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Burnout Among Healthcare Providers During COVID-19 Pandemic: Challenges and Evidence-based Interventions

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**ABSTRACT**

Burnout is a major occupational problem among healthcare providers. During coronavirus disease (COVID-19) pandemic, the frontline health workforce is experiencing a high workload and multiple psychosocial stressors, which may affect their mental and emotional health, leading to burnout symptoms. Moreover, sleep deprivation and a critical lack of psychosocial support may aggravate such symptoms amidst COVID-19. Global evidence informs the need for adopting multipronged evidence-based approaches addressing burnout during this pandemic. Such interventions may include increasing the awareness of work-related stress and burnout, promoting mindfulness and self-care practices for promoting mental wellbeing, ensuring optimal mental health services, using digital technologies to address workplace stress and deliver mental health interventions, and improving organizational policies and practices emphasizing on addressing burnout among healthcare providers. As COVID-19 may impose unique workplace stress in addition to preexisting psychosocial burden among individuals, it is essential to prevent burnout through effective measures ensuring the mental and emotional wellbeing of healthcare providers globally.

Keywords: *Burnout; Stress; Coronavirus Disease; COVID-19; Health Workforce; Human Resources for Health; Occupational Health; Health Policy*

**Introduction**

Professional burnout is a major global health concern among physicians, nurses, and other healthcare providers [1–3]. Healthcare providers often experience high workload, strict organizational regulations, less time to cope up with occupational challenges, a rapidly evolving knowledge base, and a lack of interpersonal support in everyday life [3]. These challenges often lead to “emotional exhaustion,” where a person feels fatigued and lack of energy to accomplish a task. Moreover, “depersonalization” may follow emotional exhaustion, where a person may cynically treat others as objects. Also, a diminished sense of self-efficacy and competence affect the emotional wellbeing of an individual. Thus, emotional exhaustion, depersonalization, and a decreased sense of personal accomplishments characterize burnout, which is a growing concern for the healthcare community globally. A systematic review found burnout scores for emotional exhaustion ranged from 31% to 54.3%, depersonalization 17.4% to 44.5%, and low personal accomplishment 6% to 39.6% among doctors in the UK [1]. Another meta-analytic review found 11.23% of participating nurses experienced burnout globally [2]. Such a high burden of burnout is likely to increase during the coronavirus disease (COVID-19) pandemic, where healthcare providers in most of the health systems are facing a high workload in providing health services. This article provides the current scenario of burnout among healthcare providers during COVID-19 and highlights potential strategies addressing the same.

**Psychosocial stressors during COVID-19 and a high burden of burnout**

Burnout among healthcare professionals has been found to be associates with a wide range of occupational stressors, which are likely to increase during COVID-19. More number of suspected cases arriving in the hospitals, whereas institutional capacities for treating diagnosed cases are often constrained, which results in additional workplace-related stress on healthcare providers, especially among emergency care providers. Moreover, working hard during emergencies or stressful conditions often comes at the expense of sleep deprivation, which may increase the risks of developing burnout during COVID-19 [4]. A study by the Canadian Medical Association found emergency physicians are almost three times as likely to suffer depression compared to the national average whereas one in seven physicians had suicidal thoughts [5]. Furthermore, studies have shown that healthcare providers who had worked in infection control or treated isolated or quarantined individuals are likely to experience multiple mental health problems [6]. These challenges may increase psychosocial stressors amidst of COVID-19. In addition, many of the existing providers are withdrawn or suggested self-isolation after working on COVID-19 cases [7]. Such concurrent experience of high workload, the impending fear of being infected, or disrupted social support during isolation or quarantine are critical factors that may influence burnout and associated psychosocial health outcomes [6].

**Perspectives on healthcare ethics**

The ongoing COVID-19 pandemic has created unique ethical dilemma, especially for healthcare providers who are serving under severe work-related stress and more likely to develop burnout. While a healthcare provider has the autonomy to decide on working in a healthcare organization or serve people based on perceived safety or risks, they also have a shared responsibility to serve people in such a humanitarian crisis. In this way, fundamental ideas of ethics including autonomy of the providers, social justice, and human rights may appear to have conflicts with each other. Moreover, public health emergencies may not provide adequate scope for analyzing the most ethical approaches in a given scenario, which may further affect the providers where they may not take any decisions upholding their autonomy or they may need to continue working under stress. Although devising optimal solutions to such issues may be challenging, drawing insights from evidence-based approaches may help in mitigating burnout and help the providers to manage their stress as well as fulfil their professional responsibilities in an efficient way.

**Potential strategies for addressing burnout among healthcare providers**

***Making healthcare providers aware of potential burnout***

Burnout can be prevented if the providers are made aware of the risks and prepared for potential occupational stress. Such awareness can reduce stigma to mental health conditions like burnout and develop resiliency among the healthcare provider. A meta-analysis found the correlation between resiliency and burnout among Iranian nurses was -0.57 (95% confidence interval [CI]: -0.354-0.726) [8]. This evidence highlights the role of resilience in preventing burnout, which should be considered to empower healthcare providers during COVID-19.

***Promoting positive mental health: mindfulness and self-care practices***

Positive mental health can prevent work-related stress and burnout, which should be promoted among healthcare providers in COVID-19. Several strategies include decreasing the workload, improving work schedule, promoting self-management, initiating mindfulness-based stress reduction and mental health promotion activities for reducing the risks of burnout [9]. A meta-analysis of 17 studies among 632 nurses had found lower standardized mean difference (SMD) for emotional exhaustion (1.32; 95% CI: -9.41-6.78) and depersonalization (1.91; 95% CI: -4.50-0.68), and a higher mean difference for personal accomplishment (2.12; 95% CI: -9.91-14.14) [10]. During COVID-19, healthcare organizations and professional entities may facilitate mindfulness-based interventions and self-management exercises promoting mental health and preventing potential burnout.

***Ensuring the availability of mental health services***

Providing mental health services can be challenging during COVID-19, but such opportunities should be explored to prevent burnout among professionals. Potential strategies to improve access to mental health services may include involving mental health experts in multidisciplinary COVID-19 teams, who may provide mental health services or refer to appropriate resources if a healthcare provider shows symptoms of burnout [3]. In addition, group-based counseling or peer-support sessions may profoundly address burnout and improve mental health during COVID-19.

***Leveraging digital technologies to prevent burnout***

In recent years, digital interventions are increasingly being used to improve health services and outcomes. One approach can be the balanced use of electronic health records to coordinate work schedules, monitor healthy work pattern, and address the risks of overburdened work experience among frontline healthcare providers in COVID-19. Another approach is delivering mental health resources and interventions using digital platforms like mobile phones, apps, or internet-enabled devices. In the era of the digital revolution, such tools may help in improving work-life and mental health addressing burnout symptoms [7].

***Creating an enabling environment through organizational approaches***

It is essential to improve organizational measures to create a lasting impact on the work culture and address workplace stress. A meta-analysis found that organization-directed interventions were associated with a medium reduction in burnout score (SMD = - 0.446; 95% CI:- 0.619 - 0.274), while physician-directed interventions were associated with a moderate reduction in burnout score (SMD = - 0.178; 95% CI: - 0.322 - 0.035) [3]. This suggests the need for improving organizational measures for burnout alongside interpersonal interventions. Potential strategies include improving workflow management, organizing services focusing on reducing the workload, enhancing interoperability, arranging discussion and exchanging opinions, improving communication skills, provision for adequate rest and exercise, organizing workshops on coping skills, and devising policies and practices for reducing burnout among health workforce [3, 7]. These approaches may foster a supportive and enabling environment for the healthcare providers and help them to work effectively and prevent the risks of burnout during COVID-19.

**Conclusion**

Healthcare providers often experience occupational stress leading to burnout, which may aggravate during COVID-19. While they keep fulfilling their professional responsibilities, it is essential to recognize how workplace-related stress may affect their mental and emotional wellbeing. Such stressors may further increase in resource-constrained contexts with a severe paucity of healthcare providers. To ensure optimal health service delivery and maintain a healthy workforce in healthcare organizations. In this regard, evidence-based approaches that have shown effectiveness is various contexts may help in identifying appropriate measures that may be more suitable based on unique situations and available resources. Health policymakers and practitioners should adopt such interventions and develop context-specific approaches promoting a healthy workplace and preventing burnout during the COVID-19 pandemic.

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