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COMMENTARY

Burnout . . . Trauma . . . Both? Identifying and Addressing Needs During COVID-19 Through Informatics

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As I write this column, it is early December 2020. In the past few days, my e-mail inbox has been flooded with upcoming trainings and opportunities to learn how to reduce burnout among physicians, behavioral health professionals, and faculty members alike. *Burnout*—defined as a workplace phenomenon characterized by feelings of energy depletion or exhaustion, feelings of cynicism or mental distance from one's job, and reduced professional efficiency or presenteeism (World Health Organization, 2019)—is a commonly discussed phenomenon resulting from poorly-managed chronic workplace stress. In fact, two of the top five most downloaded articles in *Families, Systems, and Health* (Valeras, 2020; Zubatsky et al., 2020) this year focused on this topic. Not surprising, as the past nine months have been exhausting as we grapple with the syndemics of COVID-19 and systematic racism (Goldin, 2020), and much of the country lacks the necessary health care workforce to respond to the current COVID-surge. Discussion of work/life integration have become increasingly common at my institution, as school-age children regularly make appearances in Zoom meetings, and team members have to shift between dynamic roles in their work and family lives throughout the day. Talk of burnout abounds—and I often find myself wondering if in fact we are only experiencing burnout as an occupational phenomenon, or whether it is a compounded experience of burnout and the emotional exhaustion of our collective trauma and grief.

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Yet, there is hope on the horizon. Just today, the FDA is meeting to discuss emergency authorization of the Pfizer vaccine, and the United Kingdom has already begun its vaccination program. A long road stretches ahead of us, but if we squint we can see the light at the end of the tunnel for the COVID pandemic. Health care workers will have access to vaccines within days or weeks, and by the time this column is published in March, vaccines may begin to be available to the general public.

This month's special issue of *Families, Systems, & Health* focuses on the role of informatics in health care. *Health care informatics* is defined as "the integration of health care sciences, computer science, information science, and cognitive science to assist in the management of health care information" (Saba & McCormick, 2015, p. 232). There is no doubt that health informatics, big data, and technology are playing a pivotal role in the pandemic, whether through spread prediction, contact tracing, risk screening, data sharing, or the proliferation of telehealth (Ye, 2020). Technology has also served as a critical role in connection and allowed us to mitigate social isolation, a key risk factor to mental health concerns.

But even when concerns dissipate about COVID's relentless spread and severe disease, there is no doubt that we will have lingering mental health hangovers from the psychological impacts of the past year; we must be prepared to leverage informatics and technology to stem the tide. Recent modeling by the Well Being Trust (2020) estimates that approximately 75,000 people will die from "deaths of despair," marked by suicide, drug overdoses, and alcohol-related illnesses specifically tied to the COVID-19 pandemic. Worldwide, rates of intimate partner violence increased signifi-

cantly as a result of stay-at-home orders (Boserup et al., 2020); and the rates of adverse childhood experiences (ACES) and their corresponding long-term health impacts are likely on the rise (Bryant et al., 2020). The profound and complicated grief of families unable to gather in mourning after the loss of a loved one—either to COVID or other means—is immeasurable. As a result of the prevalence of psychological sequelae of the pandemic (American Psychological Association, 2020), primary care is already beginning to see more patients experiencing psychological distress than ever before, with behavioral health stretched beyond capacity as is too often true in our clinics and hospitals. To address the ongoing crisis of burnout, mental, behavioral, and physical health concerns ahead, what might be the role of informatics in allowing us to more effectively identify, triage, and intervene with those at greatest risk for mental and behavioral health concerns as well?

Currently, health technology-enhanced clinical decision support is used broadly in medical care, but uptake is low as it pertains to behavioral health treatment (Ranallo et al., 2016). Several barriers to use of e- and m-health treatment have been identified, including provider concerns about confidentiality and communication, reimbursement, and the negative impact on health inequity, particularly with e-interventions (Ranallo et al., 2016; Veinot et al., 2018). Technology has and will continue to play a pivotal role in navigating the uncertain future, and integrated health systems must consider how our patients and teams will benefit. For example, how might a health care system leverage data readily available within an EHR to identify patients at greatest risk for psychological distress? Currently, Gen Z adults (ages 18–23) are the most likely of all ages to report significant mental health concerns as a result of the pandemic and are also the least hopeful about their future (American Psychological Association, 2020). Information about ethnic identity, social economic status, and disability status (Lund et al., 2020) might be culled and leveraged within the context of a team huddle to identify patients in need, and then prioritize BHC assessment and intervention to mitigate risk. Are there key contextual data elements missing currently that might provide additional insight if we were to more systematically report them? For example, a strength of primary care is our long-term connection with patients and their families. Are there opportunities to leverage this knowledge and consistently document—and thereby be able extract—critical family genogram or health history data (Feero et al., 2008) to identify and provide support to parents of school-age children who are experiencing extraordinary stressors, and on average are reporting greater distress than nonparents (American Psychological Association, 2020)? Throughout, we must work to ensure our efforts do not further health inequities; for guidance on the access-adoption-adherence-effectiveness framework to mitigate intervention-generated-inequities, see Veinot et al. (2018).

Although our health care professionals work to deliver care to patients in need, how might health care systems and leaders support their teams to mitigate burnout, and how might informatics and technology play a role? In one Study of health care clinicians during the pandemic, health professionals at greatest risk of burnout were those under the age of 40, female, working with COVID-19 patients, and deployed to a new work area (Ferry et al., 2020). How can we use this knowledge to predict team members at risk? In the same study, a supportive workplace team reduced the odds of experiencing burnout by 40%. How can we leverage both our systems-oriented mindset *and* technology to ensure ongoing connection to our colleagues and positive interpersonal relationships despite real or perceived distance? In this issue, see how informatics was used to determine the impact of friendly, positive interactions that benefit employee health described by Sesemann et al. (2021).

As we move to what we hope to be the next phase of this pandemic, our members as systems-thinkers and leaders are uniquely poised to support not only our patients but our teams, programs, and institutions. We will navigate through these uncharted waters through thoughtful and effective leadership that cultivates community and a work environment that is with aligned with our organizational and personal values; and as the past year has demonstrated, it is evident that technology and informatics will play a pivotal role in the future of work. We will promote flexibility and work-life integration (Hofmeyer et al., 2020); and foster a sense of resilience, meaning, connection, and hope at both the individual and family levels among our patients (Walsh, 2020). Through this journey, I invite you to turn to the Collaborative Family Health Care Association as we exchange resources, support, and continued compassion.

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