Mitigation of Work-Related Mental Health Stresses Faced by Medical Professionals in the United States

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On my honor as a University student, I have neither given nor received unauthorized aid on this assignment as defined by the Honor Guidelines for Thesis-Related Assignments.

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In the United States, it is projected that over 50% of adults will be diagnosed with a mental disorder or illness at least once within their lifetime, and 1 in 5 adults, or over 50 million Americans, live with mental illness (CDC, 2021; MHA, n.d.-a). Within this population, mental health conditions such as depression and burnout occur at inflated rates among healthcare workers, accounting for 22 million Americans (Tackett, 2018; Laughlin et al., 2021). Moreover, mental health stresses within the medical profession have heightened in prevalence and severity since the COVID-19 pandemic, to the detriment of both the personal lives of health professionals and the quality of patient care they provide (Søvold et al., 2021). In response, nonprofits, public agencies, hospitals, clinics, and other companies in the healthcare sector in the U.S. have developed support resources, flexible work schedules, and other means of preventing and relieving stresses among health professionals. While health professionals have reported some improvements, many contend that the problems persist and demand more change.

Review of Research

Researchers have examined the causes of poor mental health among medical professionals, proposed ways to address them, and studied responses at hospitals and clinics. Tackett (2018) suggests that increased workload and hours, escalated public expectations, and sense of duty to patients have contributed to a decline in the mental wellbeing among healthcare professionals. Tackett proposes efforts to decrease the stigma of illness, including mental health conditions, among medical professionals. Norman et al. (2020) surveys frontline healthcare workers at Mount Sinai Hospital in New York City during the height of the spring COVID surge

in 2020 and finds that moral distress, in the forms of family-, infection-, and work-related concerns, plagued the majority of the sample, which corresponded to COVID-related PTSD symptoms, burnout, and work and interpersonal struggles. The results of this study suggest that the assessment, prevention or mitigation, and early intervention of moral distress can mitigate the mental health conditions that permeate the medical profession. Søvold et al. (2021) elaborates on the acceleration of these mental health challenges due to the pandemic and emphasizes the importance of support resources, global collaboration, and changes in workplace culture and policy to address the needs of healthcare workers. Albott et. al (2020) gives an example of a hospital implementing such support resources and workplace changes, in which the University of Minnesota Medical Center offers both peer and professional support for its staff and works to destigmatize mental health.

Advocacy from Nonprofits

Many mental health nonprofits, including the National Alliance on Mental Illness (NAMI), Mental Health America (MHA), and Mental Health First Aid, advocate for the mental health of medical professionals. NAMI speaks to medical professionals, stating, "You already know that it's important to take care of yourself physically, and in order to serve safely and effectively, it's just as important to take care of your mental health" (NAMI, n.d.). MHA promotes policy recommendations that benefit the mental health of healthcare workers and provides "resources to help healthcare workers cope with the mental health impact of their work," such as peer support and educational programs on "prevention, early identification, and intervention" methods (MHA, n.d.-b; MHA, n.d.-c). Mental Health First Aid also provides training courses on how to recognize symptoms and risks associated with mental health and

addiction concerns, help those who are facing these concerns, and contact other resources, like the National Suicide Prevention Lifeline, when needed (Hoffman, 2017; Mental Health, n.d.).

Other nonprofits have also started campaigns to support medical professionals through mental health stresses. For example, the Harvard School of Public Health developed #FirstRespondersFirst, an initiative that provides mental health training, workshops, and resources for frontline healthcare workers. The Dr. Lorna Breen Heroes' Foundation, named after an emergency medicine physician who died by suicide, spreads awareness of stresses faced by medical professionals through support programs, research funds, and initiatives to implement wellbeing resources for the healthcare workforce (Agnew, 2020; Dr. Lorna, n.d.-a). Together, they pioneered the ALL IN: WellBeing First for Healthcare campaign, whose member organizations include other nonprofits, corporations, and professional, trade, and accrediting associations. Several of these members, including the American Medical Association (AMA), have pushed for changes in legislative, regulatory, and health systems in support of the mental health of medical students, residents, and physicians (AMA, n.d.). The campaign provides resiliency and mental health resources; engagement forums for healthcare professionals, other members of the health industry, and the public; and funding for wellbeing initiatives in healthcare work environments (All In, n.d.).

Governmental Responses to Address Mental Health Concerns

The government has responded to advocacy efforts for the mental health of medical professionals. In March 2022, President Biden signed the Dr. Lorna Breen Health Care Provider Protection Act into law, largely due to the ALL IN: WellBeing First for Healthcare campaign (Dr. Lorna Breen, 2022). The legislation mandates the Department of Health and Human

Services (HHS) to fund resilience and wellness programs in hospitals and medical professional associations and behavioral health training resources for medical students, residents, and professionals. The law also requires HHS, within two years of its enactment, to conduct a comprehensive study on mental health conditions faced by health professionals and best mitigation measures and start a national campaign to spread education, awareness, and encouragement for healthcare workers to seek and receive mental health help (Dr. Lorna Breen, 2022; Dr. Lorna, n.d.-b). In May 2022, two months after the law was passed, the U.S. Surgeon General, Dr. Vivek Murthy, issued an advisory suggesting that health entities, academic and research institutions, policymakers, and communities do the following to address clinician burnout: "transform workplace culture to empower health workers and be responsive to their voices and needs," "eliminate punitive policies for seeking mental health and substance use disorder care," "protect the health, safety, and [wellbeing] of all health workers," "reduce administrative burdens to help health workers have productive time with patients, communities, and colleagues," "prioritize social connection and community as a core value of the healthcare system," and "invest in public health and our public health workforce" (HHS, 2022). Other bills, such as the Physician Wellness Program Act, which seeks to protect the rights of physicians to receive mental or behavioral health services without risking their careers, have been introduced in Congress but have not yet made any substantial progress (Physician Wellness Program Act of 2022, 2022.).

Despite these and other legislative efforts to support the mental health of medical professionals, many healthcare workers still feel as though these issues still have not been addressed adequately. In an online opinion piece, Greg Jasani, MD, a Baltimore-based emergency medicine physician, doubts that the Lorna Breen Act will realistically improve the

conditions of medical professionals: “Ask any [healthcare] worker if their institution has already tried to promote wellness and you will probably hear a snort of derision” (Jasani, 2022). Although he applauds Congress for recognizing the problem, he feels the law will enact “cringey wellness initiatives that do not even come close to addressing the root causes of the current mental health crisis afflicting [healthcare] workers” (Jasani, 2022). He advises that to address the burnout that stems from physician shortages, the government should instead increase access to medical school and training, combat violence faced by healthcare workers at work, and raise physician salaries (Jasani, 2022). He declares that “any of these actions would do more to address the root causes of physician distress than giving away money to promote ‘wellness’” (Jasani, 2022). Since the release of his article in March 2022, the Resident Physician Shortage Reduction Act and Workplace Violence Prevention for Health Care and Social Services Workers Act have not progressed in the legislative process past the Senate and House, respectively, contrary to Jasani's suggestion (Resident Physician Shortage Reduction Act of 2021, 2021; Workplace Violence Prevention for Health Care and Social Services Workers Act, 2021). An NPR health correspondent makes it evident that Jasani is not alone in his sentiments, speaking for many medical professionals in an interview. He expresses that “it’s really lawmakers and [healthcare] systems that really have to take this up seriously and address those underlying causes - underlying systemic causes of stress like the staffing shortages” instead of simply sending pandemic relief money to providers or grant money to researchers and hospital systems to fund mental health care (Chatterjee, 2022). He further discusses that “frontline providers [still] feel like their concerns, their mental health issues are being dismissed by those in positions of power in their industry and society at large” (Chatterjee, 2022).

Promoting Wellbeing in Hospitals

On-Site Support Resources

Hospitals have adopted wellbeing techniques recommended by nonprofits and the Lorna Breen Act and have developed some of their own. For example, the Boston Medical Center (BMC) Health System has created a helpline for on-demand psychological first aid and support from mental health consultants; held in-person sessions to train staff on how to prevent, identify, and manage common sources of stress; and established on-site support centers where employees and their families can gather and receive support for grief and other stresses (Khan, 2022). While admitting the techniques' value, frontline workers at BMC were reluctant to report their mental health needs, fearing the effects on their productivity. Many stress-reducing techniques from training programs, such as getting more sleep or prioritizing self-care, proved "not as immediately feasible for clinicians who are working erratic hours in high-stress crisis situations" (Khan, 2022). Responses to a *Nursing Times* survey on the mental health of nurses one year into the pandemic reinforce that such types of resources are viewed as unrealistic. One nurse had testified, "We are constantly told we need to have a rest, get support, relax, take a break away from everything – and yet there is no time set aside for us to do just that" (Ford, 2021).

BMC staff preferred a "battle buddy" program, adopted from the U.S. Army's Battle Buddy system in which soldiers are assigned a "buddy." Buddies are responsible for helping each other manage personal and professional stresses (Albott et al., 2020). Over time, a battle buddy learns the partner's tendencies and can therefore respond quickly to emerging mental health needs (Albott et al., 2020). Similarly, BMC launched a daily buddy system for its personnel with whom they could share their stressful experiences. Dr. Shamaila Khan, a clinical psychologist at BMC, expressed appreciation for her buddy, stating, "Having her there to talk

about the kinds of traumatic and challenging encounters we each had was relieving. It tackled the sense of loneliness and disconnect that we can feel being alone with traumatic encounters and created a human connection with someone who is experiencing the crisis in the same setting" (Khan, 2022).

Other healthcare systems, including Massachusetts General Hospital (MGH), New York City Health + Hospitals, and the University of Minnesota Medical Center, have also implemented battle buddy programs to reduce stresses faced by their staff (Walters, 2021; Mathias, 2022). In particular, the University of Minnesota Medical Center has found effectiveness in pairing its buddy system with a designated psychiatrist or psychologist to each department who provides one-on-one sessions and therapy for individuals whose mental health is increasingly of concern. To encourage participation in the program and decrease the stigma around seeking mental health support within the profession, the sessions are not noted in employee health records unless the individual requires more official help. Program developers initially doubted employees would want to participate, but the turnout "became so large that the department of psychiatry had to recruit providers from outside the university to help," and the program "had so many benefits that [the center] didn't anticipate, both for the healthcare providers as well as the mental health consultants" (Mathias, 2022).

Telemedicine: Both for Providers and Patients

Similar to in-person programs in which healthcare workers can talk to behavioral health professionals for support, some hospitals in the U.S. offer virtual mental health care visits for employees and their families. One such program is the Behavioral Health Concierge at Providence Health & Services (Providence), which has been implemented across the system's

hospitals in Alaska, California, Idaho, Montana, New Mexico, Oregon, Texas, and Washington (Providence, n.d.). Program developers, including Josh Cutler, a licensed social worker, and Arpan Waghray, MD, a psychiatrist and chair of the health system's behavioral medicine clinical practice, state that the platform gives healthcare workers who feel uncomfortable seeking in-person help the "opportunity to connect discreetly at the time and place of their choice" and can "help providers before they reach that crisis stage," referring to the point at which medical professionals may resort to suicide (mHealthIntelligence, 2020).

Since the introduction of COVID-19, clinicians have also increasingly turned to telemedicine to provide care to their own patients, as it demonstrated the potential for stress mitigation. In general, hospitals have found that telework and virtual care delivery can promote flexibility and convenience in providers' schedules and permit the reallocation of their time and energy to the needs of their patients and themselves. Adrian Rawlinson, MD, a San Francisco-based physician and digital health innovator and advocate, speaks to other medical professionals on the benefits of telemedicine for both providers and patients, expressing that a "less hectic schedule helps ensure a more healthy work-life balance, allowing you to be at your best for every patient" (Rawlinson, 2019). Telemedicine can be especially helpful in reducing stress at smaller, more rural clinics. New Hampshire's Dartmouth-Hitchcock Medical Center has a teleneurology platform that connects with smaller hospitals in the area, which its medical director, Keith McAvoy, MD, believes "can reduce stress on doctors and nurses in those rural hospitals who [usually] have to transfer critically injured patients to a larger facility because they don't have the skills or resources to treat on-site" (mHealthIntelligence, 2020). Similarly, in a 2020 Senate committee hearing titled "Telehealth: Lessons from the COVID-19 Pandemic," Joseph Kvedar, MD, 2021-2022 president of the American Telemedicine Association, attested

that as a practicing dermatologist at MGH, telehealth allowed him to "deliver specialty care to patients in rural and underserved areas" and that he had "seen first-hand the multitude of ways telehealth has bridged the gap between a critical provider shortage and a growing patient population" (Telehealth: Lessons from the COVID-19 Pandemic, 2020).

Healthcare technology companies have designed telehealth softwares that specifically tackle administrative tasks, which cause added stress for providers and commonly cause clinician burnout. A platform called Artera addresses the challenges of telephone patient communication for appointment scheduling or health inquiries that may arise between appointments. Inconsistencies between patient and clinician schedules often impede efficient, effective clinician response. Artera digitizes patient scheduling and health records, automates messages to patients for pre- and post-appointment information, and enables text or voice conversation between clinicians and patients, which allows them to revisit and access message threads rather than calling providers for help (Artera, 2022; de Zwirek, 2022). Guillaume de Zwirek, founder and CEO of the company, explains that the platform is "'designed to reduce provider stress and workload by streamlining disjointed communications across organizations and automating routine patient conversations'" (Joseph, 2022). Hundreds of prominent health systems throughout the country, including University of North Carolina Health, Houston Methodist, and Cedars-Sinai Medical Center, have used the software to aid provider-patient communication (Joseph, 2022). Wheel is another company whose telehealth product was built with clinicians in mind. In addition to facilitating communication, Wheel provides a centralized platform in which clinicians can manage their schedules, view their financials, and provide virtual care to patients, both synchronously and asynchronously. Medical professionals can also use the platform to prescribe medications and order laboratory tests (Wheel, n.d.). By minimizing the number of

steps that must be taken to fully administer patient care and manage their logistics, Wheel aims to allow providers "'to spend less time worrying about the burden of administrative tasks and spend more time with their patients,'" says Michelle Davey, co-founder and CEO of the company (Joseph, 2022).

While some members of the health industry commend the transformative ability of telehealth, other clinicians and researchers warn the industry of ways in which the technology can worsen the situation. On one hand, telehealth has been used to overcome scheduling and time conflicts that occur with in-person visits and to dedicate more time within a medical professional's workday to attend to patients. Hospitals have capitalized on these effects to accommodate increased patient volumes and theoretically combat labor shortages. However, in some cases, larger patient volumes have only led to the assignment of more patients to each provider rather than the recruitment of additional health professionals, which facilitates, if not heightens, the issue of clinician burnout. In his time as the medical director for University of Colorado Health Virtual Health, Chris Davis, MD, comments on the disproportionality of the health system's virtual urgent care patient-provider ratio: "'We simply don't have enough people. We just can't meet the demand, and we're booking out appointments too far for my comfort level. But that's just sort of the reality that we're in right now'" (Anderson, 2022). The idea that telehealth creates additional stressors is reinforced by Lawrence et al. (2022), who finds that physicians who provided a higher percentage of care using telemedicine ultimately had more after-hours electronic health record-based work compared to those who did not. These results suggest that current telehealth applications may actually induce more stress, contradicting the testimonies of application developers and digital health advocates.

Conclusion

Nonprofits, public agencies, hospitals, and healthcare companies in the U.S. have all strived to mitigate and prevent mental health stresses within the medical profession by advocating for change, spreading awareness of the problem, encouraging legislative reform, and funding wellbeing resources for health professionals, some of which professionals have found more effective than others. While efforts such as the enactment of the Dr. Lorna Breen Health Care Provider Protection Act or implementation of support resources in hospitals have made progress in alleviating the mental health of healthcare providers, professionals feel insulted by the impractical nature of several reforms and believe that many wellness initiatives mask rather than address underlying systemic causes of stress. Physicians who have used telehealth as a stress-reducing strategy have also felt that the so-called solution was used against them to perpetuate causes of burnout. These sentiments portray the insufficiency of current mitigation efforts and call for the development of more lasting responses that will eradicate root causes of stress within the profession instead of merely dampening the surface-level situation. As suggested by clinicians who are dissatisfied with current efforts, the mental health of medical professionals might be improved if future policies continue to destigmatize mental health conditions and push for systemic reform in reducing sources of stress. For example, rather than using strategies to accommodate more patients per provider, stresses caused by staffing shortages could be overcome with regulations that limit the number of patients that providers can see in a day, increase accessibility to medical training and education, or remove barriers to medical licensure and certification that are still posed when a medical professional displays poor mental health or seeks psychological help. By extinguishing the problem at its root, the wellbeing of not

only health professionals but also the general population could be greatly enhanced, and the fields of public health and medicine could be revolutionized for the better.

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