

PRESS RELEASE

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New survey findings show significant emotional exhaustion among American maternal and neonatal healthcare workers during the first months of the pandemic.

Chief Quality Officer of the California Perinatal Quality Care Collaborative (CPQCC), [Jochen Profit, MD, MPH](#), said “the fact that we’re seeing such a deterioration of wellbeing in this group is frightening. It’s like the canary in the coal mine, where this a warning sign for a large wave of mental health problems in medicine as well as the general population most likely.”

Sixty-six percent of the nearly 300 survey respondents indicated symptoms of burnout, and 73% felt burnout was more prevalent among their coworkers. The Journal of Perinatology published [full findings](#) from the survey on March 16. [Eman Haidari, MD](#), neonatal-perinatal medicine fellow at Stanford University School of Medicine, is the lead author, and Dr. Profit is the senior author.

Based on the study’s findings, Dr. Profit said burnout levels during the early stages of COVID-19 are on par with what he would expect to find if healthcare workers were asked to adapt to two consecutive rollouts of a new electronic health record.

Prolonged fatigue among hospital staff can negatively impact patient safety and care. Survey results indicated healthcare workers who experienced burnout reported significantly more instances of unprofessional behavior, medical errors, and difficulty focusing at work when compared to their non-burned out peers.

SURVEY REPRESENTS CPQCC MEMBERS

Recognizing that maternal and neonatal healthcare workers were navigating uncharted territory at the start of last year, [California Perinatal Quality Care Collaborative](#) (CPQCC) and [California Maternal Quality Care Collaborative](#) (CMQCC) launched a [COVID-19 resource website](#) in March 2020. To date, the website has received a total of over 55,000 views.

In addition to disseminating the latest recommendations from national organizations such as the American Academy of Pediatrics, American College of Obstetricians and Gynecologists, and the Society for Maternal-Fetal Medicine, the website offers a platform for perinatal units across California to share how they are responding to the pandemic. It also features a popular webinar series, hosted by CPQCC and CMQCC, available to healthcare workers throughout the U.S.



“Since we had typically hundreds of people from California and other places join these webinars, we thought this would be a good time to get a snapshot of people’s mental health,” said Dr. Profit.

On April 29, 2020, leaders from CPQCC & CMQCC released a webinar about mental health. In May and June, Dr. Profit and his team sent their novel COVID-19 burnout survey to the 1725 registrants of that webinar. At the time, California was experiencing approximately 2,500 new cases and 60 deaths attributable to COVID-19 each day, mostly in the Southern regions of the state.

HOW COVID BURNOUT COMPARES TO “NORMAL” BURNOUT

Dr. Profit has devoted much of his academic career to studying burnout among neonatal healthcare workers. In 2014 he and colleagues published the [results](#) of a survey of healthcare workers at 44 NICUs across California, which showed an average burnout rating of 26%.

“Many held the opinion that the pandemic might be the cure for healthcare worker burnout because it was infusing them with a sense of purpose and meaning, and they were fighting against this invisible enemy alongside their colleagues,” Dr. Profit said, noting that this speculation came at the start of the pandemic when people were clapping nightly for hospital staff. As a phenomenon, burnout has often been attributed to organizational failure, wherein the daily grind—administrative tasks, responding to emails, charting, for example—chips away at the meaning derived from work.

While COVID-19 brought patient care back to the fore, nearly two-thirds of survey respondents reported emotional exhaustion. “The notion that purpose would eradicate burnout may just be not true,” Dr. Profit said. “Prolonged stress and uncertainty can chip away at your wherewithal even when work provides you with a sense of purpose.”

Several factors have made obstetric and neonatal spaces uniquely difficult to navigate during the pandemic. Healthcare workers risk exposure standing close to laboring women. Visitation policies vary between units and are strict, allowing typically a maximum of two support persons and in some cases none. Hospital staff have repeatedly had to turn away family members, including partners of women giving birth or parents of sick newborns.

Dr. Haidari acknowledges NICU providers were largely spared from seeing the worst of pandemic since infants are much less likely to become symptomatic with the disease. Still, she said hearing stories from colleagues working in adult medicine and in other states while also managing profound changes to life outside of the hospital was stressful.

“I think the unknown was the hardest part. How would COVID impact our patients? Why was it spreading so much? Every day, it felt like the hospital policies were changing,” she said.

Now, a year later, what's unknown has changed to focus on the pandemic's end. How will the vaccine be distributed to 330 million Americans? What variants exist and how quickly are they spreading?

Dr. Profit said it will be hard to accurately measure the true effect of COVID-19 on healthcare worker burnout. Preliminary plans are underway at CPQCC to collect follow-up data to monitor the impact of the pandemic on burnout and unit culture.

HOW TO COMBAT BURNOUT

Notably, only 34% of survey respondents felt there were sufficient support strategies at their institution to address the challenges brought on by the pandemic.

According to Becker's Hospital Review, [266 American hospitals furloughed staff](#) during the first three months of the pandemic. Other hospital staff were asked to take PTO or a pay cut.

"That to me was really short sighted of a lot of institutions because it's taking another hit to people who are already burned out or emotionally exhausted, and then adding on the financial stress," Dr. Haidari said. "Organizations can help by trying to ... get money from other areas if possible."

Pre-pandemic literature shows that both structural and individual interventions may improve burnout in the healthcare setting.

Drs. Profit and Haidari are members of the "Culture Club" at Lucile Packard Children's Hospital Stanford (LPCH), which has put in place a series of practices to promote wellbeing and gratitude in the workplace.

One example of an individual intervention the Culture Club employs is "You Rock" cards, where healthcare workers write cards to coworkers congratulating them on a job well done. These can be given directly or displayed in the unit. On a structural level, LPCH has a practice of Positive Rounding, where an executive from the hospital shows up on the unit and asks healthcare workers to name three things that are going well and one that isn't. The emphasis is on the positive.

Indeed, one bright spot stands out in the COVID-19 survey findings—83% of respondents felt lifted up by their coworkers. Seventy percent said they were hopeful about the future.

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Other study authors include Elliott Main, MD, Xin Cui, PhD, Valerie Cape, BS, Daniel Tawfik, MD, MS, Kathryn Adair, PhD, and Bryan Sexton, PhD.



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