After more than 2 years of working through the COVID-19 pandemic, in a time of multiple waves of infections and more than 1 million US deaths, US physicians, nurses, and other health workers are experiencing burnout that exceeds even the “crisis levels” present before the pandemic, warns a new advisory from the US Surgeon General’s office.

The advisory notes that in addition to burnout’s effects on health workers themselves—including physical and mental consequences associated with chronic work-related stress, such as emotional exhaustion, sleep disruptions and insomnia, anxiety, depression, and other problems—burnout poses a threat to the nation’s public health infrastructure, driving many workers to retire earlier than they had planned or shift to other types of work.

“As the burnout and mental health crisis among health workers worsens, this will affect the public’s ability to get routine preventive care, emergency care, and medical procedures,” as well as making it harder for the nation to be ready for the next public health emergency, the advisory says.

A substantial share of health workers were experiencing burnout—defined in the advisory as “an occupational syndrome characterized by a high degree of emotional exhaustion and depersonalization (ie, cynicism), and a low sense of personal accomplishment at work”—even before the pandemic emerged. Up to 54% of nurses and physicians and up to 60% of medical students reported experiencing burnout, according to a 2019 report from the National Academy of Medicine.

New stresses accompanying the pandemic, especially during surges, such as exhausting workloads and inadequate personal protective equipment, added to the toll on the mental health of health care workers. For example, a study by the Centers for Disease Control and Prevention (CDC) found that more than half of public health workers (and a higher proportion of those unable to take time off or working at least 41 hours per week) reported symptoms of at least 1 mental health condition, such as anxiety, depression, and increased levels of posttraumatic stress disorder.

Some health care workers also faced threats, bullying, or violence at work. A CDC-led survey of 26 174 state, tribal, local, and territorial public health workers during March and April 2021 found that nearly 12% reported receiving job-related threats because of work and more than 23% reported feeling bullied, threatened, or harassed on the job. According to National Nurses United (NNU), a labor union and professional association for registered nurses in the United States, survey data revealed that 82% of nurses and other health care workers reported having experienced at least 1 type of workplace violence during the pandemic.

Such work-related stresses are driving many clinicians and others working in health care to contemplate leaving the field. A survey of frontline health care workers conducted online and via telephone from mid-February to early March 2021 by KFF (the Kaiser Family Foundation) and the Washington Post found that nearly 12% reported receiving job-related threats because of work and more than 23% reported feeling bullied, threatened, or harassed on the job. According to National Nurses United (NNU), a labor union and professional association for registered nurses in the United States, survey data revealed that 82% of nurses and other health care workers reported having experienced at least 1 type of workplace violence during the pandemic.

“Several factors likely contributed to the immense challenges and demands that health workers faced even before the COVID-19 pandemic: a rapidly changing health care environment, where advances in health information and biomedical technology are accompanied by burdensome administrative tasks, requirements, and a complex array of information to synthesize,” the advisory notes.
In addition, an imbalance between work demands and available time and personnel has been created by such factors as decades of insufficient investment in public health, growing health disparities, and a fragmented health care system.

The Surgeon General’s advisory also cited certain groups of health care workers who have been disproportionately affected by workplace stresses before and during the pandemic. These include health workers of color, immigrant health workers, and health care workers who are female, earn low wages, or work in rural or tribal communities.

The need to address factors contributing to health care worker burnout is made even more urgent by the growing demand for health care services. The US Bureau of Labor Statistics (BLS) predicts that such demand will increase over the next decade because of the aging US population and the need to educate and care for a growing population of patients with chronic conditions such as diabetes and obesity.

With more than half a million registered nurses expected to retire by the end of 2022, the BLS projects that 11 million new registered nurses will be needed. Similarly, a 2020 report by the Association of American Medical Colleges predicts that physician demand will also continue to grow faster than supply, resulting in a shortage of 54 100 to 139 000 physicians by 2033, especially in primary care and rural communities.

The advisory lays out a series of recommendations to address burnout and to help support the health, safety, and well-being of health care workers. These recommendations include providing living wages and paid sick and family leave; evaluating workloads and working hours; offering family-friendly policies, including child care and care for older adults for all health care workers; ensuring that staffing is adequate (including for surge capacity in public health emergencies) and that workers have sufficient protective equipment; taking steps to protect health workers from workplace violence; reducing documentation and other administrative burdens; and providing support for educational debt.

Other recommendations included identifying key work stressors that can put workers at a higher risk of suicide and removing punitive policies for workers who seek mental health or substance abuse treatment. "We must ensure that every health worker has access to affordable, confidential, and convenient mental health care," the advisory says, including offering flexible care models, such as telemedicine after working hours.

On June 24, the National Academy of Medicine is releasing a new report, the National Plan for Health Workforce Well-Being, to “help shift US health care from the current reality of a workforce shortage and burnout crisis to a future where every health care worker is able to experience joy in their workplace and knows that they are valued." The plan is the work of the academy's Action Collaborative on Clinician Well-Being and Resilience (also known as the Clinician Well-Being Collaborative), a network of more than 200 organizations “committed to reversing trends in clinician burnout.”