Rethinking Wellness in Health Care Amid Rising COVID-19–Associated Emotional Distress
Bryant Adibe, MD

The coronavirus disease 2019 (COVID-19) pandemic offers health care organizations and state agencies a rare opportunity to rethink their approaches to the well-being of health care professionals—including reexamining long-standing systemic organizational practices, as well as modernizing archaic state policies that contribute to a culture of suffering in silence. In health care, the topic of wellness is still often regarded as something soft and unnecessary or, worse yet, considered a sign of personal weakness. In recent years, we have seen a growing recognition of the need to promote wellness, but these efforts are still frequently relegated to the periphery in key organizational decisions and discussions. Wellness is often a footnote at the end of an agenda or a mascot on the sidelines.

Sadly, this dismissive approach to well-being is deeply entrenched in the culture of health care and has had a damning effect. Doctors are twice as likely to die by suicide as their own patients.1 Medical interns experience a 5-fold increase in depression within their first 6 months of residency, along with a stepwise increase in suicidal thoughts.2 Nearly 40% of nurses experience an extreme lack of empathy while caring for their patients, as a direct correlate of burnout.3 Greater than 60% of pharmacists suffer from emotional exhaustion and other factors, also associated with burnout.4

The Emerging Surge of Psychological Distress

In many ways we are facing 2 parallel pandemics: one driven by a novel virus and the other by a deeply entrenched culture that is producing exhaustion, burnout, depression, and suicide. While a vaccine will eventually help address the first of these crises, the second is only just beginning.

Long after the surge in COVID-19 cases subsides and hospital volumes return to their baseline levels, health care workers will live with the consequences of their experiences caring for patients with severe COVID-19. For some, these will be grim memories of innumerable loses. For others, it will be reminders of emotional conversations with grieving family members who were often unable to be present with their loved ones during their final moments. For an entire generation of clinical professionals, particularly young trainees, the COVID-19 pandemic will be the defining event of their careers—a benchmark against which all future health crises and mass casualties will be compared. They will internalize their interactions and seek meaning from their experiences during the pandemic.

Tragedies of all kinds leave behind scars: psychological trauma, emotional distress, and posttraumatic stress disorder. Health system leaders must respond to the emerging surge of psychological distress and its consequences, a period that will be characterized by the harsh realities of the human toll the pandemic has had on caregivers. Health care organizations and state governments both have a role to play in supporting clinicians through the psychological aftermath of the COVID-19 pandemic.
A Need For Health Care Organizations to be Proactive in Supporting Mental Health and Well-Being

To address health care workers' psychological distress, wellness must shift from a peripheral issue to a core institutional value. Organizations need to transition from a reactive approach that only engages with employees after there is a problem to instead develop a proactive, comprehensive wellness strategy. And while every organization may not have an executive-level role, such as a chief wellness officer, tasked with this mission, established frameworks exist that can be readily replicated.5

Health care organizations also need to ensure that their internal clinical credentialing process does not contribute to hurtful stigma that antagonizes help seeking, such as asking clinicians invasive questions regarding prior mental health care. Established recommendations for how organizations can update this language are available.6

The Need for States to Modernize Their Policies Regarding Medical Licensure

More than half of US states require physicians to declare if they have previously sought mental health care when applying for medical licensure.7 Evidence suggests that physicians are less likely to seek such care if they practice in states that are more intrusive in their medical licensure questions with regard to mental health.7 These archaic state policies not only violate the federal Americans with Disabilities Act, they also reinforce stigma that contributes to the culture of silent suffering in medicine, thereby contributing to burnout, depression, and suicide.

For years, leading organizations such as the American Medical Association and the Federation for State Medical Boards have called for the reform of these licensure declarations. Nevertheless, in the face of a looming surge of psychological distress, it has never been more pressing and imperative to do so than now. There are readily accessible, established recommendations for how state legislatures can modernize this language on medical licensure applications.6

A Time for Reform

Supporting clinicians as they recover from caring for patients during the COVID-19 pandemic will require us to rethink how we promote well-being within health systems. Health care organizations need to move from reactive to proactive approaches and must demonstrate wellness as a core value, not a cursory topic. Reform must also occur in state agencies, where modernization of mental health language on medical licensure applications is long overdue. With an impending wave of COVID-19–associated psychological distress on the horizon, it is time to make necessary changes to prioritize the well-being of physicians, nurses, and other health care professionals who answered the call of service in the time of greatest need.

ARTICLE INFORMATION

Open Access: This is an open access article distributed under the terms of the CC-BY License. © 2021 Adibe B. JAMA Health Forum.

Corresponding Author: Bryant Adibe, MD, Rush University System for Health, 1200 W. Van Buren St, Chicago, Illinois 60612 (Bryant_Adibe@Rush.edu).


Conflict of Interest Disclosures: None reported.
REFERENCES


