

## VIEWPOINT

# Understanding and Addressing Sources of Anxiety Among Health Care Professionals During the COVID-19 Pandemic

**Tait Shanafelt, MD**  
Stanford University  
School of Medicine,  
Stanford, California.

**Jonathan Ripp, MD,  
MPH**  
Icahn School of  
Medicine at  
Mount Sinai, New York,  
New York.

**Mickey Trockel, MD,  
PhD**  
Stanford University  
School of Medicine,  
Stanford, California.

**The coronavirus disease 2019** (COVID-19) pandemic has become one of the central health crises of a generation. The pandemic has affected people of all nations, continents, races, and socioeconomic groups. The responses required, such as quarantining of entire communities, closing of schools, social isolation, and shelter-in-place orders, have abruptly changed daily life.

Health care professionals of all types are caring for patients with this disease. The rapid spread of COVID-19 and the severity of symptoms it can cause in a segment of infected individuals has acutely taxed the limits of health care systems. Although the potential shortage of ventilators and intensive care unit (ICU) beds necessary to care for the surge of critically ill patients has been well described, additional supplies and beds will not be helpful unless there is an adequate workforce.<sup>1,2</sup>

Maintaining an adequate health care workforce in this crisis requires not only an adequate number of physicians, nurses, advanced practice clinicians, pharmacists, respiratory therapists, and other clinicians, but also maximizing the ability of each clinician to care for a high volume of patients. Given that surges in critically ill patients could last weeks to months, it is also essential that health care professionals be able to perform to their full potential over an extended time interval. At the same time they cope with the societal shifts and emotional stressors faced by all people, health care professionals face greater risk of exposure, extreme workloads, moral dilemmas, and a rapidly evolving practice environment that differs greatly from what they are familiar with.<sup>2-5</sup>

This Viewpoint summarizes key considerations for supporting the health care workforce so health care professionals are equipped to provide care for their patients and communities. Few of these considerations and suggestions have substantial evidence to support them; they are based on experience, direct requests from health care professionals, and common sense.

## Sources of Anxiety Among Health Care Professionals

Before effective approaches to support health care professionals can be developed, it is critical to understand their specific sources of anxiety and fear. Focusing on addressing those concerns, rather than teaching generic approaches to stress reduction or resilience, should be the primary focus of support efforts.

The best way to understand what health care professionals are most concerned about is to ask. Eight listening sessions with groups of physicians, nurses, advanced practice clinicians, residents, and fellows (involving a total of 69 individuals) held during the first week of the COVID-19 pandemic explored 3 key concerns: what health care professionals were most concerned about, what messaging and behaviors they needed from their leaders, and

what other tangible sources of support they believed would be most helpful to them. These discussions consistently centered on 8 sources of anxiety: (1) access to appropriate personal protective equipment, (2) being exposed to COVID-19 at work and taking the infection home to their family, (3) not having rapid access to testing if they develop COVID-19 symptoms and concomitant fear of propagating infection at work, (4) uncertainty that their organization will support/take care of their personal and family needs if they develop infection, (5) access to child-care during increased work hours and school closures, (6) support for other personal and family needs as work hours and demands increase (food, hydration, lodging, transportation), (7) being able to provide competent medical care if deployed to a new area (eg, non-ICU nurses having to function as ICU nurses), and (8) lack of access to up-to-date information and communication.

Although these sources of anxiety may not affect everyone, they can weaken the confidence of health care professionals in themselves and the health care delivery system precisely when their ability to stay calm and reassure the public is most needed. Recognizing the sources of anxiety allows health care leaders and organizations to develop targeted approaches to address these concerns and provide specific support to their health care workforce. The 8 concerns can be organized into 5 requests from health care professionals to their organization: hear me, protect me, prepare me, support me, and care for me. The principal desire of each request, how the 8 sources of anxiety relate to each dimension, and how organizations can respond to them are summarized in the Table.

Health care professionals want unambiguous assurance that their organization will support them and their family. This includes the organization listening to their concerns, doing all that is possible to protect them and prevent them from acquiring COVID-19 infection, and assuring them that if they do become infected, the organization will support them and their family on all fronts, both medically and socially.

## Messages and Actions Health Care Professionals Desire From Their Leaders

In addition to tangible actions to address their concerns, health care professionals desire visible leadership during this turbulent time. Leaders, such as hospital executives, nursing leaders, department chairs, and division chiefs, may need to consider innovative ways to be present and connect with their teams given the constraints of social distancing. It is critical that leaders understand the sources of concern, assure health care professionals that their concerns are recognized, and work to develop approaches that mitigate concerns to the extent that they are able.

### Corresponding

**Author:** Tait Shanafelt, MD, Stanford Medicine, Stanford School of Medicine, 500 Pasteur Dr, Stanford, CA 94305 ([tshana@stanford.edu](mailto:tshana@stanford.edu)).

Table. Requests From Health Care Professionals to Their Organization During the Coronavirus Disease 2019 Pandemic

Request	Principal desire	Concerns	Key components of response
Hear me	Listen to and act on health care professionals' expert perspective and frontline experience and understand and address their concerns to the extent that organizations and leaders are able	Uncertainty whether leaders recognize the most pressing concerns of frontline health care professionals and whether local physician expertise regarding infection control, critical care, emergency medicine, and mental health is being appropriately harnessed to develop organization-specific responses	Create an array of input and feedback channels (listening groups, email suggestion box, town halls, leaders visiting hospital units) and make certain that the voice of health care professionals is part of the decision-making process
Protect me	Reduce the risk of health care professionals acquiring the infection and/or being a portal of transmission to family members	Concern about access to appropriate personal protective equipment, taking home infection to family members, and not having rapid access to testing through occupational health if needed	Provide adequate personal protective equipment, rapid access to occupational health with efficient evaluation and testing if symptoms warrant, information and resources to avoid taking the infection home to family members, and accommodation to health care professionals at high risk because of age or health conditions
Prepare me	Provide the training and support that allows provision of high-quality care to patients	Concern about not being able to provide competent nursing/medical care if deployed to new area (eg, all nurses will have to be intensive care unit nurses) and about rapidly changing information/communication challenges	Provide rapid training to support a basic, critical knowledge base and appropriate backup and access to experts  Clear and unambiguous communication must acknowledge that everyone is experiencing novel challenges and decisions, everyone needs to rely on each other in this time, individuals should ask for help when they need it, no one needs to make difficult decisions alone, and we are all in this together
Support me	Provide support that acknowledges human limitations in a time of extreme work hours, uncertainty, and intense exposure to critically ill patients	Need for support for personal and family needs as work hours and demands increase and schools and daycare closures occur	Provide support for physical needs, including access to healthy meals and hydration while working, lodging for individuals on rapid-cycle shifts who do not live in close proximity to the hospital, transportation assistance for sleep-deprived workers, and assistance with other tasks, and provide support for childcare needs  Provide support for emotional and psychologic needs for all, including psychologic first aid deployed via webinars and delivered directly to each unit (topics may include dealing with anxiety and insomnia, practicing self-care, supporting each other, and support for moral distress), and provide individual support for those with greater distress
Care for me	Provide holistic support for the individual and their family should they need to be quarantined	Uncertainty that the organization will support/take care of personal or family needs if the health care professional develops infection	Provide lodging support for individuals living apart from their families, support for tangible needs (eg, food, childcare), check-ins and emotional support, and paid time off if quarantine is necessary

Health care professionals indicate they appreciate leaders visiting hospital units that are caring for patients with COVID-19 regularly to provide reassurance. They do not expect leaders to have all the answers, but need to know that capable people are deployed and working to rapidly address the issues. Leaders should ask team members "What do you need?" and make every effort to address those needs. Health care professionals do not expect the leader to be able to provide everything asked for, but having them ask, listen, and acknowledge requests is appreciated. Health care professionals also want to have confidence that their voice and expertise are a part of the conversation as organizations develop their emergency preparedness plans to respond to the pandemic.

Health care professionals are often self-reliant and many do not ask for help. This trait may not serve them well in a time of burgeoning workload, redeployment outside of a clinician's area of clinical expertise, and dealing with a disease they have not previously encountered. Leaders must encourage team members to ask for help when they need it and emphasize that health care professionals and leaders need to rely on

each other. Leaders should ensure that no one feels they must make difficult decisions alone. Health care professionals should also feel empowered to defer less important and time-sensitive activities.

The importance of simple and genuine expressions of gratitude for the commitment of health care professionals and their willingness to put themselves in harm's way for patients and colleagues cannot be overstated. A final overarching request of health care workers—even if only implicitly recognized—is "honor me." The genuine expression of gratitude is powerful. It honors and thereby could serve to reinforce the compassion of health care workers who risk their lives to help patients infected with this deadly disease. Reinforcing health care professional compassion helps them overcome empathetic distress and fear to provide care under extraordinarily difficult clinical circumstances every day.<sup>6</sup> Organizations need not and should not outsource gratitude entirely to the public. This process starts with leadership. Yet, gratitude from leaders rings hollow if not coupled with efforts to hear, protect, prepare, support, and care for health care professionals in this challenging time.

#### ARTICLE INFORMATION

Published Online: April 7, 2020.  
doi:10.1001/jama.2020.5893

**Conflict of Interest Disclosures:** Dr Shanafelt reported being the co-inventor of Well-being Index instruments and the Participatory Management Leadership Index and receiving a portion of any royalties paid to Mayo Clinic, the copyright owner, for their use and receiving honoraria for giving presentations and advising health care organizations on the well-being of health care professionals. No other disclosures were reported.

#### REFERENCES

- Lai J, Ma S, Wang Y, et al. Factors associated with mental health outcomes among health care workers exposed to coronavirus disease 2019. *JAMA Netw Open*. 2020;3(3):e203976.
- Chen KY, Yang CM, Lien CH, et al. Burnout, job satisfaction, and medical malpractice among physicians. *Int J Med Sci*. 2013;10(11):1471-1478.
- Adams JG, Walls RM. Supporting the health care workforce during the COVID-19 global epidemic. *JAMA*. Published online March 12, 2020. doi:10.1001/jama.2020.3972
- Chen Q, Liang M, Li Y, et al. Mental health care for medical staff in China during the COVID-19 outbreak. *Lancet Psychiatry*. 2020;7(4):e15-e16.
- Cohen IG, Crespo AM, White DB. Potential legal liability for withdrawing or withholding ventilators during COVID-19: assessing the risks and identifying needed reforms. *JAMA*. Published online April 1, 2020. doi:10.1001/jama.2020.5442
- Singer T, Klimecki OM. Empathy and compassion. *Curr Biol*. 2014;24(18):R875-R878.