Forty-four percent of the U.S. working population of doctors were experiencing burnout in 2017, according to the latest numbers from a national, longitudinal, triennial study. The consequences of this are high: negative clinical outcomes, loss of empathy, decreased quality of care, and medical errors. Burnout among doctors is linked to chronic diseases like heart disease and diabetes and, perhaps most chillingly, suicide at twice the rates of the general population.

A troubling reality during normal times, burnout has spiked during the covid-19 pandemic. A survey of New York City health-care workers in April showed acute stress levels had grown to 57 percent during a surge in covid-19 cases. The threat of an unknown disease, the risk of infection, and uncertainty about the future exacerbated the chronic stressors frontline health-care workers were already facing on a daily basis.

In a recent survey sent to the members of The Philanthropy Roundtable, we learned family foundations around the country are responding to the acute needs of health-care workers during the pandemic with grants to support childcare, meals, and mental-health needs. Philanthropists are also engaged in more systematic efforts to sustain health-care workers’ wellbeing.
Multiple studies have shown that students enter medical school with enormous levels of altruism and intrinsic motivation, and higher than average levels of mental health. The competitive, perfectionistic culture of some traditional academic training environments seems to demoralize and exhaust these idealistic young doctors-in-training before they even obtain their licenses. Many studies have shown doctors graduate medical school and residency burnt out and depressed.

The Kern Family Foundation directly addresses health-care worker burnout through its support of the Kern National Network for Caring and Character in Medicine, a coalition of seven medical schools.

In one of the Kern National Network’s initiatives, participating medical schools identified key academic stressors and improved wellbeing by promoting faculty-student relationships and community among students. Another effort will bring together interprofessional clinical care teams (doctors, nurses, and other providers) to reflect on how principles of human flourishing can foster a positive learning environment.

Philanthropists are also supporting “efficiency of practice” approaches that shield providers from the relentless crush of tasks they face around billing, documentation, and clunky electronic records.

When the pandemic began, Roy Rosin, chief innovation officer at Penn Medicine, had already built “efficiency of practice” principles into a series of care pathways for mental illness and addiction. Each of his initiatives automates tasks, reduces effort, and redistributes work to the right level of care. His interventions build on novel care approaches, such as integrated care, peer specialists for addiction treatment, and algorithms to identify patients with mental-health challenges both in the hospital and when they show up in the emergency department or ambulatory settings. When the coronavirus started to affect friends and colleagues, Rosin’s team rushed to adapt these apps for health-care workers.

With a $400,000 grant, Rosin and his team adapted their award-winning mental-health interventions into a culturally sensitive platform for doctors and nurses called COBALT. In its first 90 days, COBALT attracted over 10,000 colleagues who sought support, connected 70 suicidal employees to care, and hosted nearly 1,000 group and individual appointments. Along the way, automated triage reduced reliance on physicians by 80 percent and demonstrated a sustainable return on investment.

Many health system CEOs want to support doctors and other providers. Sometimes all that is needed to direct them is a well-designed study.

With philanthropic support from Jeanie and Stewart Ritchie and many others, Tait Shanafelt and Mickey Trockel test a range of cognitive reframing and coaching strategies at the Stanford WellMD Center. The Physicians Foundation is currently funding a trial of strategies to increase gratitude and compassion among colleagues in health-care settings.

Another study took a “popular opinion leader” approach, using highly respected doctors to model behaviors that promote “a culture of wellness.” Shanafelt and Trockel tested these strategies with a consortium of 17 academic or academic-affiliated medical centers, using common metrics to develop longitudinal assessments. During the current covid-19 pandemic, many consortium sites expanded their efforts beyond physicians to include all health-care workers—and many will continue to do so. Philanthropic support from the Jen-Hsun and Lori Huang Foundation is helping offset consortium costs so safety-net health-care systems can participate in the studies.

The Marcus Foundation has been engaging with Dr. Shanafelt and the Centers for Disease Control and Prevention for several years to address depression and stress in high-risk groups. It is funding a wide range of projects for health-care workers that include surveys to assess prevalence and severity, processes to accelerate appropriate care delivery for those in need, and rigorous randomized clinical trials with physiologic measures to determine the efficacy of potential interventions.

Overcoming the factors that drive physician burnout is one of the most effective things donors can do to address the acute needs created by the coronavirus. It is also one of the most transformational ways to improve our health-care system longer term. Without a strong, vibrant health-care workforce, we can’t expect innovation—whether that be finding a cure to cancer or stopping the threat of a new virus. Philanthropy is playing a critical role in the fight to support our health-care workers and empower our physicians to take better care of us all.

During a surge in covid-19 cases, health workers’ acute stress levels spiked to 57 percent.