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## The Influence of COVID-19 on Intensivist Wellbeing



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The COVID-19 pandemic has been challenging for healthcare systems around the world. In particular, the pandemic has resulted in critical care staffing shortages and has affected the quality of care.

In this review, the researchers examine the emergency response of hospitals to the pandemic and how it influenced the well-being of frontline intensivists. They also discuss potential strategies to improve intensivist well-being and preserve the critical care workforce.

The researchers conducted semistructured interviews with 33 intensivists from seven tertiary and six community hospitals in the U.S. They used the four S framework of acute surge planning that includes space, staff, stuff, and system.

A thematic analysis was used to identify themes to describe the influence of hospitals' emergency responses on intensivist well-being. Four themes were identified, including contributors to moral distress, burnout symptoms, the long-term impact of the pandemic on the critical care workforce, and targeted interventions to address well-being and morale as perceived by intensivists.

Study participants reported experiencing significant moral distress, especially due to restricted visitor policies, which they perceived had a negative impact on patients, families, and staff. They also reported burnout symptoms because of experiences with patient death, exhaustion, and perceived lack of support from colleagues and hospitals.

The researchers identify several potentially modifiable factors perceived to improve morale, including the proactive provision of mental health resources, creating formal backup schedules for physicians, and actions to demonstrate that clinicians are valued by their institutions.

Restrictions during the pandemic may have been necessary to minimise transmission and conserve personal protective equipment (PPE); however, these findings highlight the need to evaluate whether the benefits of these restrictive policies outweigh the risks. Similarly, burnout symptoms may have been beyond the control of clinicians and hospitals, but the respondents identify several modifiable factors. These include proper access to PPE to reduce clinicians' fear of infection and build trust in their institutions and proactive involvement of mental health professionals to help mitigate psychological burden and reduce burnout symptoms. Finally, limiting the number of consecutive days worked by intensivists can also help improve their well-being. Implementing staffing models at the departmental level that limit the number of consecutive days worked and creating a more formal backup system for staff coverage can help reduce stress and burnout among intensivists.

Source: [CHEST](#)

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