for clinicians will become a cost for patients, as sick and burned-out caregivers leave the workforce at a time when they're desperately needed.⁵ We need a national solution that acknowledges the scale of the crisis, and we cannot afford to wait.

The Coronavirus Aid, Relief, and Economic Security Act and follow-on legislation appropriated billions of dollars to support hospitals, health systems, and providers in bearing the financial costs of the pandemic. Although they represent an important start, these funds are unlikely to cover the projected losses of these institutions — let alone meet the enormous need to care for Covid-19 clinicians experiencing long-term physical and mental health consequences. We face the paradox of ongoing activity of the virus, even as institutions begin to furlough employees in response to the economic ramifications of the pandemic for our health care delivery system.

The September 11 attacks again provide a useful comparison. Confronted by chronic conditions such as post-traumatic stress disorder among 9/11 first responders, Congress established the federal World Trade Center Health Program, which provides medical monitoring and treatment for nearly 78,000 responders and 24,000 survivors. The number of clinicians experiencing long-term harms from the Covid-19 pandemic is likely to be much greater. As Congress considers additional pandemic-related appro-

priations, we advocate inclusion of specific funding for the well-being of clinicians affected by the pandemic, similar to the fund established for World Trade Center first responders.

Another urgent need is for a national epidemiologic tracking program to measure clinician well-being during and after the Covid-19 crisis. Ideally, such a program would be led by the Centers for Disease Control and Prevention and would use random sampling and standardized instruments to assess acute and long-term effects of Covid-19 service on clinicians. Robust data are essential to understanding the scope of the challenge and to reporting the outcomes of interventions. Here, too, congressional appropriations could set the wheels in motion.

The Covid-19 crisis has revealed with painful clarity the fraying threads of the U.S. clinician workforce. Repairing the fabric will take all of us. Clinician well-being is a complex systems issue with

multiple responsible parties, including employers, professional associations, insurers, quality-improvement organizations, and state and federal government. The National Academy of Medicine's Action Collaborative on Clinician Well-Being and Resilience offers a wealth of actionable resources to support the development of well-being-focused programs and policies across sectors. There has never been a more important time to invest in the clinician workforce.

We have a brief window of opportunity to get ahead of two pandemics, the spread of the virus today and the harm to clinician well-being tomorrow. If we fail, we will pay the price for years to come. In the race to respond to the Covid-19 crisis, we must not neglect to care for those who care for us.

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