Addressing Faculty Emotional Responses during the Coronavirus 2019 Pandemic

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Although the clinical impact of Coronavirus 2019 (COVID-19) on children has been limited,[1] many pediatric faculty are being affected by the increased risk of work-related infection, furloughs, and staff redeployments.[2] There is potential collateral damage on faculty well-being. As an academic medical center located in New York, one of the first cities in the US to be impacted by COVID-19, the Children's Hospital at Montefiore redeployed faculty to care for adult patients with COVID-19, reorganized pediatric space to accommodate an increased pediatric and adult census, while serving as the only major pediatric inpatient service open in the Bronx. In parallel with these rapid changes, our Department of Pediatrics' leadership also developed an approach to monitor and mitigate negative effects on faculty well-being.

Why This Crisis is Particularly Difficult for Physicians

Unlike a natural disaster, COVID-19 has imposed a continued infectious risk to physicians while they are called upon to provide care to others. In addition, they may also be worried about passing infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) to colleagues, family, and other patients. When a physician's focus is directed toward the self, it becomes challenging to redirect attention to the patient. As a result, medical errors may occur.[3] Risk and uncertainty can also create a chronic state of hyper-alertness, which can lead to poor decision making and even unprofessional behavior.[4,5]

In addition to uncertainty, many physicians may experience feelings of guilt (eg, "I'm not doing enough") related to an exaggerated sense of responsibility.[6] These personality traits can lead to conflicts between their own apprehensions and core values of service, which are amplified in times of crisis. Likewise, faculty may respond to the stress by trying to "power through" without acknowledging the emotional impact of the crisis. Physicians often struggle with asking for help for themselves under typical circumstances; however, the intensity of the COVID-19 crisis heightens this issue.[7]

Faculty may be accustomed to working in teams and experiencing a sense of community. Redeployment may mean working with new teams with no time to establish connection. Physicians who have been furloughed or isolated at home may feel even more separated. Social distancing may lead to further disengagement and depersonalization, which are risk factors for burnout.[8]

Finally, redeployment represents a loss of control and autonomy, a major driver of burnout.[9] In a short time period, physicians have lost much of their ability to control how to spend their time, where to direct their attention, and how to best use scarce resources.

Faculty Support Calls as an Intervention

Based on the concerns described above, we initiated a new program of optional 1-hour group support video calls to help our faculty address their challenges, listen to how they are coping, and describe lessons learned. These calls are voluntary, informal, and facilitated by the Vice Chair for Faculty Development, who is a board-certified executive coach. The calls are advertised as part of daily faculty e-mail updates.

Participants can call in from home or work. During the calls, participants can describe their experiences about how the pandemic has affected their professional and personal lives. Facilitation is focused on the validation of individual feelings and concerns. Participant dialogue is encouraged and supported. Appropriate resources (eg, COVID-19 practice guidelines, mental health resources) are shared. Participants are asked to reflect on their individual strengths, and how they have used these strengths to help them manage. The call concludes with a brainstorming session around lessons learned, as well as questions to develop additional strategies to maintain physician well-being.

Observations

Over the last 2 weeks, we have conducted 6 one-hour virtual support calls. Of the 226 Department faculty, 48 (21%) faculty participated in at least one of the calls. Mean attendance has been 8 faculty members. The faculty participants represented all academic ranks and the majority were female. This reflected the general composition of the Department. Most participants called in from their homes. Five common themes have emerged

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from these calls: fear of personal/family health and safety, concerns about deployment to COVID-19 sites, including competency to care for patients with COVID-19, personal protective equipment availability, dilemmas with end-of-life discussions, and expressions of isolation and loneliness.

We have used these calls also to highlight important positive experiences, which may enhance physician well-being. We found that many faculty members have been excited to learn new clinical issues and to engage in new collaborations. Pediatricians are working with and learning from adult hospitalists and subspecialists. Many faculty members are learning how to implement new technology for communication or patient care.

During the pandemic, we noticed that several strategies have been helpful in promoting well-being. The support calls, themselves, have been valuable in signaling the Department's attention and commitment to faculty well-being. Furthermore, during periods of disruption and faculty dispersal, it has been helpful to create or re-establish community. One physician on a call commented, "it's just good to be able to talk to others who are having similar experiences." Shared experiences build community and may be protective against secondary trauma and post-traumatic stress disorder.[10]

When engaging with faculty, we have also noticed that several strategies can help individual faculty members. Some physicians respond to chaos with excitement and eagerness, but they may still harbor worries. Other physicians may be terrified about their own health but are driven to help others. Acknowledging anxiety and fear of uncertainty will help bridge trust and connectedness, which will strengthen well-being.

It is important to encourage physicians to accept help from others. In addition to ongoing group support calls, access to individual mental health services is vital and accessible. Although physicians will say that they are "okay" right now, they may not realize what they need to feel better. Consider asking the following: "What would feeling good look like?" Being able to admit vulnerabilities will enable physicians to move forward.

Faculty need to understand that they do not need to be "perfect." We found that it is helpful to openly acknowledge that a pandemic situation may create nonideal circumstances for providing medical care. In accepting that the perfect is the enemy of the good, we have observed that physicians experience tremendous relief.

When faculty dwell on obstacles and problems, it can be helpful to have faculty refocus and acknowledge what is under their control. Instead of asking, "What's not working?" ask, "What can be fixed?" or "What can be done to promote self-care?" Empowering physicians to control what they can control will enhance their well-being.

It is important to remind physicians that they are valued. As physicians combat moral injury, remind them that they did not create this crisis. Ask them what matters most to them and what inspires them to care for others. When physicians feel like they have a purpose and their work has meaning, they are less likely to experience burnout and more likely to thrive.[11]

Although academic departments are focused on patient care, it is equally important to monitor the effect of the pandemic on faculty well-being. ■

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References

1. Dong Y, Mo X, Hu Y, Qi X, Jiang F, Jiang Z, et al. Epidemiology of COVID-19 among children in China. Pediatrics 2020;145:e20200702.
2. George J. Pay Cuts, Furloughs, Redeployment for Doctors and Hospital Staff. https://www.medpagetoday.com/infectiousdisease/covid19/85827. Accessed April 12, 2020.
3. Mogg K, Bradley BP. Anxiety and threat-related attention: cognitive-motivational framework and treatment. Trends Cogn Sci 2018;22:225-40.
4. Porges S. The polyvagal theory: phylogenetic substrates of a social nervous system. Int J Psychophysiol 2001;42:123-46.
5. Rosenstein AH. Addressing the causes and consequences of disruptive behaviors in the healthcare setting. J Psychol Clin Psychiatry 2015;3:00136.
6. Gabbard G. The role of compulsiveness in the normal physician. JAMA 1985;254:2926-9.
7. Fridner A, Belkic K, Marini M, Senden M, Schenck-Gustafsson K. Why don't academic physicians seek needed professional help for psychological distress. Swiss Med Wkly 2012;142:13626.
8. Maslach C, Jackson SE. The measurement of experienced burnout. J Occup Behav 1981;2:99-113.
9. West CP, Dyrbye LN, Shanafelt TD. Physician burnout: contributors, consequences and solutions. J Intern Med 2018;283:516-29.
10. Cocker F, Joss N. Compassion fatigue among healthcare, emergency and community service workers: a systematic review. Int J Environ Res Public Health 2016;13:618.
11. Shanafelt TD, West CP, Sloan JA, Novotny PJ, Poland GA, Menaker R, et al. Career fit and burnout among academic faculty. Arch Intern Med 2009;169:990-5.