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Prior to the COVID-19 pandemic, widespread professional burnout, dissatisfaction, and disillusionment were symptomatic of an ailing healthcare system. We were all aware of this - hardly a day went by without another headline about the crisis of physician burnout. Systemic drivers of professional distress had been identified and responsibility assigned. Medical educators, regulators, organizations, leaders, administrators, even the affected clinicians themselves, took turns accepting blame for causing or perpetuating the problems. Those of us involved in physician health and well-being advocated for change and tried to convince ourselves that momentum was building. However, little progress was made. The chronic systemic dysfunction was too entrenched and widespread, efforts to intercede were sporadic and fragmented both within and across health care organizations and stakeholder entities. The inertia was not for lack of caring among of those in charge – revolutionary change was needed, and the game was rigged against it.

COVID-19 produced a shockwave across the health care system that has resulted in unprecedented challenges and rapid adaptations. Regulations and payment issues that previously hindered widespread adoption of telehealth services disappeared “virtually” overnight to support care delivery under social distancing. Reuse of personal protective equipment, unthinkable in the pre-COVID era, became critical in the face of undependable supply chains. At the point of crisis, many of the usual bureaucratic encumbrances to efficient and effective work in medicine were set aside so that physicians and other health professionals, whose status and influence had been progressively eroded over the prior two decades, could right the ship.

Our health care workforce has, without doubt, responded to this call heroically, reflecting a deep repository of altruism, compassion, selfless commitment and expertise that is our greatest health care asset. Were it otherwise, our health care infrastructure might well have collapsed under the weight of the crisis. After all, the pandemic placed tremendous emotional and psychological pressure on professionals who, by all pre-COVID accounts, appeared to be at the breaking point. Yet we did not falter, we rose mightily to the challenge and continue the fight under severe resource threats with no clear end in sight. As society moves toward relaxing social distancing and re-opening the economy it can be easy to forget that, for health care workers, the battle goes on.

As of this writing the CDC [reports](#) 27 COVID-related deaths among U.S. health care personnel with over 9,200 infected and at least 700 hospitalized due to infection. Countless others have sustained acute mental health injuries that

require immediate care and support. Many others will have delayed reactions emerging in the weeks and months ahead. Finally, there are those who have been [financially harmed](#) as the result of restrictions on “non-essential” care and stay at home orders. Clinics have been shuttered and those that have survived, especially safety net programs, are facing existential threats that generate chronic stress and uncertainty. However, the pandemic has not been without some bright spots that may serve as clues to workforce sustainability.

In a recent New England Journal of Medicine [article](#), Hartzband and Groopman observe that there appears to have been a paradoxical amelioration of burnout during COVID-19. They argue that this can be explained by the restoration of the “three pillars” of intrinsic motivation (autonomy, competence and relatedness) as the health care system rallied behind its caregivers.<sup>1</sup> It might seem like we have more pressing concerns than addressing burnout. While there may be some truth to that, there is also an opportunity inside of the disruptive change wrought by COVID-19 to reform the system to better promote proactive workforce sustainability. As we pause to take a breath on “the other side of the curve” we can appreciate that the pandemic has shown us that the system can be reset; that what has helped us survive the crisis may sustain us in the siege ahead.

The Washington State Medical Association’s [Care for the Caregiver During COVID-19 Outbreak](#) has a wealth of resources to address the toll the crisis is taking on individuals and health care teams. In addition, WSMA has been a national leader in system reforms to reduce burnout and promote professional fulfillment through their [Healthy Doctors, Healthier Patients](#) initiative. Physicians Insurance has also created a [COVID-19 Resource Library](#) with documents and links to support the practical challenges clinicians are facing in this rapidly changing environment. Finally, the [Washington Physicians Health Program](#) is here to support individuals and organizations effectively navigate through the strains of the pandemic. With over 30 years of experience in this area, our mission has never been more critical, and we stand ready to serve.

What is clear amidst all this uncertainty is that we cannot and should not go back to the way it was before COVID-19. A revolutionary opportunity is upon us to reshape health care so that we may protect the national treasure that is our health care workforce.

1. Hartzband P, Groopman J. Physician Burnout, Interrupted. New England Journal of Medicine. 2020.