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Cecilia Salinas Domene

*The University of Texas Rio Grande Valley*, [cecilia.salinasdomene01@utrgv.edu](mailto:cecilia.salinasdomene01@utrgv.edu)

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Burnout and Wellness Strategies during the COVID-19 Pandemic

Cecilia Salinas Domene

University of Texas Rio Grande Valley

## Review of Literature

### **Abstract**

During the COVID-19 pandemic, healthcare workers not only had to manage how to treat a new disease but also had to increase their workload to keep up with the patients infected with the new virus. These physicians had to deal with an increase in patients and an increase in patient deaths. In addition, being a frontline worker meant that these physicians had more exposure to the virus than the general population. If they did contract the virus themselves, they had to go into quarantine, many times away from their families (Walton et al., 2020). A national survey done of physicians found that the level of very high distress was 15% (Adams et al., 2021). For those who were not working on the frontlines, COVID-19 restrictions prevented them from seeing patients. This led to patients with non-emergent conditions going undiagnosed for long periods of time and putting off necessary treatments (Drudi et al., 2021). These factors lead to multiple moral insults, increases in anxiety, depression, and occupational burnout. One study by Lou et al. (2022) found more distress and burnout during COVID-19 than before particularly due to emotional exhaustion. Another study done by Appiani et al. (2021) found that 73.5% of their 440 respondents reported burnout syndrome. Many hospitals and individual physicians took steps to combat this and improve wellness. Some implemented Schwartz rounds and some implemented Balint groups. Balint groups found improvement in burnout rates from three participants at the beginning of the study to zero participants by the end of the study ( $p = 0.03$ ).

### **Introduction**

The COVID-19 pandemic started in late 2019. The first case in the United States was reported in January 20, 2020. Since the start of the pandemic physicians had to take on more patients, workload, and working hours to keep up with the increase in patients contracting the

disease. This led to an increase in burnout amongst healthcare workers. The Mayo Clinic defines burnout as “a state of physical or emotional exhaustion that also involves a sense of reduced accomplishment and loss of personal identity.” To combat burnout physicians and clinics took on a variety of interventions to improve wellness. The World Health Organization defines wellness as “a state of complete physical, mental, and social *well-being*, and not merely the absence of disease or infirmity” (Vercio et al., 2021). This literature review will explore the increase in burnout during the pandemic as well as the steps taken by healthcare workers to improve rates of burnout.

## **Materials and Methods**

A literature review was done to provide a brief history of burnout before the COVID-19 pandemic and explore the current amount of burnout, works hours, anxiety, and depression during the unprecedented COVID-19 pandemic. A literature review was completed using the PubMed/MEDLINE and Google Scholar databases for articles before January 2020 for the pre-pandemic part of the review and then after December 2019 for the pandemic part of the review. The literature was reviewed for articles relevant to “COVID-19,” “Pandemic,” “wellness,” “burnout”, “managing stress”, “support groups” and “support services”. The prevalence of burnout before and during the pandemic was identified and summarized. Coping strategies used by physicians during the pandemic were identified as well as the results of those interventions. Reasons for why physicians might not seek help as related to mental health stigma was identified and the data was summarized.

## **Results**

### *Prevalence of Burnout in Physicians*

Before the COVID-19 pandemic, research had already been done to measure the prevalence of burnout amongst healthcare professionals. One study by Wallace et al. (2009) found that 64% of physicians felt that their workload was too heavy. It also found that physicians work an average of 50-60 hours per week. The fatigue caused by working shifts longer than 24 hours puts physicians at an increased risk of burnout, needle-stick injury, motor vehicle accidents when driving home. It also puts the physician at an increased risk of making medical errors. The study by Walker et al. (2009) shows that 75% of their study participants met the criteria for burnout.

Since the pandemic, more research has been done to measure burnout amongst healthcare professionals. One study by Lou et al. (2022) found more distress and burnout during COVID-19 than before particularly due to emotional exhaustion. Another study done by Appiani et al. (2021) used the Maslach Burnout Inventory and found that 73.5% of their 440 respondents reported burnout syndrome. It also found that the respondents who had burnout syndrome were significantly younger than those who did not. They also found positive associations between burnout and having less seniority, caring for patients with COVID-19 infection or possible infection, or having COVID-19 symptoms themselves. A study done by Ruiz-Fernandez et al. (2020) found that levels of burnout and compassion fatigue were higher amongst physicians working in specific COVID-19 units and emergency departments.

### *Coping Strategies*

According to Lou et al. (2022), maladaptive coping, which includes denial, substance abuse, and self blame, was more related to distress ( $b = 14.75$ ,  $SE = 1.97$ ,  $b = .57$ ,  $P < .001$ ) and burnout ( $b = 1.16$ ,  $SE = 0.19$ ,  $b = 0.50$ ,  $t = 6.00$ ,  $P < .001$ ). While adaptive coping, which includes planning, acceptance, and using emotional support, was not significantly related to distress ( $b = 3.18$ ,  $SE = 1.94$ ,  $b = 0.12$ ,  $P = .10$ ) and burnout ( $b = 0.06$ ,  $SE = 0.19$ ,  $b = 0.03$ ,  $= .74$ ).

A cross sectional survey amongst physicians in New York City found that many physicians have attempted different coping mechanisms individually during the pandemic. Of the 657 physicians surveyed, 59% used physical activity as a coping mechanism, 23% engaged in faith based religion, and 25% participated in yoga. However it was found that 1/7 of the physicians surveyed had not attempted any coping mechanisms. (Shechter et al., 2020)

The Mayo Clinic implementing COMPASS groups which provided physicians with a protected 1 hour a week where they could meet with colleagues in small groups and discuss their experiences as physicians. A randomized trial found an improvement in burnout amongst the physicians who participated in the trial. (Walker et al., 2018)

With the pandemic came many initiatives to provide coping strategies for healthcare workers. One intervention implemented Balint-like groups, which consist of a group of six to twelve members led by a leader. Balint groups present a case weekly or monthly and then open the discussion to the group to comment on the emotional experience of the case. This study found improvement in burnout rates from three participants at the beginning of the study to zero participants by the end of the study ( $p = 0.03$ ) and specific improvements in enthusiasm ( $p = 0.013$ ), empathy with colleagues ( $p = 0.093$ ), and connectedness with colleagues ( $p = 0.007$ ) and patients ( $p = 0.042$ ) at work.

One intervention explored using telehealth to connect frontline workers with psychiatrists and psychiatric residents. By providing group telehealth calls, the intervention was able to reach a large number of frontline workers with a limited amount of psychiatrists. This method also helped to screen for individuals who could benefit from individual telehealth appointments with a psychiatrist (Viswanathan et al., 2020).

Stony Brook University Hospital tried to combat physician burnout and stress by converting one of their 10 bed pediatric units into an employee respite center. The hospital considered it a success when they interviewed physicians who said the respite center provided them with a space to destress through the use of destressing activities and receiving emotional

support from peers. The hospital also reported 10,000 visits to their center with the first 7 weeks of opening (Gonzalez et al., 2020).

Some hospitals have implemented “Schwartz Rounds” with monthly 60-minute sessions with a panel of 3-4 staff members, who share personal experiences with each other and then discuss with a trained expert. In one evaluation of Schwartz rounds, it was found that participants enjoyed this intervention. Through a post-intervention survey it was found that participants would sign up for Schwartz rounds again and that this intervention gave them insight on how their colleagues care for their patients (Flanagan et al., 2018).

### *Stigma With Seeking Help*

Although physicians are trained to know the symptoms of depression and anxiety, many of them will not seek help. A study done by (Wallace et al., 2009), found that of 18% of physicians who were depressed only 25% reported considering getting help, however only 2% actually received help. That same study also found that when given a hypothetical illness, 61% of physicians with hypothetical vomiting all night would go back to work to wait and see, 83% would go back to work if they had blood in their urine, 76% would go back if they had a suspected stomach ulcer, and 73% would go back if they had severe anxiety. A study done by (Wijeratne et al., 2021) found that older doctors exhibited less total stigma in reaching out for help but they did believe that a physician with mental health issues such as anxiety or depression was less reliable. Younger physicians reported fears of confidentiality and impact on career progression if they sought help for a mental health issue.

Doctors might feel uncomfortable in the role of patient. Sometimes they might fear that their colleagues will think they are unable to cope if they seek help. However, surveys done by Wallace et al., (2007) found that social support from colleagues was important at reducing job stress and burnout. A national survey done by West et al. (2020) found that although physicians

showed higher levels of resilience than the general working population, the levels of burnout were high even among the most resilient physicians.

### *Empathy*

During the pandemic, frontline workers saw increased amounts of patients a day. Sometimes this meant that they could not spend as much time as they usually would with their patients. These workers also had to experience the loss of more patients than they were used to. Many physicians reported a decrease in empathy towards their patients and themselves. One study even saw affective empathy as a risk factor for burnout in physicians and nurses. This study found that 36% of the variance in exhaustion was predicted by workload (beta = 0.24;  $p < 0.001$ ), affective empathy (beta = 0.12;  $p < 0.05$ ), procedural justice (beta = -0.30;  $p < 0.001$ ) and by professional identification (beta = -0.22;  $p < 0.001$ ) (Correia et al., 2020). Another study found a correlation between physician emotional exhaustion and depersonalization and also found that depersonalization was associated with patient outcomes (Halbesleben et al., 2008).

### **Discussion**

This paper aimed to find levels of burnout before and after the pandemic as well as explore the variety of coping mechanisms used to combat burnout and improve wellness amongst physicians. This review found that there was a positive correlation between levels of burnout and working with patients with confirmed or suspected COVID-19 infections. There were also

papers to support that being a newer physician, having higher levels of affective empathy, and working longer shifts were risk factors for burnout (Correia et al., 2020). Some physicians found individual ways to increase wellness through physical activity, meditation, or turning to faith while some institutions implemented small group discussions with peers and professionals. Based on papers showing that talking to peers can reduce work related stress along with the data from interventions using Balint-ike groups and Schwartz rounds, it seems that group discussions amongst peers could be an effective way to promote wellness for physician (Chochol et al., 2021) (Wallace et al., 2009). More studies should be conducted to look into the effectiveness of Schwartz rounds and to compare their effectiveness to Balint groups (Flanagan et a., 2020).

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