



Cultivating clinician community during COVID-19



Cultivating clinician community in the aftermath of COVID-19

In early 2020, the Office for Provider Advancement (OPA) produced a guide for cultivating community among clinicians to foster the well-being of the workforce. Within weeks of its release, the global COVID-19 pandemic broke out, upending nearly every aspect of our lives and livelihoods — especially for providers.

Now more than ever, clinician well-being must be a priority. Now is the time to build the infrastructure, launch the initiatives and nurture the networks of all those directly and indirectly involved in patient care.

To that end, the OPA has expanded our support for clinicians and leadership. We're supporting CDOs in implementing changes at the individual and practice level, we're partnering to share expanded human capital initiatives and we're growing the Clinician Well-being Taskforce.

These are challenging times. We will get through them — together.



Pre-pandemic provider wellness

Well before COVID-19 emerged, health care professionals were increasingly focused on another epidemic: clinician burnout. National data indicates that physicians have the highest levels of burnout in the nation, with one in four experiencing thoughts of suicide. Christina Maslach, who developed the widely used Maslach Burnout Inventory in the 1970s, describes the condition as “an erosion of the soul caused by a deterioration of one’s values, dignity, spirit and will.”¹

This erosion of the soul may be on the rise in the current context of COVID-19.

Physicians have
the highest levels of
burnout in the nation²



1 in 4

doctors have considered suicide³



78%

of providers
report
symptoms
of burnout⁴



2x

Burnout is twice
as high among
physicians as
other professionals⁵



54%

of physicians
work more
than 50 hours
per week⁶

1. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6139917/> | 2. <https://pubmed.ncbi.nlm.nih.gov/22911330/> | 3. <https://www.medscape.com/slideshow/2020-lifestyle-burnout-6012460#18> |

4. <https://cdn1.sph.harvard.edu/wp-content/uploads/sites/21/2019/01/PhysicianBurnoutReport2018FINAL.pdf> | 5. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6262585/> | 6. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2915438/>

What past pandemics reveal

As we're already witnessing, pandemics exacerbate physical and emotional exhaustion of the workforce. Data from the past may offer a glimpse of the psychological impact of COVID-19 on health care workers. Describing the 2014 Ebola outbreak, authors of an article appearing in the *Journal of Global Infectious Disease* state, "The intensity of caring for patients [in a pandemic] ...may be an independent contributor to burnout, leaving providers with feelings of social isolation. Burnout and PTSD are closely related, and increasing duration of burnout may result in a higher likelihood of developing PTSD."¹

The impact may be lasting. A study in Hong Kong found that at the peak of the SARS outbreak, stress levels were not significantly different between clinicians who worked closely with SARS patients and other control groups. When surveyed a year later, however, the group who worked with SARS patients had significantly higher stress levels.²

1. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5452550/>
2. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3780353/>
3. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30309-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30309-3/fulltext)
Additional sources:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5452550/#ref17>
<https://journals.sagepub.com/doi/pdf/10.1177/070674370705200406>

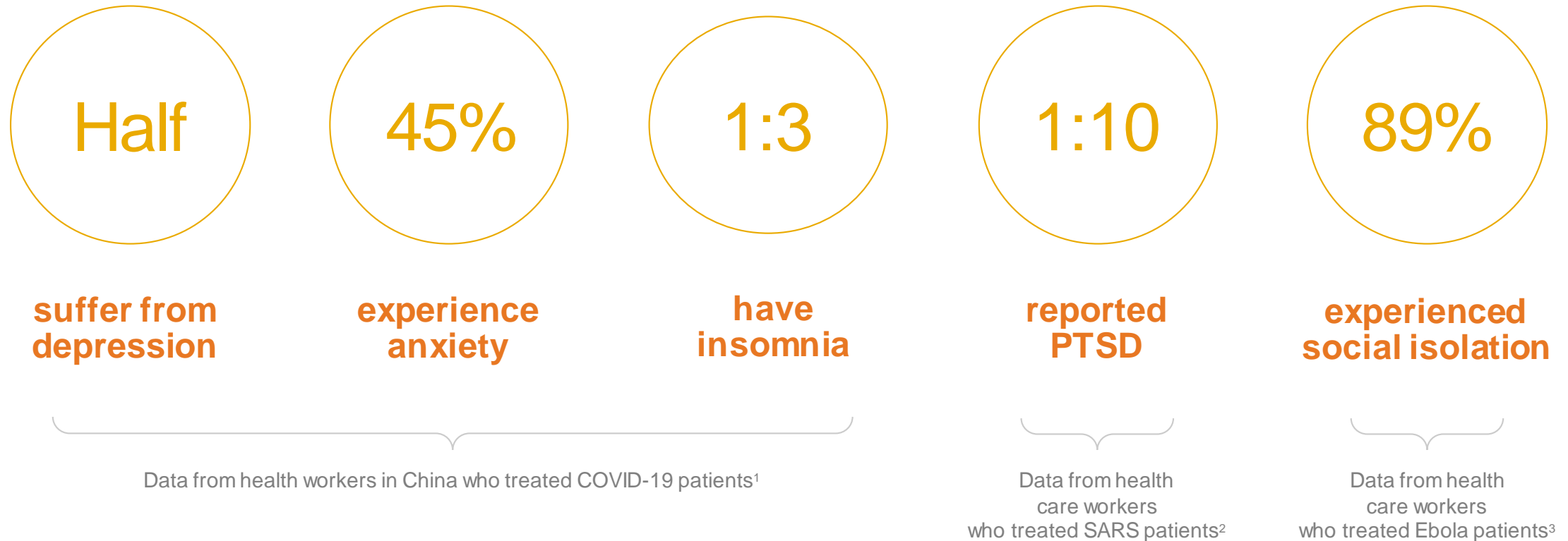


Describing the COVID-19 outbreak:

Mental health disorders inflicted on those on the front lines of the crisis could “exceed the consequences” of the virus itself.

*The Lancet*³

By the numbers: The impact of pandemics on clinicians providing direct patient care



1. <https://jamanetwork.com/journals/jamanetworkopen/article-abstract/2763229>

2. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3780353/>

3. <https://www.sciencedirect.com/science/article/pii/S0022399915005395?via%3Dihub>

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Journal of Global Infectious Disease

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5452550/>

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Post-pandemic attrition

The response to this increased stress is varied, often leading providers to leave clinical practice. The following factors are correlated with attrition:



Sense of betrayal

Clinicians express a sense of betrayal by leaders (which may be internal to an organization or external vis-à-vis political and social support) for not protecting the health and safety of professionals during a crisis.



Emotional distress

Clinicians experience high levels of trauma, secondary or vicarious trauma, and unprocessed grief and loss in the months following a crisis. The leading response to emotional distress among providers is isolation, thus amplifying those feelings.



Lost clarity of purpose

Many clinicians feel a powerful clarity of purpose during a crisis, as their skills and training are valued and distractions removed. When the adrenaline subsides, however, and routine work resumes, professionals may lose that mission-driven passion and feel their work is less meaningful.

Post-pandemic opportunity

Alternatively, this event may present opportunities to welcome clinicians in the organization as they seek more stable, resourced practice environments to join. In meeting with clinicians across the country, we heard consistent gratitude for being part of Optum during these uncertain times. While the pandemic caused loss and pain, for many clinicians it reaffirmed the decision to be part a company actively creating a better health care system. Here are a few reasons our clinicians report being satisfied with their connection to Optum.

Operations leadership

National and local leaders met daily with their teams to manage PPE supplies, share updated policies and protocols, answer questions, express gratitude, and offer guidance and support.

Organizational stability

Optum and UnitedHealth Group (UHG) were able to weather the COVID-19 crisis without furloughing or terminating any employed team members or clinicians.

Individual benefits

The human capital team provided an expanded set of benefits in response to the crisis — from emotional support to emergency childcare.

Clinical leadership

Optum and UHG had a leading voice nationally in responding to COVID-19. This included the testing protocol developed at The Everett Clinic, UHG's administration of emergency funds and Optum CEO Andrew Witty's role in supporting vaccine development.

An important note on burnout, purpose and advocacy

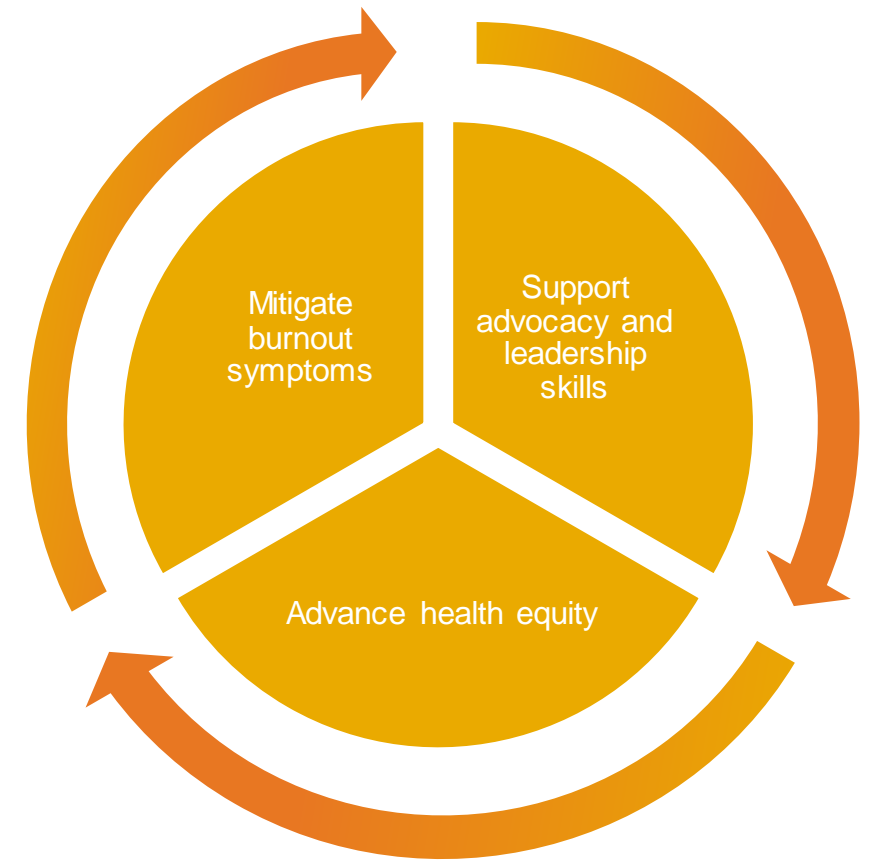
As health system leaders and professionals reflect on the experience of responding to the COVID-19 pandemic, three interrelated themes are noteworthy.

First, for many clinicians, caring for patients during the crisis heightened a personal and professional sense of purpose and meaning. Moreover, with widespread public praise for the contributions of providers, many health care professionals are feeling more valued now than ever before.

Simultaneously, COVID-19 exposed egregious gaps in our health care system and social safety nets. The outbreak shed light on the disproportionate impact of disease on communities of color, which is being reinforced by the growing attention to racially motivated violence nationwide.

Subsequently, with the urgent need to address social determinants of health, coupled with clinicians' newfound respect from the public, many health care professionals are enthusiastically pursuing avenues for public advocacy. They are examining ways they can use their power and voice to champion sound policies and create solutions to address health inequity.

It is imperative that leaders recognize this trend and nurture it. By offering opportunities for leadership development, media and advocacy training, and thought leadership, we can both encourage the kind of purpose-driven work that mitigates burnout and advance equity.



Recommendations for health systems leaders

Evidence shows that leadership can play a central role in the mental health and wellness of their workforce. Writing for *The Lancet Psychiatry*, a team of researchers identified key elements of a post-pandemic return-to-work strategy.



Give thanks

These communications should also include information about where to seek mental health support, if needed.



Hold back-to-work interviews

These should be facilitated by individuals comfortable speaking to issues of mental health and wellness.



Be aware

Proactively monitor staff directly and indirectly exposed to the COVID-19 signs of trauma or distress.



Cultivate community

Create safe spaces for group discussions where individuals can process the experience and heal together.



Ask questions

In the zeal to return to “normalcy,” it’s easy to rush the process of reflection. Designate time to reflect, ask questions of your staff and allow team members to articulate needs. This is precisely what helps people return to their routine, learn to trust again and heal. And as you hold lunches and listening sessions, be sure to report the findings back to your teams to model transparency and accountability.

Finding meaning through community

The value of creating and preserving safe spaces for making meaningful connections is central to a back-to-work strategy.

Prior to the pandemic, a national dialogue was taking place about growing rates of isolation and loneliness. The former is a risk factor for the latter, and the latter touches three in five Americans.¹ The health care workforce isn't immune to this loneliness epidemic; a 2020 study from MedScape reveals that isolation is the leading response to professional burnout. Moreover, as clinicians isolate in reaction to their stress, many symptoms of burnout and trauma worsen, thus creating a self-reinforcing loop.²

But studies also show that while the drivers for burnout are many, clinicians report that their sources of fulfillment are the same: connections — to patients, to peers, and to purpose. By harnessing that intrinsic motivation to be connected, we can better capture providers at risk of traumatic response, stress and attrition.³



1. <https://www.cigna.com/about-us/newsroom/studies-and-reports/combating-loneliness/>

2. <https://www.medscape.com/slideshow/2020-lifestyle-burnout-6012460>

3. <https://catalyst.nejm.org/doi/full/10.1056/CAT.18.0124>

Checklist for health systems leaders

As clinicians respond to changes in the workplace, leaders should ensure that key steps are taken and elements are in place. This checklist is a starting point for accessing available resources.

We urge clinical leaders to review the American Medical Association's comprehensive guide on Caring for Healthcare Workers.

<https://www.ama-assn.org/system/files/2020-05/caring-for-health-care-workers-covid-19.pdf>

- We have regular team huddles, with time allotted for clinicians to reflect and share concerns.
- We regularly communicate wellness resources, including EAP and mental health support.
- We have counselors and peer support available to clinicians.
- We are hosting listening sessions to assess the needs of our teams.
- We have planned an event and/or time for recognition to express our gratitude to the workforce.
- We have a plan in place to train and equip clinicians for changes to workflows and increased telemedicine visits.
- We have plans for more flexible work arrangements to accommodate families with limited childcare options.
- We are soliciting feedback to improve preparedness and response to health crises; we are sharing those insights with our employees.
- We are actively addressing gaps and shortcomings in our preparedness and response, and sharing our progress on the actions we've committed to take.

Recommendations for providers

These recommendations for self-care are used with permission from the Center for the Study of Traumatic Stress.

Meet basic needs.

Be sure to eat, drink and sleep regularly.

Take breaks.

When possible, do something unrelated to work that's comforting or relaxing. This rest leads to improved patient care.

Connect with colleagues.

Talk to colleagues and receive support from one another. Disease outbreaks can isolate people living with fear and anxiety.

Communicate constructively.

Share your frustrations, as well as offer praise and support.

Contact family.

They are an anchor of support outside of work. Sharing and staying connected may help them better support you.

https://www.cstsonline.org/assets/media/documents/CSTS_FS_Sustaining_Well_Being_Healthcare_Personnel_during.pdf

Respect differences.

Some people need to talk while others need to be alone. Note those differences in yourself and others.

Stay updated.

Rely on trusted sources of information and attend meetings to stay informed. Limiting media exposure is also important to avoid graphic imagery and messages that reduce well-being.

Monitor your moods.

Check yourself over time for symptoms of depression or stress, like prolonged sadness, difficulty sleeping or hopelessness. Talk to a peer, supervisor or professional.

Honor your service.

Remind yourself that despite obstacles or frustrations, you are fulfilling a noble calling — taking care of those most in need.

Case studies for inspiration



We put your health first

At the onset of the COVID-19 pandemic, the leadership of New West Physicians began twice-weekly, optional, virtual huddles to provide space for regular connection and peer support. The gatherings are part of a larger strategy to cultivate community and develop affinity groups throughout the organization's 22 practice sites. These conversations also enable leadership to respond to clinician concerns, identify troubling trends and establish an infrastructure of community essential post-COVID-19.



At the epicenter of the COVID-19 outbreak, Mount Sinai recognized the burden on the workforce and immediately responded by creating an online repository containing all resources available to clinicians and their families. From free workplace food stations to childcare and housing accommodations, the organization is providing essential wrap-around services to both the workforce and their support systems.

<https://www.mountsinai.org/about/covid19/staff-resources/well-being/frontline-workers>



Long recognized as a leader in understanding the impact of traumatic events, the Center for the Study of Traumatic Stress is supporting health systems by providing free resources to download, circulate and modify. At the heart of their approach is a recognition of the direct and vicarious trauma that health care workers have been exposed to and leaders must proactively address.

<https://www.cstsonline.org/resources/resource-master-list/coronavirus-and-emerging-infectious-disease-outbreaks-response>

Tips for virtual community building

Although community is vital to well-being, it can be challenging in a time when social distancing is necessary. Here are some suggestions for facilitating more impactful gatherings.

Be intentional.

When sending invitations, be clear about the intent of the gathering — whether a lighthearted happy hour or a time for meaningful processing. People should know what they're in for and plan accordingly.

Consider two guiding questions.

After starting with introductions, open the conversation with a quote or question to stimulate discourse. Then, as you wrap up, try a lighter question that enables people to “leave the room” on a high note. You may also end by having each guest offer a toast or words of thanks.

Consider having a facilitator.

We often have a lot of history with our colleagues and peers, which, while valuable, can also lead to interactions that grow routine. A trusted and skilled facilitator can help usher new conversations, probe when it feels right and meaningfully close the dialogue.

Be consistent.

While one-time gatherings can be enjoyable, in this moment of crisis, it's essential that we build the scaffolding of community that will support clinicians when they return to work. By making your gatherings regular, you communicate that you're committed to connection.

Set the mood.

We're on videoconferences all the time these days — in casual attire and often battling work-from-home distractions. If you want to create space for connection, the space shouldn't be an afterthought. Try dressing for the occasion, preparing a beverage and paying attention to your surroundings. To share the mood, send a recipe or “theme” to the rest of the group along with the invitation.

10-minute community builders to stay connected

As you search for ways to bring more connection into regular interactions, here are several no-cost activities to get you started.

Relic

Tools needed: Items from team members

Rules: Prior to a gathering or meeting, email participants and ask them to bring in one item (a card, a photo or a small memento) that holds meaning for them. Was it given by a child or patient? Why does it matter? Give everyone a chance to share.

One word

Tools needed: White board/poster or Post-it Notes

Rules: As team members come into the space, ask them to write down one word directly on the board or on a Post-it Note in response to a prompt. How are they feeling today? What do they miss most about “normalcy?” Where is a place they’d love to travel? Share responses or simply leave them up for all to view.

Snapshot

Tools needed: Mobile phones

Rules: As you kick off a meeting or huddle, ask your team to open their phones and identify a recent photo that brings them joy. Have individuals share out loud or show to those seated nearby.

Grief and gratitude

Tools needed: None

Rules: Much like reporting on one “high” and one “low,” begin your meeting by asking team members to share a single moment or memory that they’re grieving, as well as a moment within that experience for which they felt a sense of thanks. This is best done in small groups or pairs.

Resources available through Optum Care

Community building toolkit

This is the Optum guide to a range of models designed to foster connection in a practice setting. [Download the guide online.](#)

Partnerships

The Office for Provider Advancement team is available to partner with practice leaders and clinician well-being champions to co-create action plans tailored to the unique needs of CDOs and teams. Email us to learn more: opa@optum.com

Clinician well-being resources

Accessible through Ignite Site, our national team is regularly updating toolkits and resources to support teams nationwide. Materials can be accessed [here](#); public resources are available at [LoveForTheFrontline.com](https://www.loveforthefrontline.com).

Financial counseling and support

Given the incredible financial toll this crisis is taking on individuals and practices, Optum is working with human capital to communicate what's needed and what's being done. Reach out to your human capital partner to learn more.

Family support

With the disruption to schools and childcare centers, clinicians are taking on additional responsibilities to care for their families. Optum is providing emergency childcare support where it is needed. Contact your human capital partner to learn more.

Engaging clinician well-being champions

Through the National Clinician Well-being Taskforce, we're recruiting more advocates and activists for wellness. Email us to learn more: opa@optum.com.



The Office for Provider Advancement is committed to the health and wellness of the health care workforce.
Contact us for additional resources and support.

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