

# COPING WITH COVID-19 FOR CAREGIVERS

Results from a national survey at the American Medical Association



## Executive summary

### Key Insights

Data collected from April–December 2020.

1/2

Half of all respondents reported **at least one symptom of burnout**. Burnout was **highest in nurses (56%)**.

1/3+

More than one-third of all respondents noted **high levels of self-reported anxiety or depression**.

≈ 1/4

Nearly 1 in 4 physician respondents noted that they were **likely to leave practice within the next two years**.

### Background

COVID-19 has introduced unique stressors to the health care community over the past year. The overall impact of COVID-19 on the health care workforce will likely have lasting effects in the years ahead. Data from past events, like the 2002–2004 SARS epidemic, tell us that infectious disease outbreaks may continue to strain the health system and its dedicated workforce for years following the initial threat.<sup>1,2</sup>

COVID-19's global impact has been devastating. More than 150 million people have been infected worldwide with more than 3 million deaths attributed to the virus.<sup>3</sup> The health care system has been inundated and continues to find a "new normal" amid the tragedy of the past year. Health care workers have borne the brunt of COVID-19's influence and high levels of stress, anxiety, and depression within the health care workforce have been reported throughout the past year.<sup>4</sup> In response, many health systems have worked to provide support services and resources to reduce the stress, burnout and fatigue faced by the workforce. Peer support groups, one-on-one consultations, crisis support lines and programs to support basic needs are a few examples of resources that have emerged in response to the stress toll of the pandemic.

In the early days of the outbreak, the American Medical Association made available a monitoring survey to equip health systems with a way to systematically assess the impact of COVID-19 on the well-being of their care teams and staff. This survey, "Coping with COVID-19 for Caregivers," allowed health systems, hospitals and practices alike to monitor self-reported stress, burnout, and mental health concerns in real-time over the past year to ensure that resources could be deployed quickly and adequately to both clinical and non-clinical staff. This brief includes summary highlights from the nearly 60,000 responses received in 2020.

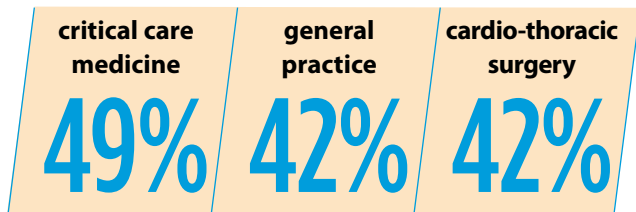
### Data collection

The AMA offered the survey free-of-charge to any interested health system, hospital or practice. The survey was distributed to the first site in April 2020. The AMA continues to collect data from participating health systems. The summaries provided in this brief comprise nearly 60,000 responses collected from April through December 2020. The survey was distributed to more than 150 sites and included responses from both clinical and non-clinical staff. Each participating site received a unique electronic survey link and all data were captured in an existing survey platform with reporting capabilities managed by the AMA.

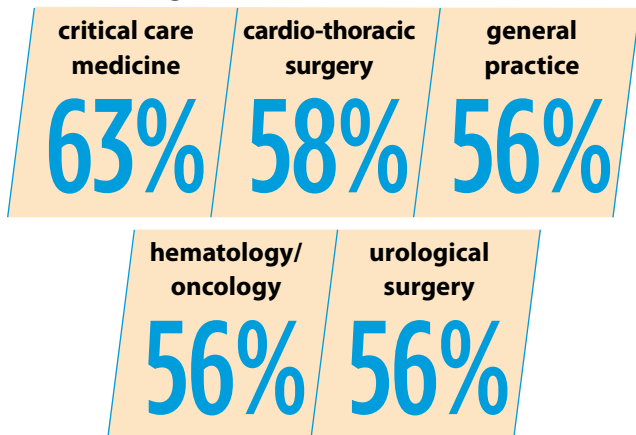
## Key findings

### By specialty

Self-reported anxiety or depression was highest in



Burnout was highest in



## Conclusion

National findings from the AMA's "Coping with COVID-19 for Caregivers" survey provide important insights into the experiences of the health care workforce over the past year. It will be important for health systems to continue to monitor their clinicians and staff in the months ahead and to provide resources and supportive infrastructure to address burnout, stress and additional mental health concerns.

## References

1. Maunder RG, Lancee WJ, Balderson KE, et al. Long-term Psychological and Occupational Effects of Providing Hospital Healthcare during SARS Outbreak. *Emerging Infectious Diseases*. 2006;12(12):1924-1932. 10.3201/eid1212.060584.
2. Wu P, Fang Y, Guan X, et al. The psychological impact of the SARS epidemic on hospital employees in China: exposure, risk perception, and altruistic acceptance of risk. *Canadian Journal of Psychiatry*. 2009. 10.1177/070674370905400504
3. World Health Organization. (2021, April 26). WHO Coronavirus (COVID-19) Dashboard. <https://covid19.who.int/>
4. Linzer, M, Stillman, M, Brown, R, et al. Preliminary Report: US Physician Stress During the Early Days of the COVID-19 Pandemic. *Mayo Clinic Proceedings*. 2021. 10.1016/j.mayocpiqo.2021.01.005

# 46%

of respondents **felt valued** by their organization. This was lowest in clinical support staff and highest in non-clinical support staff.

# 46%

of respondents felt that being a part of the COVID-19 response moderately or greatly **increased their sense of meaning and purpose**. This was highest in clinical support staff and nurses.

AMA researchers found that **feeling valued by your organization** and feeling an enhanced sense of meaning and purpose served as **protective factors against stress, burnout, and self-reported anxiety or depression** in physicians.

## Organizational Well-Being resources for health systems

The AMA Health System Program provides tailored resources to health system leaders by assisting them in creating conditions that enhances culture, improves professional satisfaction and develops leaders. Find out how your organization can gain prioritization access to these resources [LEARN MORE NOW](#)