



OhioPHP

COVID-19 Well-being Survey

*A look into the mental health
and well-being of Ohio's
healthcare professionals.*

PREPARED BY MIGHTY CROW MEDIA, LLC

Robert Santucci, RPh, Rebecca J. McCloskey, PhD, MSW, LISW-S, Kathleen Gallant, BA,
and Gretchen Clark Hammond, PhD, MSW, LSW, LCDCIII, TTS

Table of Contents

Executive Summary	2
Key Findings	2
Burnout Assessment	2
Mental Health and Substance Use Disorder Assessment	2
WellBeing Assessment	2
Resource Assessment	3
Introduction	4
OhioPHP Overview and Context for the Survey	4
Methodology	5
Survey Development Process	5
Sample and Response Rate	5
Informed Consent	6
Analysis	6
Findings	7
Demographics of Respondents	7
Participation by Board	7
Gender	7
Race and Ethnicity	8
Age	9
Work Experience/Years in the Field	10
Household Income	10
Employment	11
Burnout	12
Feeling Emotionally Drained	12
Accomplishing Worthwhile Things	13
Not Caring What Happens to Patients	14
Mental Health and Substance Use	15
Feeling Down, Depressed or Hopeless	15
Thoughts of Death or Suicide	16
Concerns about Alcohol Consumption or Substance Use	17
Wellbeing	20
Financial Impact	20
Direct Patient Care	21
Change in Work Settings	22
Changes in Workload	22
Workplace Stressors	23
Pandemic Stress in the Home	31
Accessing Supports and Services	35
Screening or Monitoring Received	35
Acknowledgement in the Workplace	36
Adequate Rest from the Job	37
Emotional Services and Supports	38
Mental Health Assistance Programs	43
Summary	46
Burnout	46
Mental Health and Substance Use	46
Wellbeing	46
Resources Needed	47
Limitations	47
Appendix A: Ohio Physicians Health Program Licensing Boards	48
Appendix B: Literature Review	49
Appendix C: Informed Consent	55

Executive Summary

In October of 2020, the Ohio Physicians Health Program (OhioPHP) put forth a proposal to conduct a statewide assessment of lessons learned from the COVID-19 pandemic as it related to the impact that the pandemic had on the health and wellbeing of healthcare professionals.

The findings from the assessment are intended to guide policy, technical, and regulatory strategies to improve preparedness for, respond to, and recover from pandemics and other statewide emergencies. Additionally, the findings will help OhioPHP better understand what practices, tools, and resources are desired by healthcare professionals to support their health and wellbeing.

The full report summarizes data collected from 13,532 respondents via an online survey administered statewide between July 7 and August 20, 2021. Key findings are highlighted below.

Key Findings

Burnout Assessment

Already a well-known issue among healthcare workers, burnout has dramatically accelerated during the pandemic. Far more workers reported feeling emotionally drained on a daily basis during the pandemic when compared to prior to the pandemic. Despite the essential nature of healthcare work many professionals are finding less meaning in their jobs and are showing more apathy towards their patients:

- The number of respondents indicating they felt emotionally drained every day increased 366.71% during the pandemic.
- Prior to the pandemic, 34.56% of respondents reported accomplishing worthwhile things every day at work vs. 26.60% during the pandemic. This was a decrease of 23.03%.
- The number of respondents reporting not really caring what happens to patients every day increased 347.27%. This represented 1.82% of workers who felt this way every day during the pandemic compared to 0.41% who felt this way prior to the to the pandemic.

Mental Health and Substance Use Disorder Assessment

Survey respondents overwhelmingly indicated they had an exacerbation of feeling down, depressed, and hopeless. Many respondents also indicated more concern for their own use of alcohol and other substances during the pandemic and some reported an increase in thoughts of suicide.

- Respondents showed a 702.27% increase in feeling down, depressed, or hopeless “nearly every day” during the pandemic versus prior to it.
- Thoughts of suicide for respondents went from 3.07% prior to the pandemic to 5.76% during the pandemic. This was an increase of 87.5%.
- The number of respondents reporting “yes,” that they were concerned about their own use of alcohol or other substances increased 285.33% (2.72% prior to the pandemic compared to 10.48% during the pandemic).

WellBeing Assessment

Survey respondents were asked about various stresses brought about by the pandemic. Our intention was to assess overall wellbeing and see which factors played the biggest role in increasing healthcare worker stress.

- Of those who did have jobs during the pandemic, 1 in 5 respondents experienced unemployment, being furloughed, or laid off at some point.
- Over 50% of respondents had an increase in their workload: 26.06% of respondents indicated their workload increased and 30.09% indicated it *significantly* increased during the pandemic.

- More than 25% of respondents identified the following as significant or extreme stressors: insufficient personal protective equipment (PPE), fears of spreading COVID-19 both at home and in the workplace, inconsistent communication from leadership, lack of quality time with loved ones, being too tired, and family and friends not understanding the stress they are under.
- Among respondents with children, homeschooling was rated an extreme stressor for 17.18% and a significant stressor for 12.99%.

Resource Assessment

OhioPHP supports the health and wellness of healthcare professionals to enhance patient care and safety through connection to resources and services. OhioPHP aims for healthcare professionals to receive confidential and compassionate support to improve their health and wellbeing. Survey results provided insight into how few professionals accessed such support despite indicating mental health concerns. Only 24.22% of respondents sought emotional support services.

- Over half of respondents (57.55%) did not feel personally acknowledged for the challenges they faced due to the pandemic.
- 80.52% of respondents indicated that they did NOT receive any type of screening, assessment, or monitoring at work regarding the stressors they faced specifically due to the pandemic.
- Nearly half of participants provided a neutral response stating they would be neither unlikely or likely to participate in an EAP (48.63%) or a PHP (50.19%).
- Respondents indicated the most effective emotional support came from therapists, family, friends, and the faith community.
- 61.31% of respondents reported that they were unsure whether their state professional organization offered a program for mental health support; 16.68% said no such program existed.
- Cost of counseling, time commitment, and insufficient health insurance coverage ranked as the top three obstacles to seeking assistance for those who did not seek emotional support. They had the highest percentage of respondents who considered them to be an extreme obstacle (5.33%, 8.92%, and 5.56%, respectively).

In conclusion, survey data indicated that healthcare providers are exhausted both physically and mentally. They are stressed both at work and home. Survey respondents indicated an increase in depression and hopelessness during the pandemic as well as thoughts of suicide and concern about substance use. Yet only 1 in 4 sought emotional or mental health support. As expected, overall wellbeing worsened during the pandemic. But data show that many healthcare professionals were already experiencing significant health and wellbeing challenges prior to the pandemic. We hope these findings can be used to find ways to support and improve the lives of healthcare providers during both pandemic and non-pandemic times.

Introduction

The COVID-19 pandemic exacerbated existing challenges within our healthcare system for patients and for professionals. The combined experiences of fears and loss surrounding a pandemic, including questions about supply and personal protective equipment shortages, the ease of virus transmission, and ongoing surges have felt relentless. Many preexisting realities of stress and burnout were further elevated as professionals faced this unknown and ever-challenging pandemic. Recognizing the need to know more about how to support professionals in these fields, especially as it relates to their emotional welfare, became readily apparent. The Ohio Physicians Health Program received a grant from the Federation of State Medical Boards that supported the development of an online survey targeted at healthcare professionals across the state of Ohio to gauge their pandemic-related experiences, levels of stress, overall wellbeing, and knowledge and use of supportive resources. OhioPHP, in collaboration with 13 of Ohio's Professional Licensing Boards, deployed the survey in July 2021. Between July 7, 2021, and August 20, 2021, 13,532 professionals responded to the survey. This report provides a detailed accounting of the findings, along with insights for the types of supports those professionals want and need.

This report is organized into five major sections:

- (1) Introduction
- (2) Methodology
- (3) Findings
- (4) Implications
- (5) Limitations

OhioPHP Overview and Context for the Survey

The Ohio Physicians Health Program (OhioPHP) is a non-profit organization that serves as a resource for healthcare professionals who may be affected by mental, emotional, and behavioral illness, substance-related and addictive disorders, or other illnesses. OhioPHP provides a compassionate, supportive, and safe environment for healthcare professionals to receive confidential services to improve their health and wellbeing. The organization's mission is to facilitate the health and wellness of healthcare professionals to enhance patient care and safety. To that end, OhioPHP envisions a medical community that supports healthcare professionals in pursuing optimal health and wellness.

In October of 2020, OhioPHP applied for and received funding from the Federation of State Medical Boards in response to a request for funding proposal related to the impacts of COVID-19. OhioPHP put forth a proposal to conduct a statewide assessment of lessons learned from the COVID-19 pandemic as it relates to the health and wellbeing of physicians and other healthcare professionals. At that time only 196,864 Ohioans had been diagnosed with COVID-19. As of November 11, 2021, there have been 1,556,208 Ohioans diagnosed. The findings from this assessment are intended to identify policy, technical, and regulatory strategies to improve preparedness, response, and recovery from future public health emergencies. Additionally, the findings will help OhioPHP better understand what practices, tools, and resources are desired by healthcare professionals to support their health and wellbeing. OhioPHP contracted with Mighty Crow Media, LLC (Mighty Crow), a professional services firm with expertise in conducting environmental scans, needs assessments, and other large-scale surveys. The team at Mighty Crow conducted a brief literature review to inform and frame the COVID-19 Response and Supports Survey. This report provides an overview of the methodology, survey results, and analysis of key findings.

Methodology

The OhioPHP COVID-19 Response and Supports Survey was developed by the evaluation team at Mighty Crow, in collaboration with key leadership within OhioPHP. Mighty Crow conducted a brief literature review to inform the types of questions to include in the survey based on best practices related to understanding burnout, stress, suicide risk, and wellbeing. The survey was built by Mighty Crow using the online platform Typeform® and was deployed by OhioPHP via email. The team at Mighty Crow provided OhioPHP with updates on the number of surveys received on a weekly basis. OhioPHP sent three rounds of reminders out during the survey window. See Table 1 for an outline of the steps taken to develop the COVID-19 Response and Supports Survey.

Survey Development Process

Tasks	Timeline	Purpose
Brief literature review of healthcare professional needs and supports	May 2021	Informs the questions asked; examines what is currently known in the field; review includes an examination of published articles and published reports (i.e., PsychInfo Database, PubMed, etc. as search engines)
Draft survey questions, have staff review and edit	April-May 2021	Ensures that everyone is on board with the questions and that the questions are relevant and meaningful
Finalize survey questions and preview survey on online platform; beta test	June 2021	Beta testing allows for the team to review the survey questions and ensure the link is working properly
Staff sends letter to membership/sample group to inform them of the survey	June 2021	Used as a strategy to alert the target audience that a survey will be coming to them and informs them of the purpose
Survey launches	July 7, 2021	Initial survey link is sent to all members of the target audience
First round of reminders sent along with the link to the survey	July 2021	First reminder goes out 10 days after the launch; generates responses from those who may have not seen the email or had not answered the survey
Second round of reminders sent along with the link to the survey	August 2021	Second reminder goes out 20 days after the launch (10 days after the first reminder); purpose is the same as the item above
Survey closes	August 21, 2021	Survey is officially closed to respondents

Sample and Response Rate

OhioPHP utilized a public records request to receive licensee information from 13 licensing boards (Please see Appendix A for a list of healthcare licensing boards and their corresponding license types). In response to a public records request, OhioPHP received email addresses of the members from 13 state boards. Please note that Fire and EMS are not listed because their information is not public like other license information. The boards are listed below in alphabetical order.

1. Ohio Board of Nursing
2. Ohio Board of Pharmacy
3. Ohio Chemical Dependency Professionals Board
4. Ohio Counselor, Social Worker, and Marriage and Family Therapist Board
5. Ohio Department of Mental Health and Addiction Services (for Certified Peer Support Specialists)
6. Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board
7. Ohio Speech and Hearing Professionals Board
8. Ohio State Board of Psychology
9. Ohio State Chiropractic Board
10. Ohio State Dental Board
11. Ohio Veterinary Medical Licensing Board
12. Ohio Vision Professionals Board
13. State Medical Board of Ohio

OhioPHP’s stakeholders (i.e., other membership associations) helped to promote the survey to their members. Data from OhioPHP showed that 490,707 emails were successfully delivered to licensees inviting them to participate in the survey. A total of 13,532 surveys were ultimately completed, resulting in a 2.76% response rate. It is important to note that some healthcare professionals are dually licensed (i.e., as a Licensed Social Worker and Licensed Chemical Dependency Counselor, etc.). These individuals were asked to complete the survey just once using their primary license, yet their emails may have been represented more than once. Additionally, we know that there are licensed healthcare professionals who did not submit an email to OhioPHP. A summary of the response rate data is provided in Table 2.

Emails Sent	Emails Delivered	% Emails Delivered	Survey Responses	% Response Rate
505,773	490,707	97.02	13,532	2.76

Informed Consent

The evaluation team at Mighty Crow did not receive contact information from respondents, nor did they have access to potential participants’ names, emails, or any other personally identifiable information. This level of detail remains with OhioPHP. Mighty Crow included an informed consent process prior to the start of the online survey so that respondents would have a transparent understanding of the survey’s purpose and intent.

The survey began with a welcome screen that explained the survey:

Welcome to the Ohio Physicians Health Program COVID-19 Response and Supports Survey. This survey will ask you about your wellness during COVID-19 as well as your experience with accessing supports for wellness, mental health, and substance use as a healthcare professional during the pandemic. The purpose of this study is to gather the perspectives of professionals working across disciplines on the types of supports needed and the type of infrastructure that needs to be in place so that these supports can be easily accessed. Your insights will not only benefit the current system of support for healthcare professionals, but also better equip Ohio for future crises. Your input is greatly appreciated. Your answers will help inform OhioPHP and its partners as we work to improve supports and services for healthcare professionals.

Following the welcome screen, respondents were asked to provide consent to indicate they understood the purpose of the survey, what they would be asked to do, total time required, incentives, confidentiality, voluntary participation, risks and benefits, and contact information. A copy of the consent is provided in the Appendices.

Analysis

Survey responses from Typeform® were downloaded into a Microsoft Excel spreadsheet and transferred to IBM’s Statistical Package for the Social Sciences, version 27 (SPSS; IBM, 2020). SPSS was used for all data analysis. First, SPSS was used to check for duplicate respondents by looking for responses that matched on the variables of network identification number, board, gender, age group, and position. After review of the 104 duplicate cases identified, 66 cases were removed from the dataset. These included cases where it appeared the same respondent answered the survey more than once. In these cases, the most recent completed survey was kept, and the partially completed or older survey was removed. The final sample size was 13,532.

Next, the data was cleaned, and new variables were created. Descriptive statistics were run on the full dataset with a primary focus on reporting frequencies and percentages for each variable. Wilcoxon signed-rank tests were used to examine the questions about self-reported stress before and during the pandemic. Where statistically significant results emerged, effect sizes were calculated to identify the magnitude or clinical significance of the findings. Results are reported using tables and corresponding charts, as appropriate.

Findings

Demographics of Respondents

Participation by Board

There were 13,532 respondents from across various licensing boards. The Ohio Board of Nursing made up the largest group of respondents (31.77%) followed by the State Medical Board of Ohio (21.17%). The smallest group of respondents included Certified Peer Support Specialists (.04%). Among respondents who chose “other” and wrote in the name of their board, three respondents listed the Ohio Department of Health and 20 had various other responses, such as being licensed out of state and, most commonly, not having an active license. Table 3 lists the participation across the boards from most to least (with the exception of those who did not fit into one of the 13 boards).

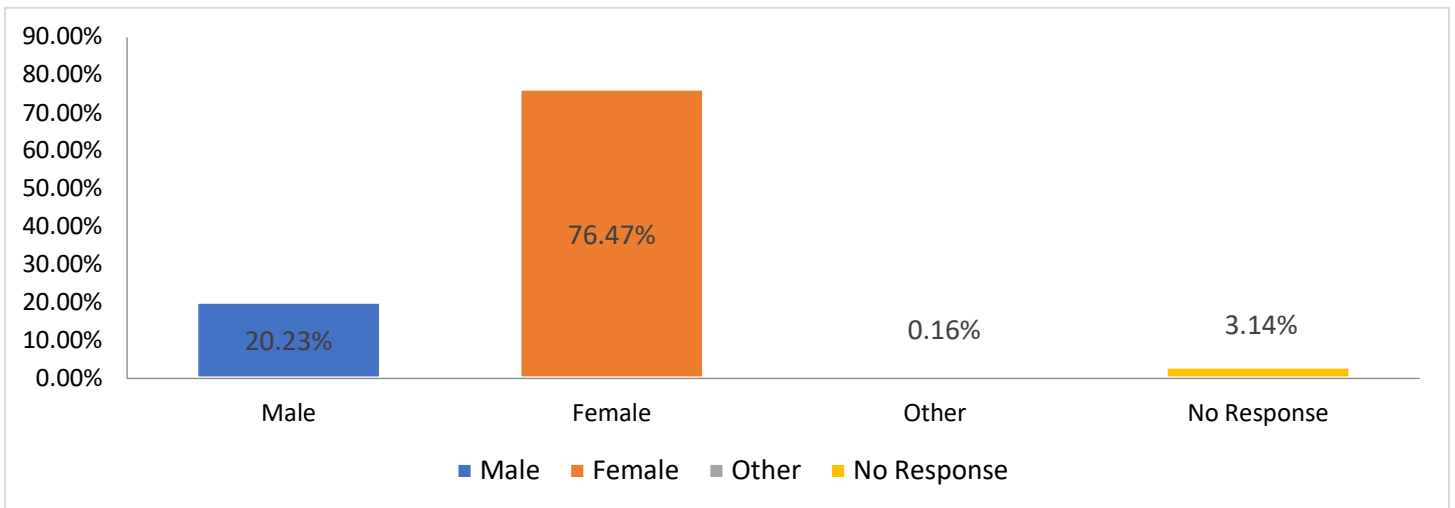
Participation by Healthcare Board	<i>n</i>	%
Ohio Board of Nursing	4,299	31.77
State Medical Board of Ohio	2,865	21.17
Ohio Board of Pharmacy	1,452	10.73
Ohio Counselor, Social Worker, and Marriage and Family Therapist Board	1,267	9.36
Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board	1,134	8.38
Ohio Veterinary Medical Licensing Board	594	4.39
Ohio Chemical Dependency Professionals Board	578	4.27
Ohio State Dental Board	478	3.53
Ohio Speech and Hearing Professionals Board	248	1.83
Ohio Vision Professionals Board	153	1.13
Ohio State Board of Psychology	129	.95
Ohio State Chiropractic Board	62	.46
Ohio Dept. of Mental Health and Addiction Services (for Certified Peer Support Specialists)	5	.04
Ohio Department of Health	3	.02
Other	20	.15
No Response	245	1.81
Total	13,532	100.00

Gender

As detailed in Table 4, 76.47% of respondents identified as female, 20.23% identified as male, 0.16% identified as Other, and 3.14% either preferred not to say or did not provide a response. Some individuals who chose “Other” as the category provided written responses such as non-binary, gender fluid, transgender, bi-gender, and gender queer.

	<i>n</i>	%
Male	2,737	20.23
Female	10,348	76.47
Other	22	0.16
Prefer not to say/ No Response	425	3.14
Total	13,532	100.00

Figure 1: Gender



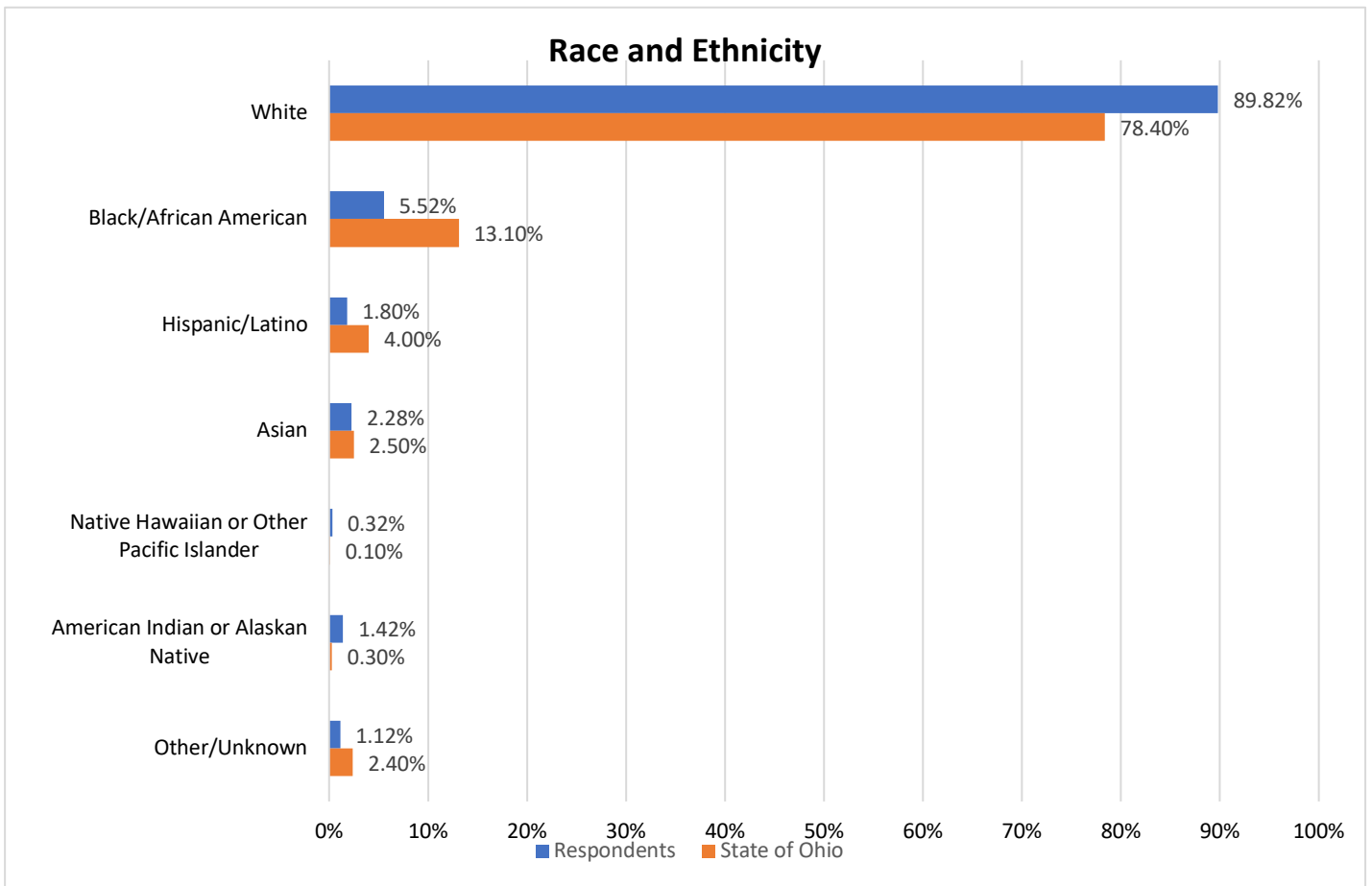
Race and Ethnicity

Respondents could choose multiple options when asked to indicate their race and ethnicity. The results are displayed in Table 5 and Figure 2. An additional column has been added to both the figure and table to easily compare survey respondents to the population of the state of Ohio.

Table 5: Race and Ethnicity (N= 13,532)			State of Ohio Race and Ethnicity *
	<i>n</i>	%	%
White	12,154	89.82	78.40
Black/African American	747	5.52	13.10
Hispanic/Latino	243	1.80	4.00
Asian	308	2.28	2.50
Native Hawaiian or Other Pacific Islander	43	0.32	0.10
American Indian or Alaskan Native	192	1.42	0.30
Other/Unknown	152	1.12	2.40

*<https://www.census.gov/quickfacts/OH>

Figure 2: Race and Ethnicity

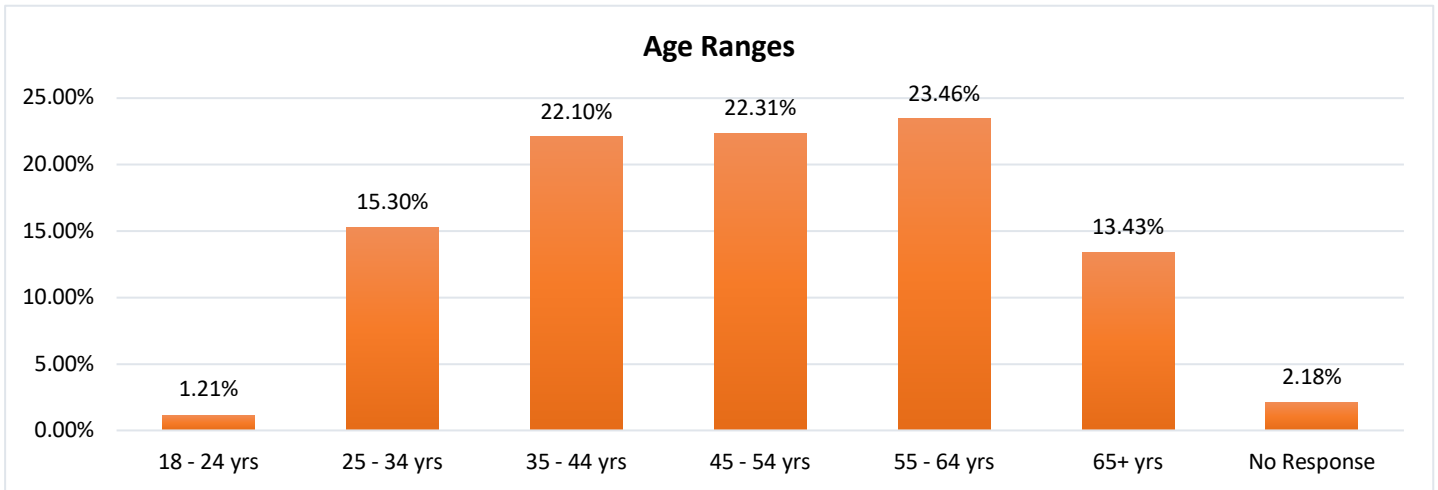


Age

Respondents were asked to select their age range, as detailed in Table 6 and in Figure 3. The three cohorts most represented in the sample were 35-44 years (22.10%), 45-54 years (22.31%), and 55-64 years (23.46%). Please note that the “No Response” category includes those who did not respond and those who selected the option “Prefer not to answer.”

	<i>n</i>	%
18 - 24 years old	164	1.21
25 - 34 years old	2,071	15.30
35 - 44 years old	2,990	22.10
45 - 54 years old	3,019	22.31
55 - 64 years old	3,175	23.46
65+ years old	1,818	13.43
Prefer not to say/ No Response	295	2.18
Total	13,532	100.00

Figure 3: Age Ranges

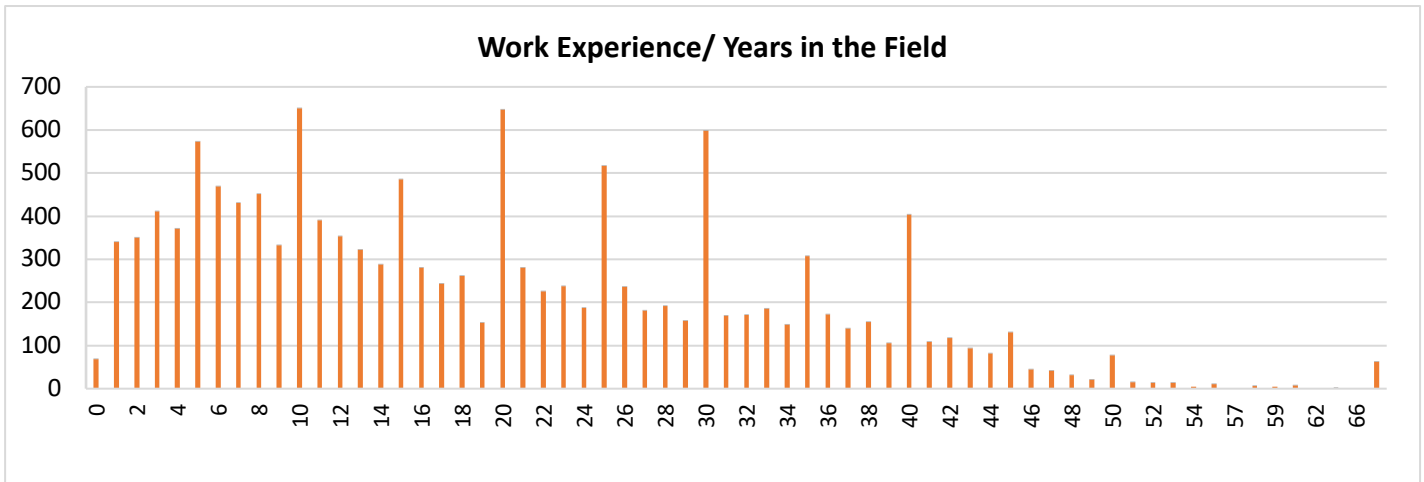


Work Experience/Years in the Field

Years of work experience or years in the field ranged from 0 (brand new to the field) to 66 years. The average amount of years in the field was 19.24 years.

Minimum Years Worked	Max Years Worked	Average
0 years	66 Years	19.24 years

Figure 4: Work Experience/Years in the Field

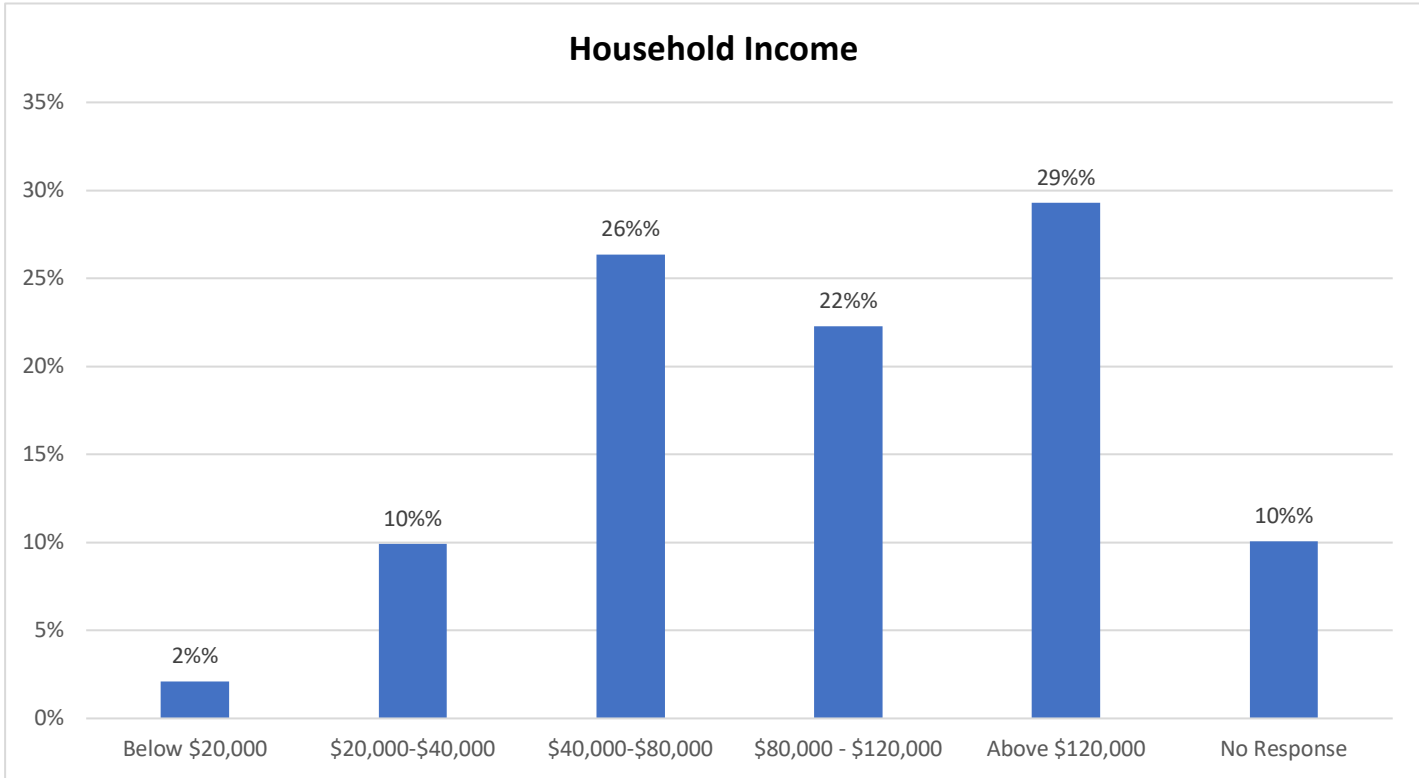


Household Income

Respondents were asked to indicate which income range was most representative of their household income last year (before taxes and deductions), as detailed in Table 8 and Figure 5. The range with the most responses was “above \$120,000” (29.28%), followed by respondents in the range of \$40,000 to \$80,000 (26.35%). The third most common range for household income was \$80,000 to \$120,000 (22.29%). Please note that the “No Response” category includes those who did not respond and those who selected the option “prefer not to answer.”

Table 8: Household Income		
	<i>n</i>	%
Below \$20,000	285	2.11
\$20,000-\$40,000	1,340	9.90
\$40,000-\$80,000	3,566	26.35
\$80,000 - \$120,000	3,016	22.29
Above \$120,000	3,962	29.28
Prefer not to answer/ No Response	1,363	10.07
Total	13,532	100.00

Figure 5: Household Income



Employment

Participants were asked if they were employed at any point during the pandemic and were offered the choice of “Yes” or “No.” If they selected “Yes” they were shown a follow up question and asked to indicate if they experienced times where they were: unemployed, furloughed, laid off, or none of the above. They could choose multiple responses to the follow-up question. 94.64% of respondents indicated being employed at any point during the pandemic, while 5.23% said they were not employed during the pandemic.

Table 9: Employed During the Pandemic		
	<i>n</i>	%
No	708	5.23
Yes	12,807	94.64
No Response	17	0.13
Total	13,532	100.00

Table 10: Had Employment During the Pandemic but Also Became Unemployed, Furloughed, Or Laid Off at Some Point.

	<i>n</i>	%
No	10,164	79.36
Yes	2,603	20.32
No Response	40	0.31
Total	12,807	100.00

The next section of this report transitions from the demographic information about respondents to their experiences with burnout, mental health needs, substance use challenges, and wellbeing.

Burnout

The survey included a series of questions focused on worker burnout. Burnout is characterized by a high degree of emotional exhaustion, high depersonalization (i.e., cynicism), and a low sense of personal accomplishment from work.¹ Respondents were asked to evaluate core aspects of burnout including emotional exhaustion, care for patients, and worthwhile accomplishments. Respondents rated each question for how they were feeling prior to the pandemic and during the pandemic.

Feeling Emotionally Drained

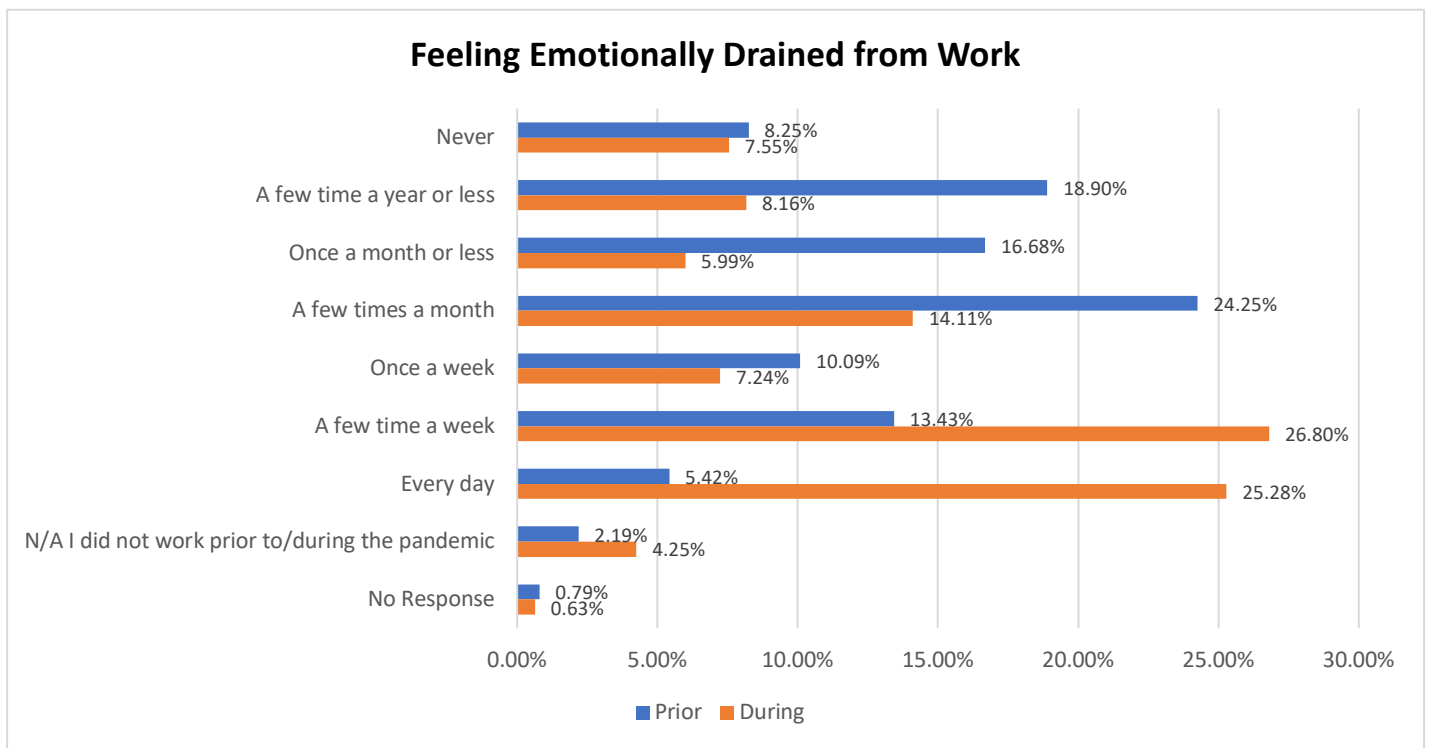
Respondents were asked, “How often have you felt emotionally drained from work?” to gain an understanding of the degree to which professionals were feeling overextended and exhausted. Table 11 and Figure 6 provide the detail of the responses prior to the pandemic and during the pandemic. Reports of feeling emotionally drained every day rose 366.71%, with 5.42% of respondents feeling this way prior to the pandemic and 25.58% of respondents feeling this way during the pandemic. Feeling emotionally drained increased for all respondents, with fewer respondents feeling emotionally drained “never” or “a few times a year or less.”

Table 11: Feeling Emotionally Drained from Work

	<i>n Prior</i>	% Prior	<i>n During</i>	% During	% Change
Never	1,116	8.25	1,021	7.55	-8.51
A few times a year or less	2,558	18.90	1,104	8.16	-56.84
Once a month or less	2,257	16.68	810	5.99	-64.11
A few times a month	3,282	24.25	1,909	14.11	-41.83
Once a week	1,365	10.09	980	7.24	-28.21
A few times a week	1,817	13.43	3,627	26.80	99.61
Every day	733	5.42	3,421	25.28	366.71
N/A (I did not work prior to/ during the pandemic)	297	2.19	575	4.25	93.60
No Response	107	0.79	85	0.63	20.56
Total	13,532	100.00	13,532	100.00	

¹ (<https://nam.edu/systems-approaches-to-improve-patient-care-by-supporting-clinician-well-being>)

Figure 6: Feeling Emotionally Drained from Work



Accomplishing Worthwhile Things

When a worker lacks personal accomplishments and the accompanying feeling of competence and success there is an increased chance of burnout.² Respondents were asked how often they felt they accomplished worthwhile things in their job. Prior to the pandemic, 62.95% of respondents felt that they were accomplishing worthwhile things either every day (34.56%) or a few times a week (28.38%). During the pandemic, this number fell to 49.13%, with 26.60% feeling that they were accomplishing worthwhile things every day, and 22.52% feeling they were accomplishing worthwhile things a few times a week. As the daily or weekly feelings of accomplishment of worthwhile things decreased, the less frequent time frames increased, indicating that while professionals still felt they were accomplishing worthwhile things, these feelings occurred less often during the pandemic. **There was a 304.35% increase in the number of respondents who indicated that they never felt like they were accomplishing worthwhile things during the pandemic.**

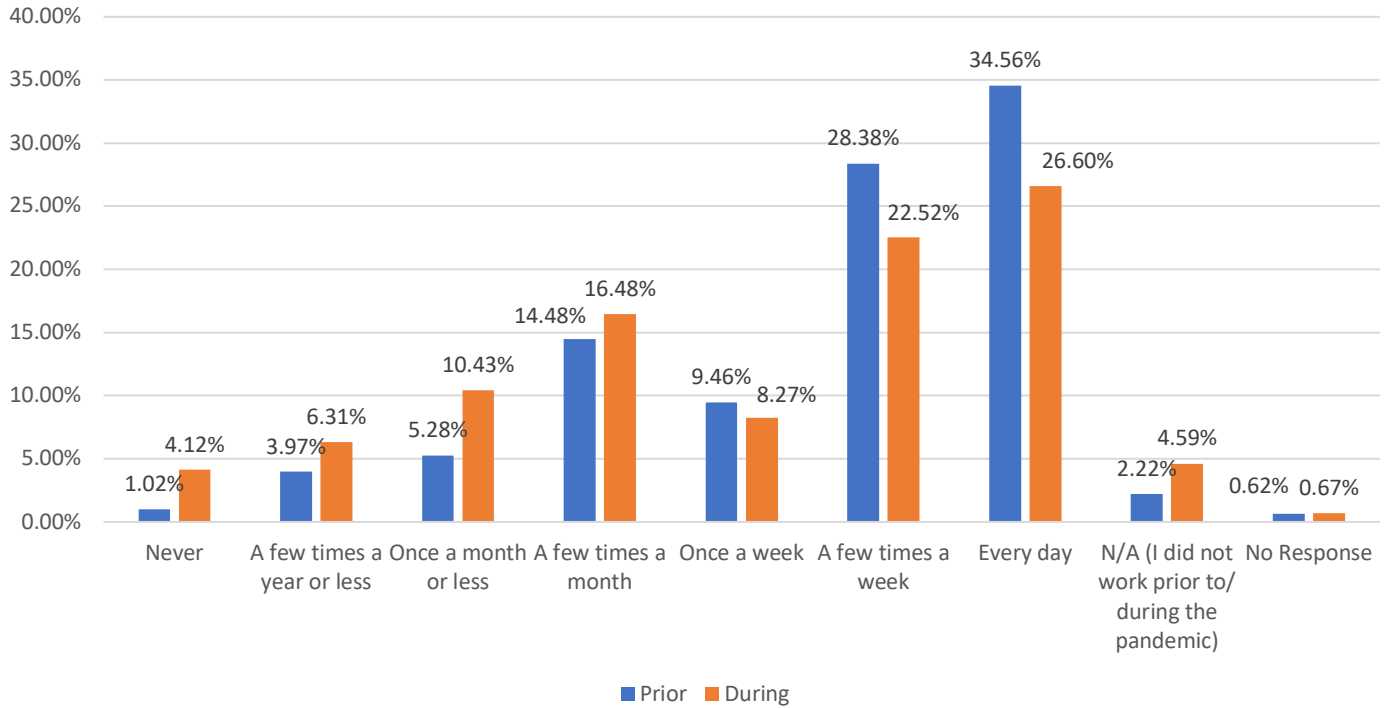
Table 12: Accomplishing Worthwhile Things

	<i>n</i> Prior	% Prior	<i>n</i> During	% During	% Change
Never	138	1.02	558	4.12	304.35
A few times a year or less	537	3.97	854	6.31	59.03
Once a month or less	715	5.28	1,412	10.43	97.48
A few times a month	1,959	14.48	2,230	16.48	13.83
Once a week	1,280	9.46	1,119	8.27	12.58
A few times a week	3,841	28.38	3,048	22.52	-20.65
Every day	4,677	34.56	3,600	26.60	-23.03
N/A (I did not work prior to/ during the pandemic)	301	2.22	621	4.59	106.31
No Response	84	0.62	90	0.67	7.14
Total	13,532	100.00	13,532	100.00	

Figure 7: Accomplishing Worthwhile Things

² <https://nam.edu/systems-approaches-to-improve-patient-care-by-supporting-clinician-well-being>

Accomplishing Worthwhile Things



Not Caring What Happens to Patients

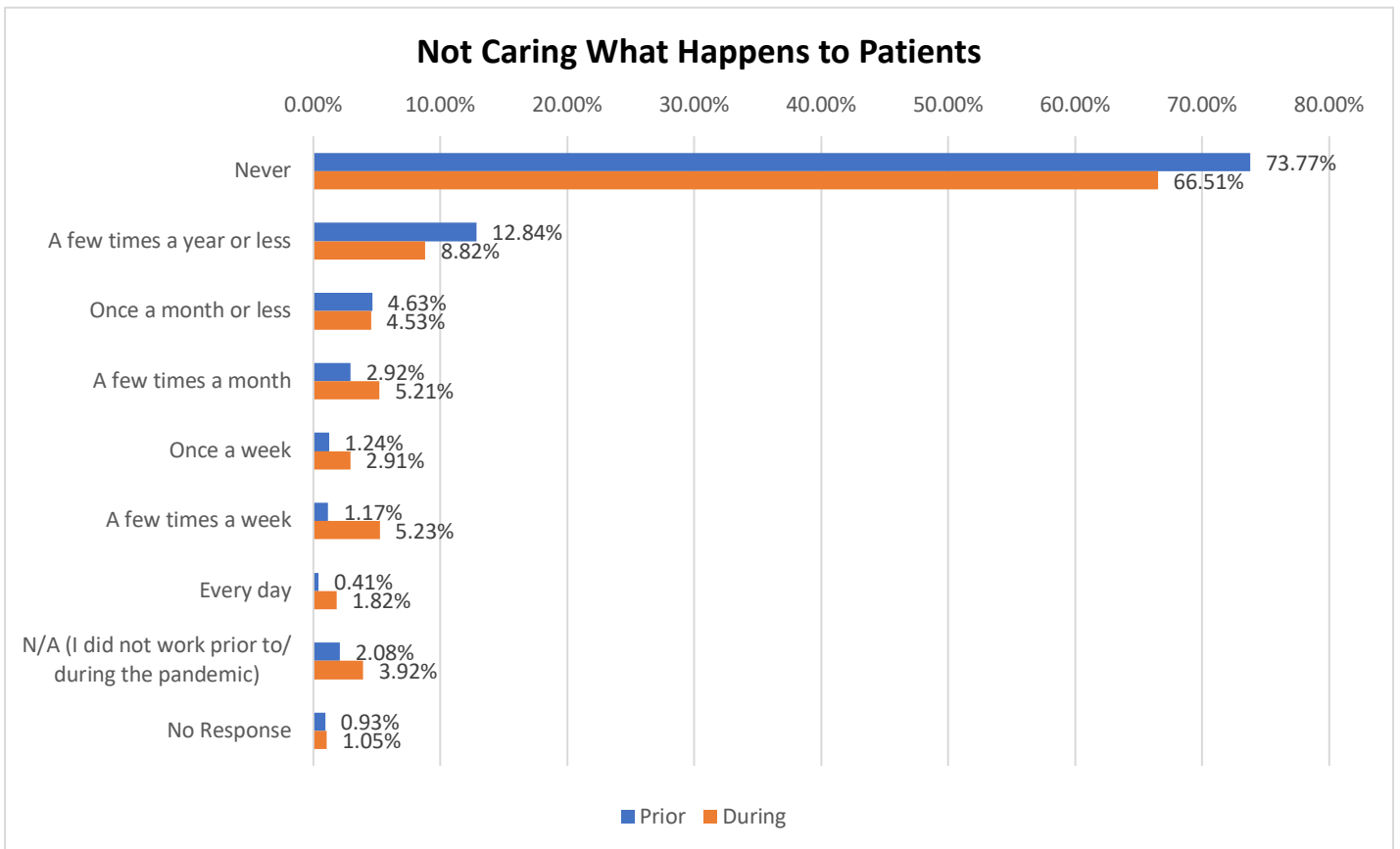
Depersonalization of patients is another aspect of burnout. Specifically, depersonalization is when a healthcare worker is unfeeling and impersonal towards the recipients of their service, care, or treatment.³ Respondents were asked, “How often did you feel you did not really care what happens to patients?” Table 13 and Figure 8 illustrate the shifts that occurred.

Table 13: Not Caring What Happens to Patients

	<i>n</i> Prior	% Prior	<i>n</i> During	% During	% Change
Never	9,983	73.77	9,000	66.51	-9.85
A few times a year or less	1,738	12.84	1,194	8.82	-31.30
Once a month or less	626	4.63	613	4.53	-2.08
A few times a month	395	2.92	705	5.21	78.48
Once a week	168	1.24	394	2.91	134.52
A few times a week	159	1.17	708	5.23	345.28
Every day	55	0.41	246	1.82	347.27
N/A (I did not work prior to/ during the pandemic)	282	2.08	530	3.92	87.94
No Response	126	0.93	142	1.05	12.70
Total	13,532	100.00	13,532	100.00	

³ <https://nam.edu/systems-approaches-to-improve-patient-care-by-supporting-clinician-well-being>

Figure 8: Not Caring What Happens to Patients



Mental Health and Substance Use

Recent studies have shown that, during the pandemic, healthcare workers will face aggravated psychological pressure and mental illness.⁴ Therefore, our survey included a series of questions focused on these issues. Respondents were asked to evaluate core aspects of mental wellbeing including feeling down, depressed, or hopeless, thoughts of suicide or death, and concerns about their consumption of substances. Respondents rated each question for how they were feeling prior to the pandemic and during the pandemic to allow for comparison.

Feeling Down, Depressed or Hopeless

Respondents were asked how often they had felt down, depressed, or hopeless prior to and during the pandemic. Results demonstrated increases in feeling down, depressed, and hopeless during the pandemic across all categories.

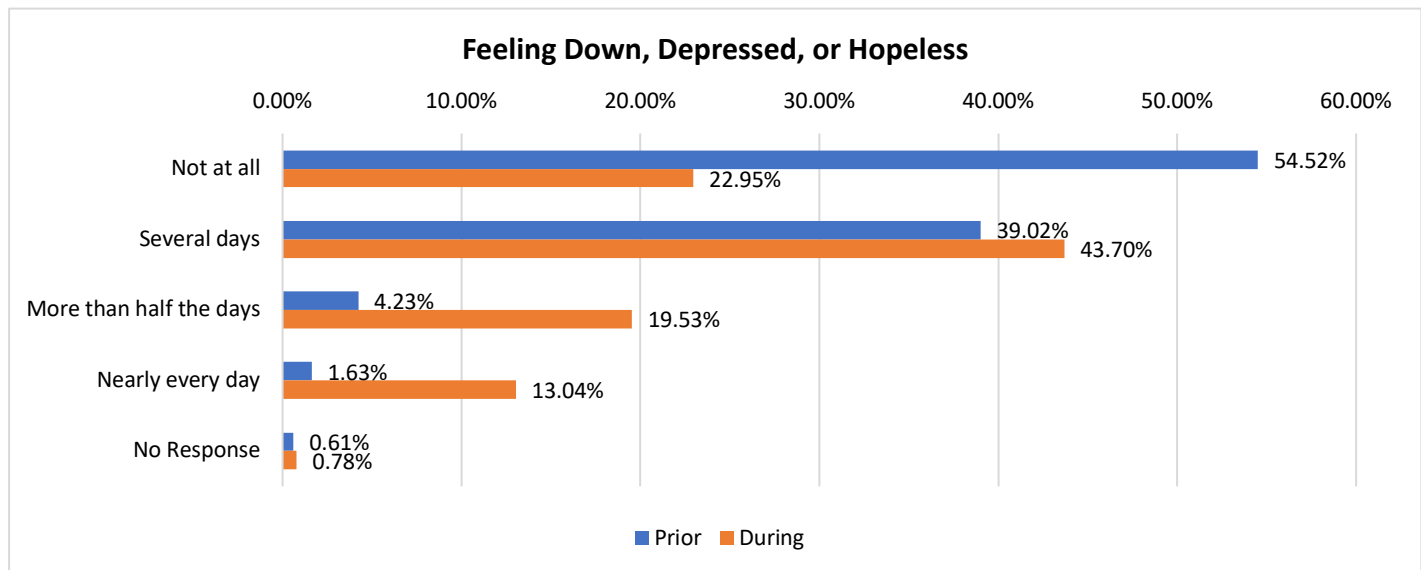
- 13.04% of respondents answered they felt down, depressed, or hopeless *nearly every day* during the pandemic versus 1.63% prior to the pandemic, which is an **increase of 702.27%**.
- 19.53% answered they felt down, depressed, or hopeless *more than half the days* during the pandemic, versus 4.23% prior to the pandemic. **This change represents at 362.06% increase.**
- 54.52% of respondents answered that they never felt this way prior to the pandemic; however, only 22.95% never felt this way during the pandemic.

Table 14 and Figure 9 provide a comparison of the responses.

⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7586202/>

	<i>n</i> Prior	% Prior	<i>n</i> During	% During	% Change
Not at all	7,378	54.52	3,106	22.95	-57.90
Several days	5,280	39.02	5,913	43.70	11.99
More than half the days	572	4.23	2,643	19.53	362.06
Nearly every day	220	1.63	1,765	13.04	702.27
No Response	82	0.61	105	0.78	28.05
Total	13,532	100.00	13,532	100.00	

Figure 9: Feeling Down, Depressed or Hopeless



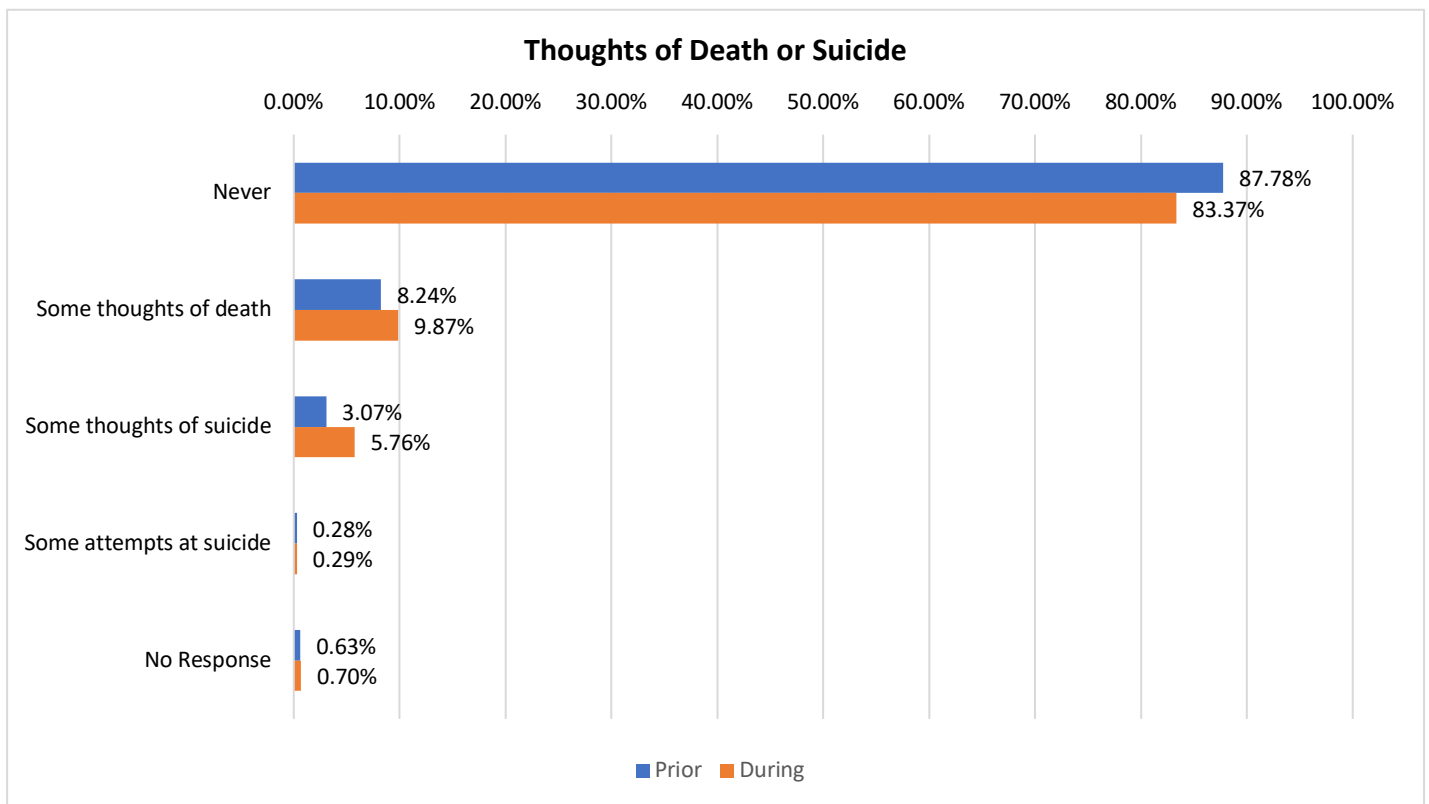
Thoughts of Death or Suicide

Due to concerns about healthcare workers experiencing an exacerbation in mental health issues, we thought it was imperative to inquire about suicide risk.⁵ The majority of respondents indicated never having thoughts of suicide (87.78% prior, 83.37% during). However, “some thoughts of death,” and “some thoughts of suicide” saw increases. “Some thoughts of death” saw a 19.82% increase. “Some thoughts of suicide” saw an **87.50% increase** from prior to the pandemic to during. See Table 15.

	<i>n</i> Prior	% Prior	<i>n</i> During	% During	% Change
Never	11,878	87.78	11,282	83.37	-5.02
Some thoughts of death	1,115	8.24	1,336	9.87	19.82
Some thoughts of suicide	416	3.07	780	5.76	87.50
Some attempts at suicide	38	0.28	39	0.29	2.63
No Response	85	0.63	95	0.70	11.76
Total	13,532	100.00	13,532	100.00	

⁵ <https://nihcm.org/publications/physician-burnout-suicide-the-hidden-health-care-crisis>

Figure 10: Thoughts of Death or Suicide



Concerns about Alcohol Consumption or Substance Use

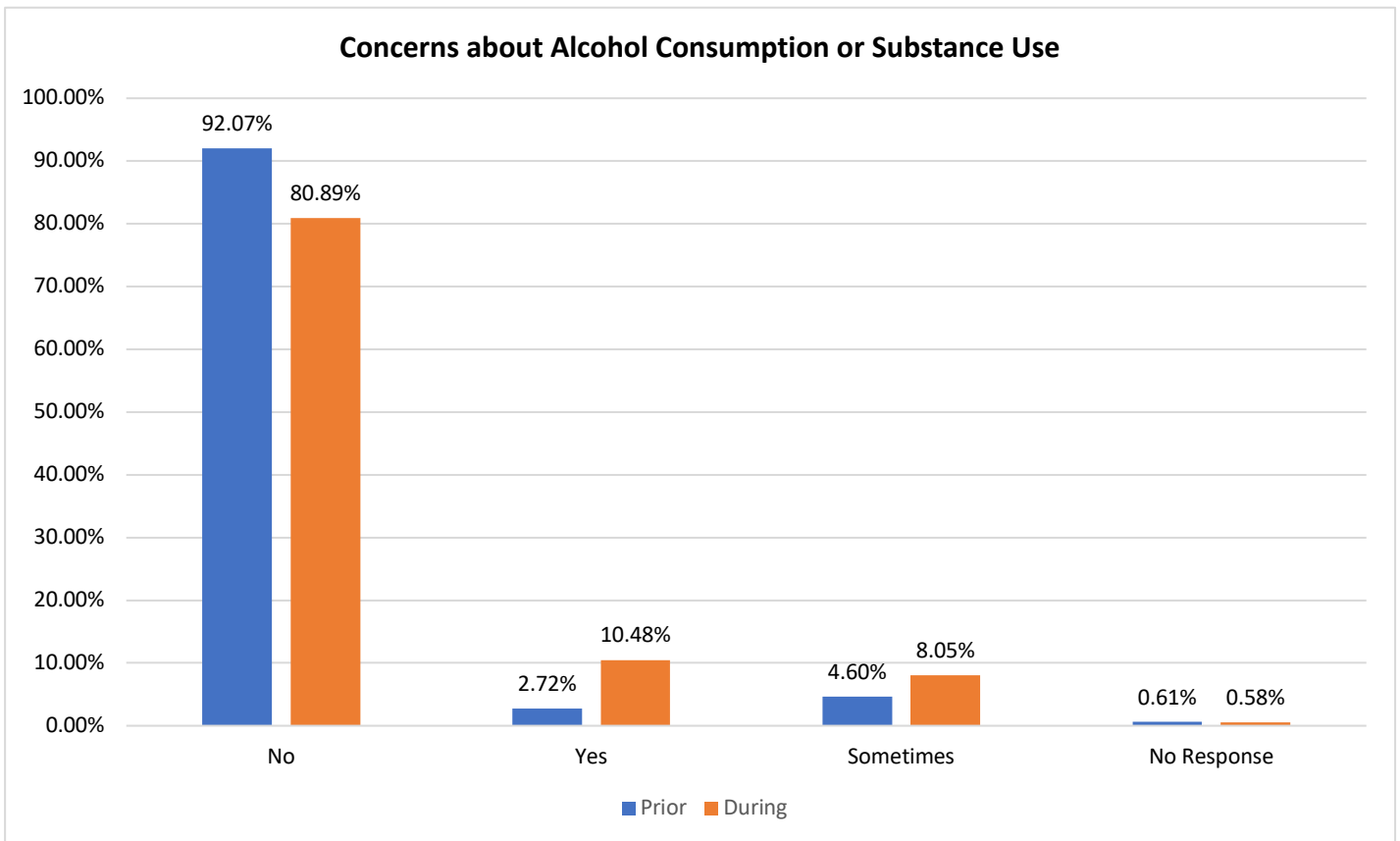
Respondents’ alcohol and substance use as a strategy for coping with work stress, burnout, compassion fatigue, etc., is of concern due to the negative impact it may have on one’s mental health.⁶ Therefore, respondents were asked if they were concerned about their own alcohol consumption or substance abuse prior to the pandemic and then during the pandemic. They were also asked if there were changes in their alcohol or substance use since the pandemic began.

While the majority of respondents indicated not being concerned about their alcohol consumption or substance use at either time, there was a decrease of 12.14% in the number of those who were not concerned about use prior to the pandemic (92.07%) compared to 80.89% during the pandemic. There was, however, a **285.33% increase in respondents who were concerned about their alcohol consumption or substance use**, moving from 2.72% to 10.48%. Those who were “sometimes” concerned saw a **percentage increase of 74.96%**. Table 16 and Figure 11 provide additional details on these changing concerns.

	n Prior	% Prior	n During	% During	% Change
No	12,459	92.07	10,946	80.89	-12.14
Yes	368	2.72	1,418	10.48	285.33
Sometimes	623	4.60	1,090	8.05	74.96
No Response	82	0.61	78	0.58	-4.88
Total	13,532	100.00	13,532	100.00	

⁶ <https://nihcm.org/publications/physician-burnout-suicide-the-hidden-health-care-crisis>

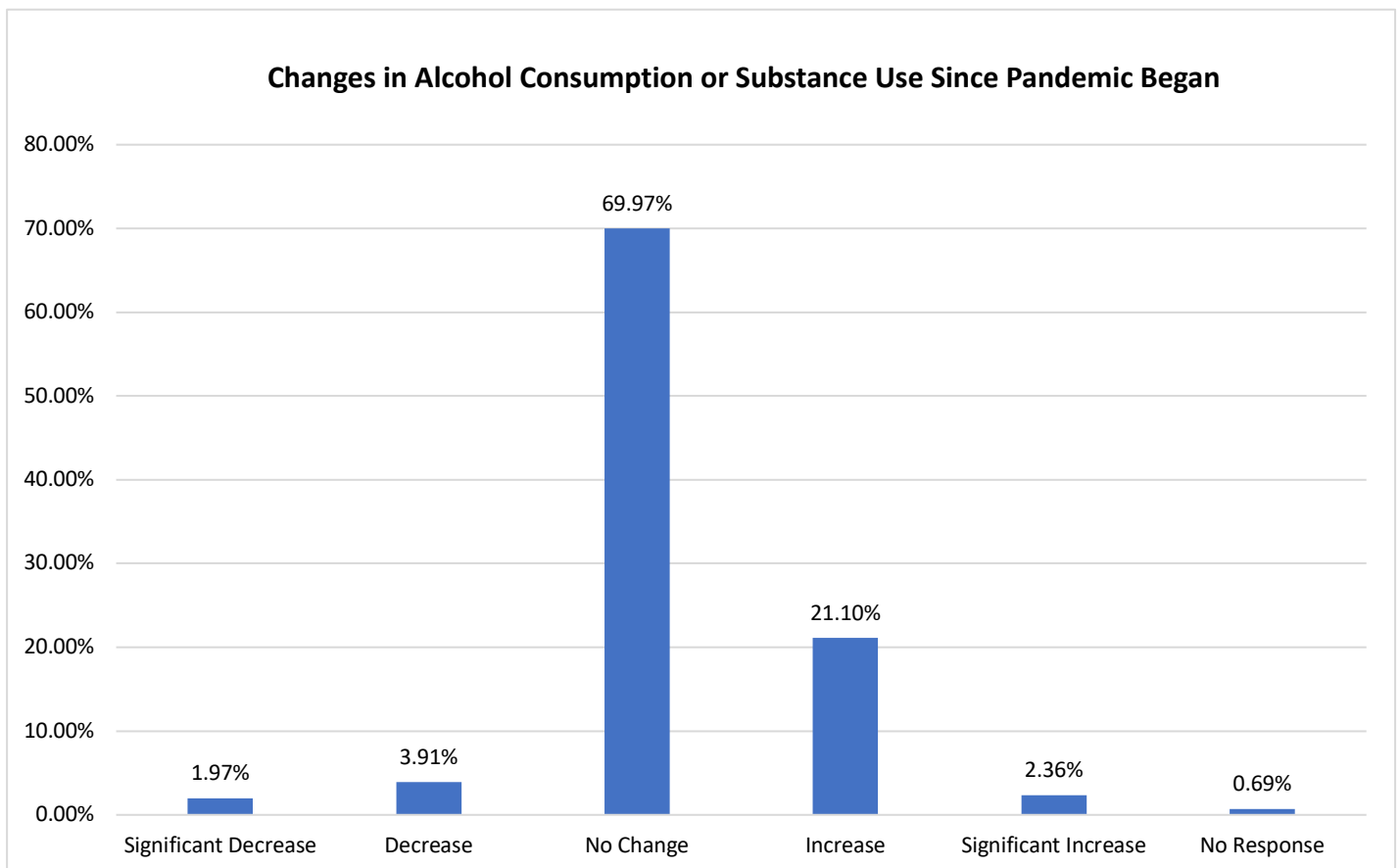
Figure 11: Concerns about Alcohol Consumption or Substance Use



While over three-quarters of survey respondents said their substance use stayed the same or even decreased, 23.46% said they had an increase or significant increase in their substance use since the pandemic began, as detailed in Table 17 and Figure 12.

	<i>n</i>	%
Significant Decrease	266	1.97
Decrease	529	3.91
No Change	9,469	69.97
Increase	2,855	21.10
Significant Increase	319	2.36
No Response	94	0.69
Total	13,532	100.00

Figure 12: Changes in Alcohol Consumption or Substance Use Since Pandemic Began



Wilcoxon Signed-Rank Tests

To examine the questions about self-reported stress before and during the pandemic, a series of Wilcoxon signed-rank tests were conducted to determine whether there was a difference in the ranking of participants' various experiences related to burnout (as described above) prior to and during the COVID-19 pandemic. Wilcoxon signed-rank tests were used rather than paired t-tests since most data were not normally distributed, and the responses consisted of ordinal-level data. The Wilcoxon signed-rank tests were conducted for participants with complete data who said they worked during the pandemic.

Results demonstrated statistically significant differences between the median scores for all measures. These findings indicate that study participants felt emotionally drained more frequently ($Z = -68.56, p < .001$), felt down, depressed, or hopeless more frequently ($Z = -70.73, p < .001$), cared less about what happened to patients ($Z = -38.96, p < .001$), felt less accomplished ($Z = -42.01, p < .001$), had more thoughts of suicide ($Z = -17.11, p < .001$), and were more concerned about their substance use ($Z = -33.55, p < .001$) during the pandemic than prior to the pandemic.

Effect sizes were also conducted ($r = z/\sqrt{n}$) to determine whether the statistical findings were clinically significant. Effect size reflects the magnitude of the difference in outcomes between the groups; the larger the effect size, the stronger the magnitude of the research finding. Using Cohen's classification of effect, an effect size of 0.1 denotes a small effect, 0.3 denotes a moderate effect, and 0.5 and above denotes a large effect. Findings demonstrated large effect sizes for participants feeling emotionally drained ($r = -.61$) and feeling down, depressed, or hopeless more frequently during the pandemic ($r = -.62$). The other statistically significant findings resulted in small to moderate effect sizes.

These data are presented in Table 18.

Table 18: Wilcoxon signed-rank test results and effect sizes for participants' experiences prior to and during the COVID-19 pandemic

Variable	n	Prior to the Pandemic		During the Pandemic		Z	r
		Mean (SD)	Median	Mean (SD)	Median		
Emotionally drained from work	12,445	2.72 (1.66)	3	3.97 (1.94)	5	-68.56*	-0.61
Don't really care what happens to some patients	12,510	.45 (1.02)	0	.86 (1.60)	0	-38.96*	-0.35
Accomplished many worthwhile things	12,404	4.58 (1.51)	5	4.03 (1.81)	5	-42.01*	-0.38
Down, depressed, or hopeless	13,072	.52 (.65)	0	1.23 (.95)	1	-70.73*	-0.62
Thoughts of suicide	13,072	.15 (.46)	0	.22 (.56)	0	-17.11*	-0.15
Concerned about alcohol/substance use	13,072	.10 (.38)	0	.29 (.65)	0	-33.55*	-0.29

* $p < .001$

Wellbeing

The following data sets highlight the many stresses experienced by healthcare workers during the pandemic. All these varied stressors can play a role in a person's overall sense of wellbeing. We define wellbeing as a healthcare worker's experience of positive perceptions and the presence of constructive conditions both at work and home, enabling the achievement of one's full potential.⁷

Financial Impact

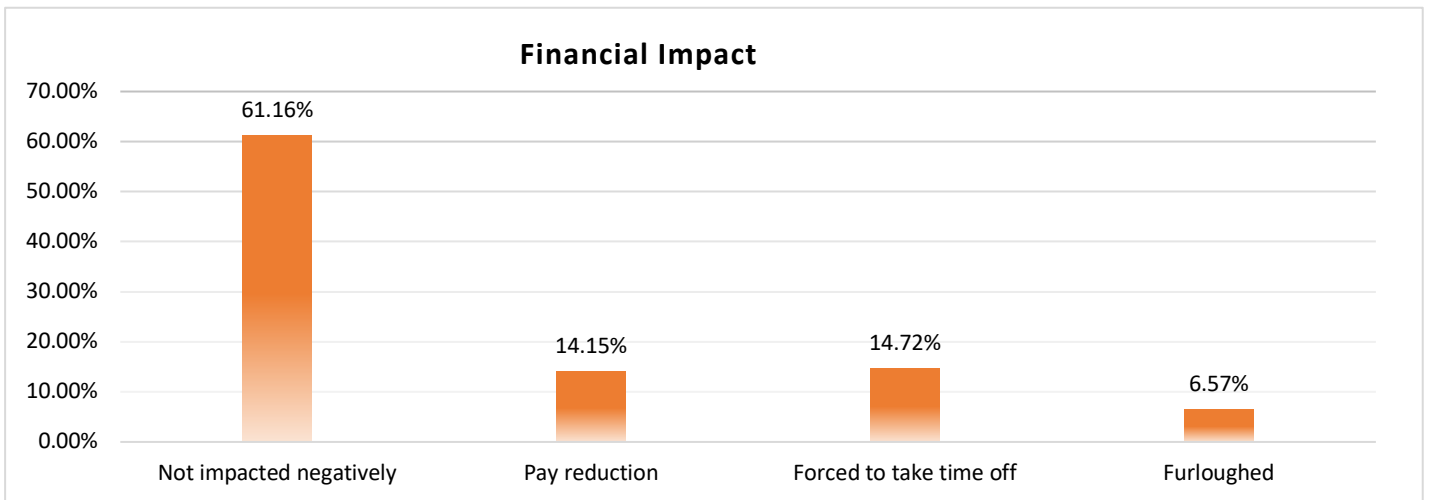
Respondents were asked "Were you negatively impacted financially due to COVID-19?" and could choose multiple responses. The majority of respondents (61.16%) indicated they were not. For those respondents who were impacted, 14.72% were forced to take time off, 14.15% took a pay reduction, and 6.57% were furloughed.

Table 19: Financial Impact (N=13,532)

	n	%
Not Impacted Negatively	8,276	61.16
Furloughed	889	6.57
Forced To Take Time Off	1,992	14.72
Pay Reduction	1,915	14.15

⁷ <https://nam.edu/systems-approaches-to-improve-patient-care-by-supporting-clinician-well-being/>

Figure 13: Financial Impact

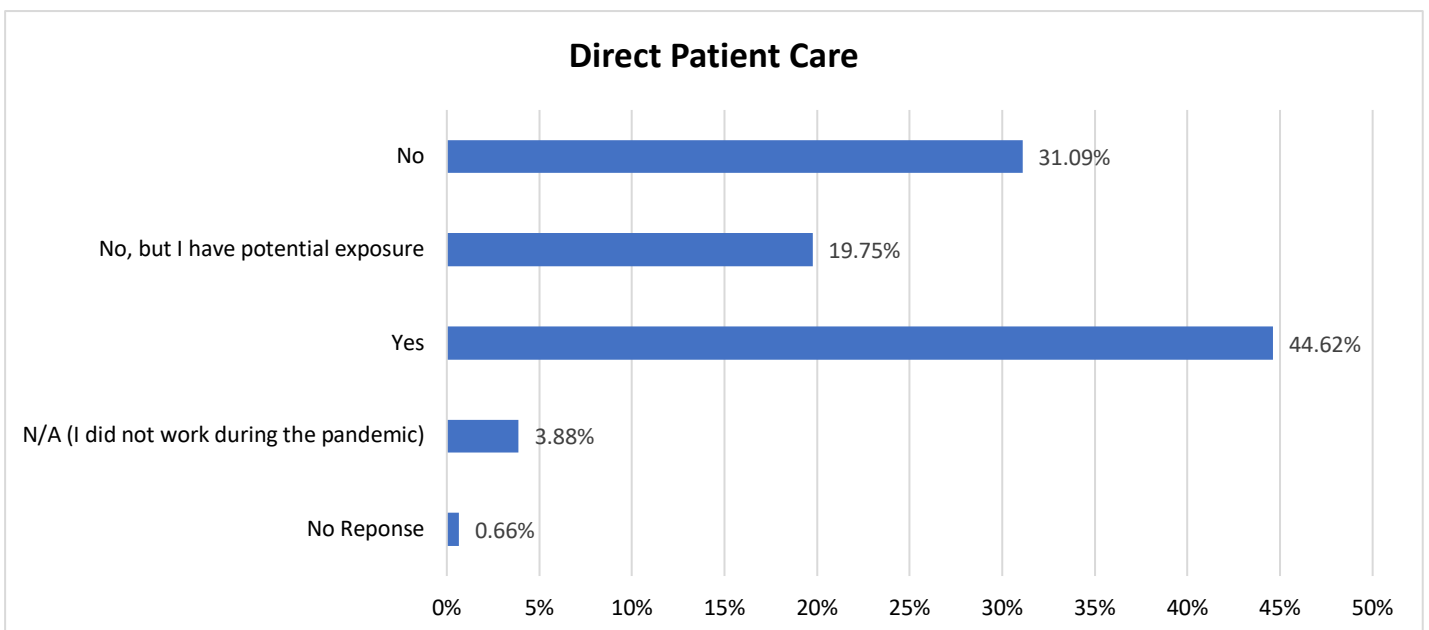


Direct Patient Care

Of the respondents, 44.62% indicated they were directly involved in patient care, 19.75% said they were not directly involved but indicated they had potential exposure, and 31.09% were not involved.

	<i>n</i>	%
No	4,207	31.09
No, but I have potential exposure (i.e., cafeteria, same floor, being in rooms, etc.)	2,673	19.75
Yes	6,038	44.62
N/A (I did not work during the pandemic)	525	3.88
No Response	89	0.66
Total	13,532	100.00

Figure 14: Direct Patient Care

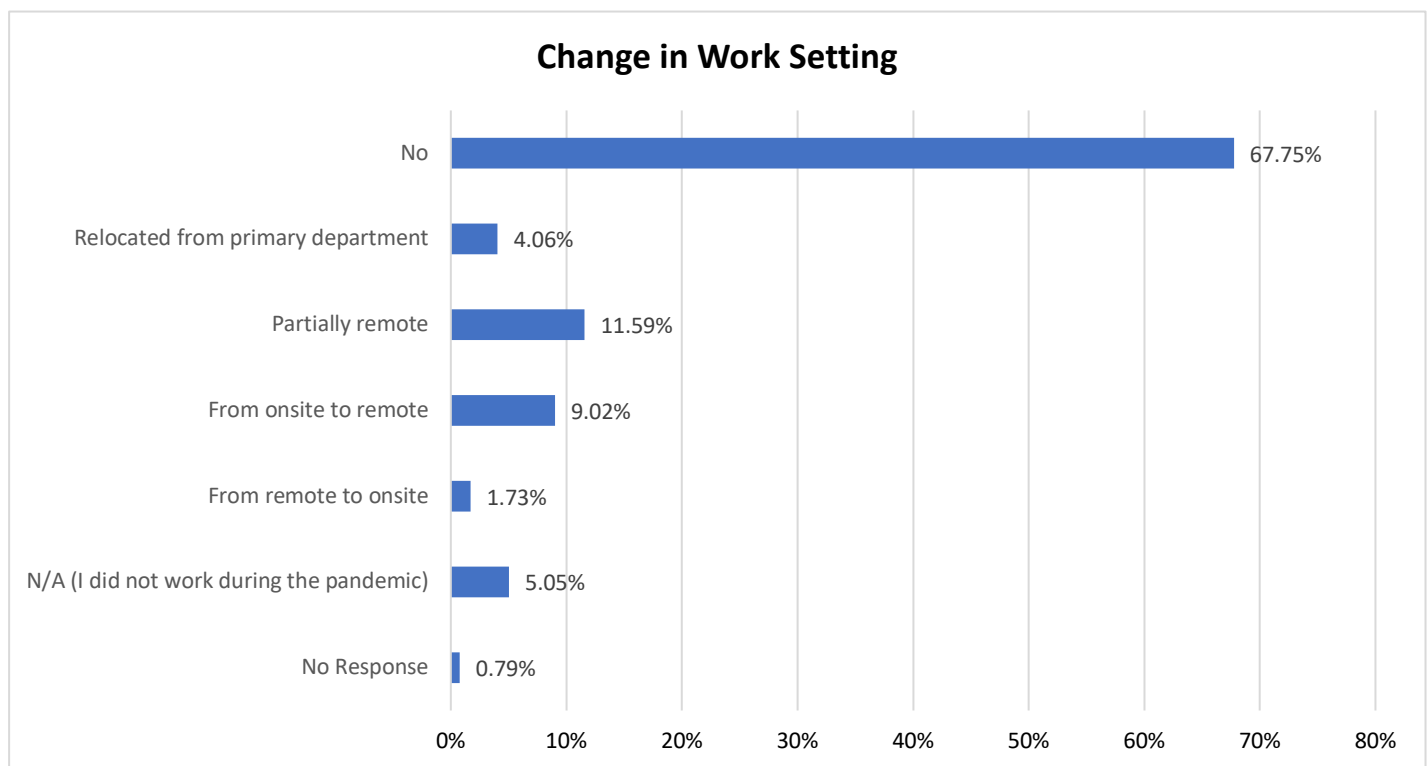


Change in Work Settings

At the beginning of the pandemic, many work environments changed as Ohio implemented stay-at-home orders to slow the spread of the virus. Accordingly, respondents were asked if their work setting had changed. The majority of respondents (67.75%) indicated that their work setting had not changed. Another 11.59% indicated that they became partially remote, 9.02% moved from onsite to remote, and 1.73% moved from remote to onsite.

	<i>n</i>	%
No change	9,168	67.75
Relocated from primary department	550	4.06
Partially remote	1,569	11.59
From onsite to remote	1,220	9.02
From remote to onsite	234	1.73
N/A (I did not work during the pandemic)	684	5.05
No Response	107	0.79
Total	13,532	100.00

Figure 15: Change in Work Setting

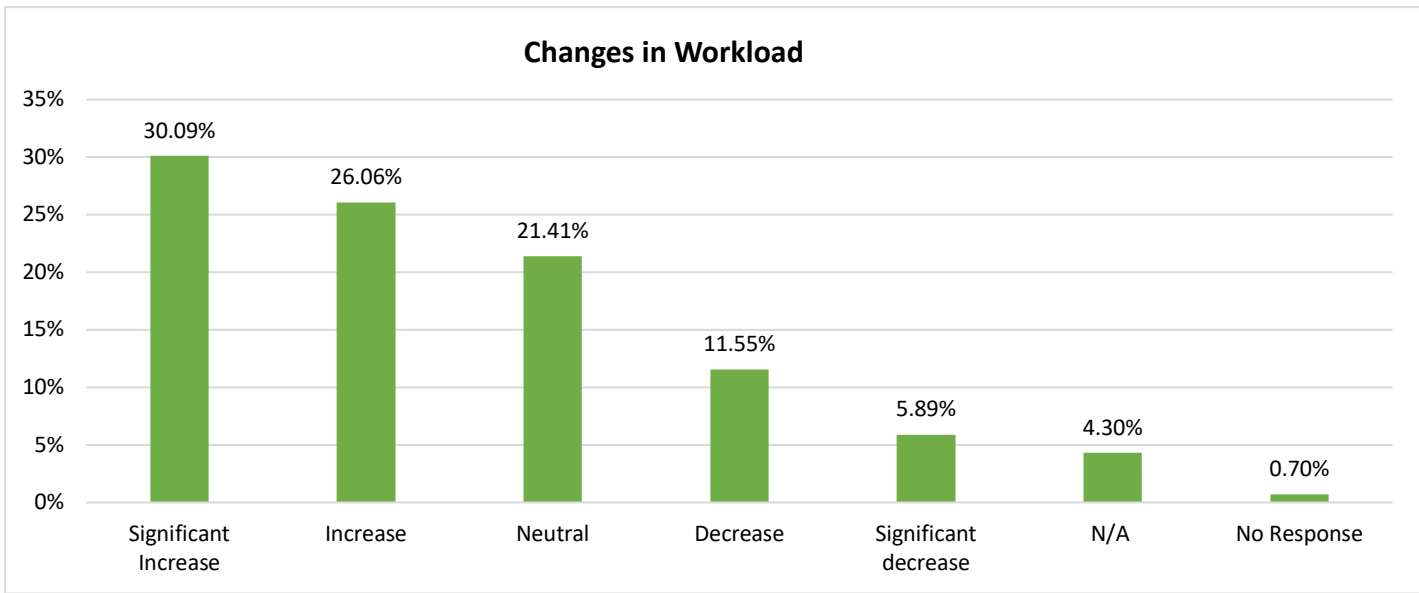


Changes in Workload

Not only did work settings change during the pandemic, so did workloads. The majority of respondents (56.15%) experienced either a significant increase (30.09%) or an increase (26.06%) in their workload when asked if it had changed due to the pandemic.

	<i>n</i>	%
Significant Increase	4,072	30.09
Increase	3,526	26.06
Neutral	2,897	21.41
Decrease	1,563	11.55
Significant Decrease	797	5.89
N/A (I did not work during the pandemic)	582	4.30
No Response	95	0.70
Total	13,532	100.00

Figure 16: Changes in Workload



Workplace Stressors

Respondents were asked to rate a series of stressors on a scale from 1 to 5, with 1 being “Not a Stressor” and 5 being “Extreme Stressor” both prior to and during the pandemic. The list of stressors prior to the pandemic included:

- Insufficient communication from leadership
- Working too many hours
- Job security/employment status
- Insufficient training
- Inappropriate role designation
- Working at a new location
- Witnessing high number of deaths

The list of stressors during COVID-19 included the items listed directly above, plus:

- Concerns of spreading COVID-19
- Insufficient PPE (Personal Protective Equipment)
- Distress about how to effectively treat COVID-19 patients

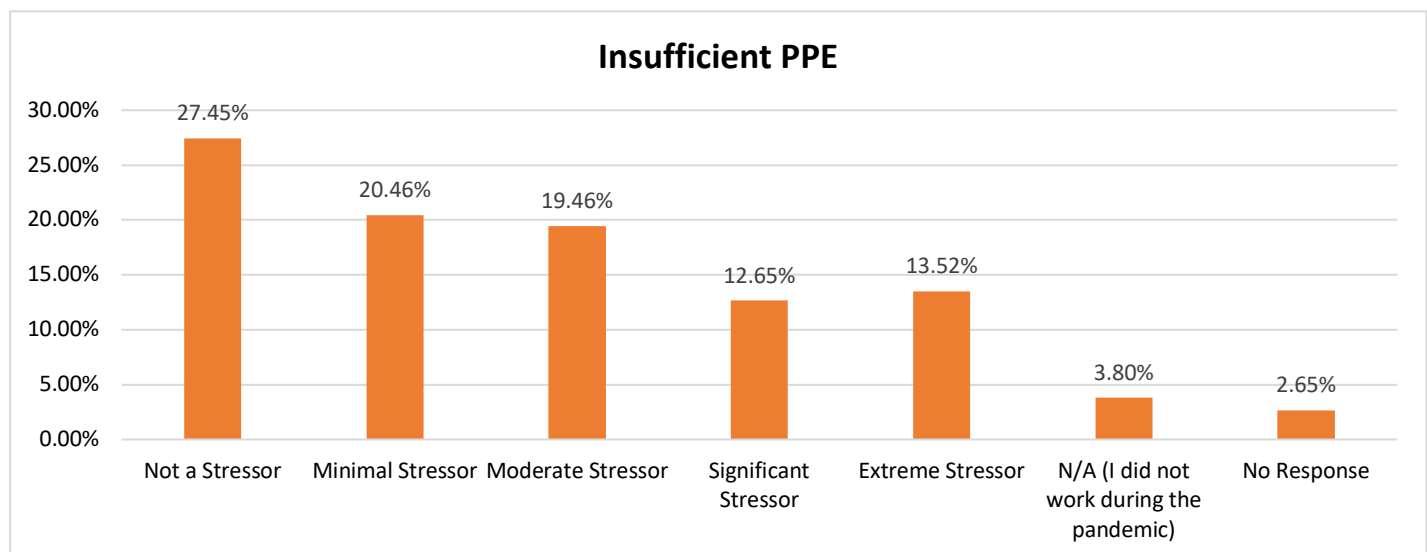
The results of the ratings are provided in the series of tables and figures in this subsection.

Insufficient Personal Protective Equipment

The stress associated with PPE during the pandemic ranged across respondents, with 13.52% experiencing it as an extreme stressor, while it was not a stressor for 27.45% of respondents.

	<i>n</i>	%
Not a Stressor	3,715	27.45
Minimal Stressor	2,768	20.46
Moderate Stressor	2,634	19.46
Significant Stressor	1,712	12.65
Extreme Stressor	1,830	13.52
N/A (I did not work during the pandemic)	514	3.80
No Response	359	2.65
Total	13,532	100.00

Figure 17: Insufficient PPE

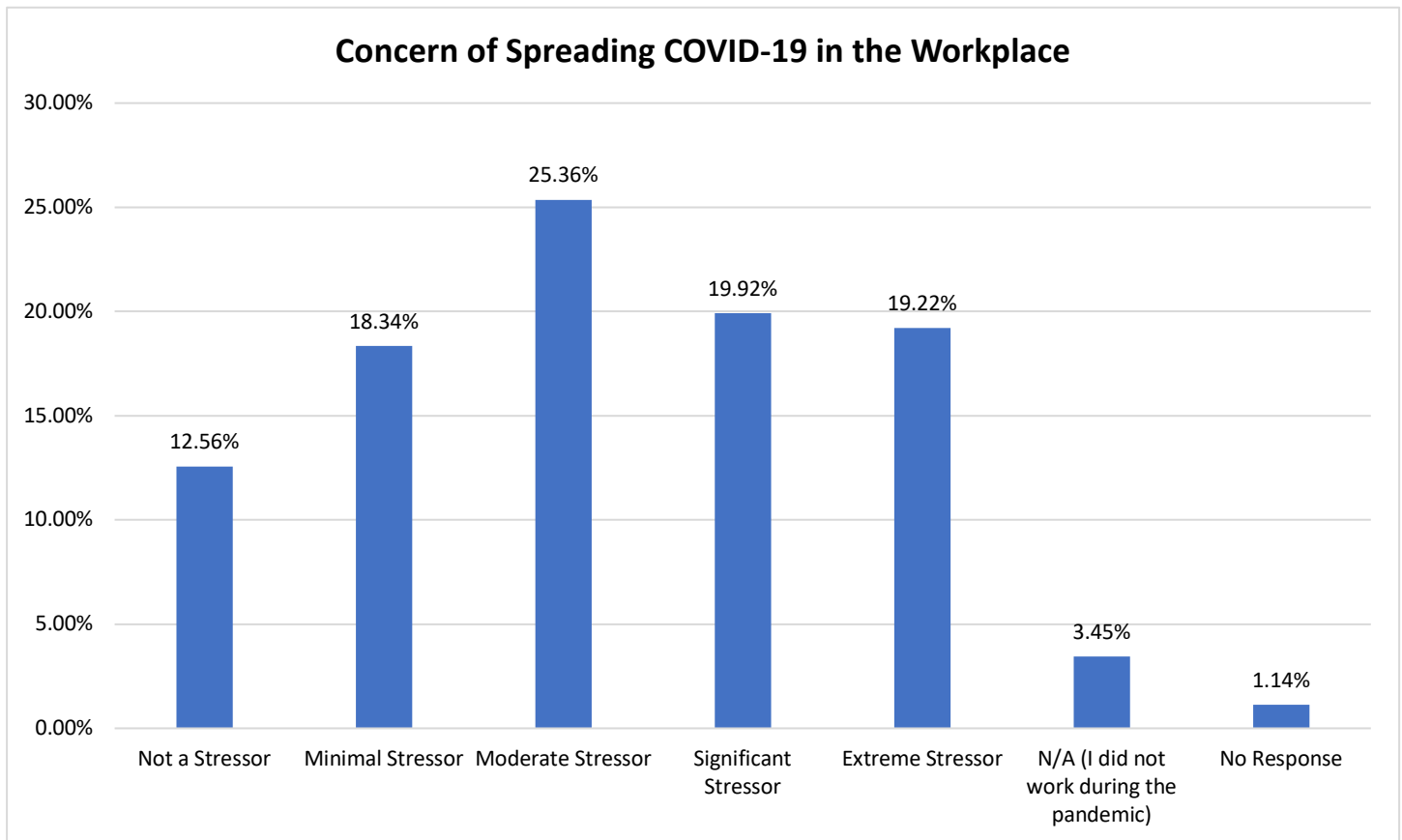


Concern of Spreading COVID-19 in the Workplace

Two-thirds of healthcare workers indicated concern of spreading COVID-19 in the workplace was a moderate, significant, or extreme stressor (25.36%, 19.92%, and 19.22, respectively).

	<i>n</i>	%
Not a Stressor	1,700	12.56
Minimal Stressor	2,482	18.34
Moderate Stressor	3,432	25.36
Significant Stressor	2,696	19.92
Extreme Stressor	2,601	19.22
N/A (I did not work during the pandemic)	467	3.45
No Response	154	1.14
Total	13,532	100.00

Figure 18: Concern of Spreading COVID-19 in the Workplace



Insufficient Communication from Leadership

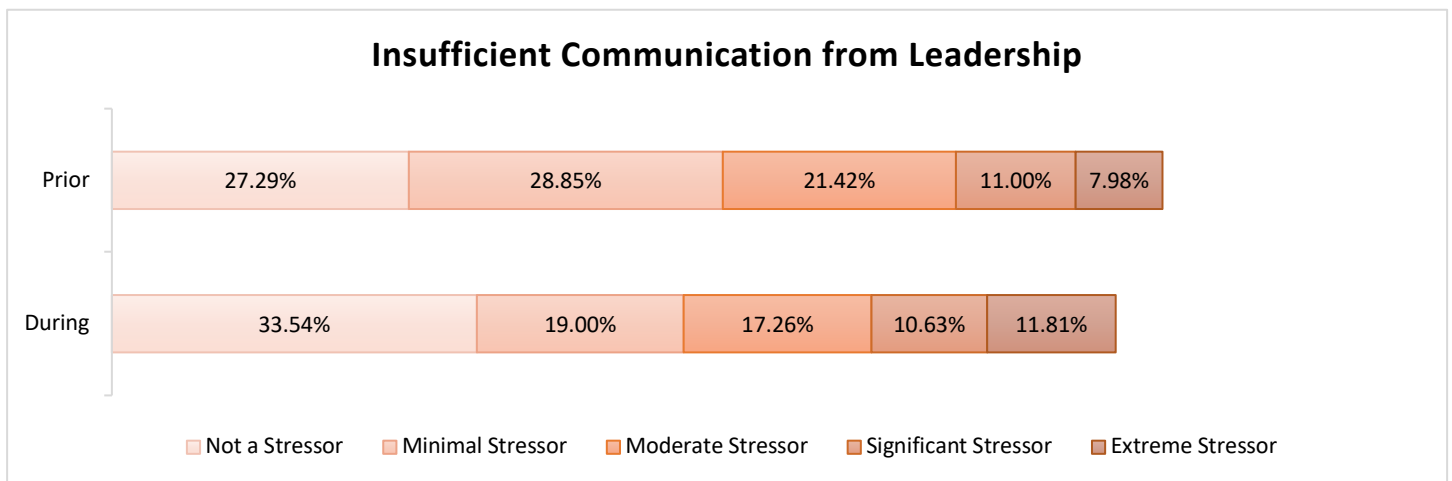
Healthcare workers are usually organized and interacting with their care team members under direct leadership.⁸ This requires clear communication and coordination among the team and unit leadership. We asked respondents how much insufficient communication from leadership was a stressor both prior to and during the pandemic.

Table 25: Insufficient Communication from Leadership

	<i>n Prior</i>	<i>% Prior</i>	<i>n During</i>	<i>% During</i>	<i>% Change</i>
Not a Stressor	3,693	27.29	4,539	33.54	22.91
Minimal Stressor	3,904	28.85	2,571	19.00	-34.14
Moderate Stressor	2,899	21.42	2,336	17.26	-19.42
Significant Stressor	1,489	11.00	1,438	10.63	-3.43
Extreme Stressor	1,080	7.98	1,598	11.81	47.96
N/A (I did not work prior to/ during the pandemic)	334	2.47	782	5.78	134.13
No Response	133	0.98	268	1.98	101.50
Total	13,532	100.00	13,532	100.00	

⁸ <https://www.nap.edu/catalog/25521/taking-action-against-clinician-burnout-a-systems-approach-to-professional>
Ohio Physicians Health Program: COVID-19 Survey Preliminary Results | Prepared by Mighty Crow Media, LLC |

Figure 19: Insufficient Communication from Leadership



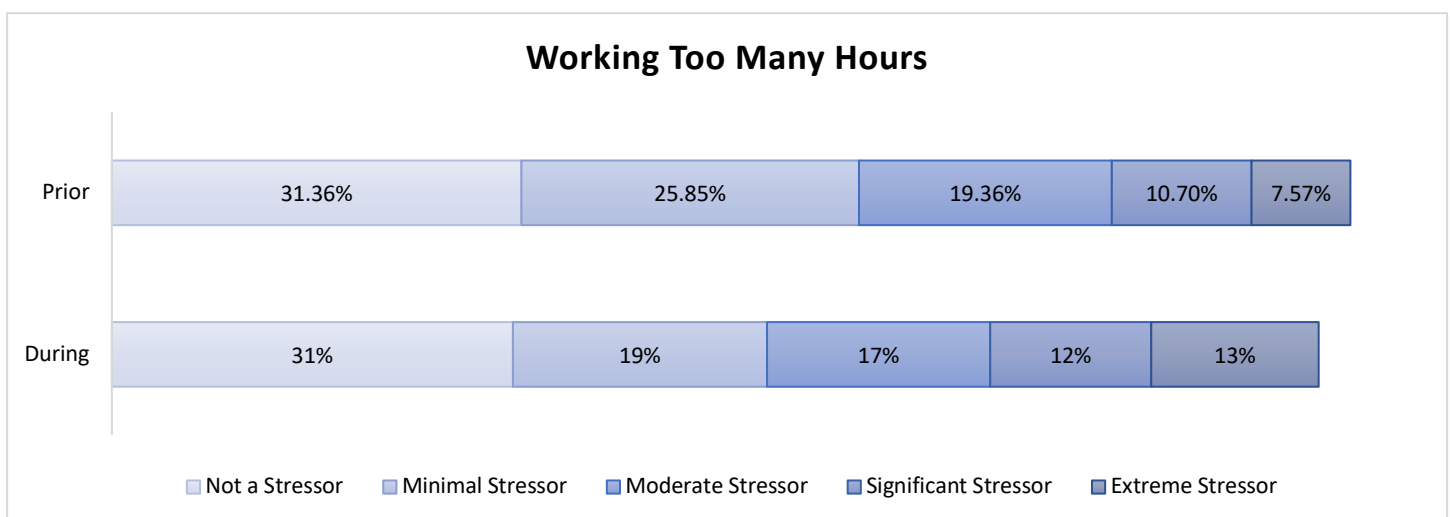
Working too Many Hours

Respondents were asked about working too many hours both prior to and during the pandemic. Working too many hours was an extreme stressor for 12.82% of respondents during the pandemic, representing a 69.27% increase when compared to the percentage of respondents who indicated it was an extreme stressor beforehand.

Table 26: Working too Many Hours

	<i>n</i> Prior	% Prior	<i>n</i> During	% During	% Change
Not a Stressor	4,244	31.36	4,156	30.71	-2.07
Minimal Stressor	3,498	25.85	2,634	19.46	-24.70
Moderate Stressor	2,620	19.36	2,313	17.09	-11.72
Significant Stressor	1,448	10.70	1,669	12.33	15.26
Extreme Stressor	1,025	7.57	1,735	12.82	69.27
N/A (did not work prior to/ during the pandemic)	328	2.42	524	3.87	59.76
No Response	369	2.73	501	3.70	35.77
Total	13,532	100.00	13,532	100.00	

Figure 20: Working Too Many Hours

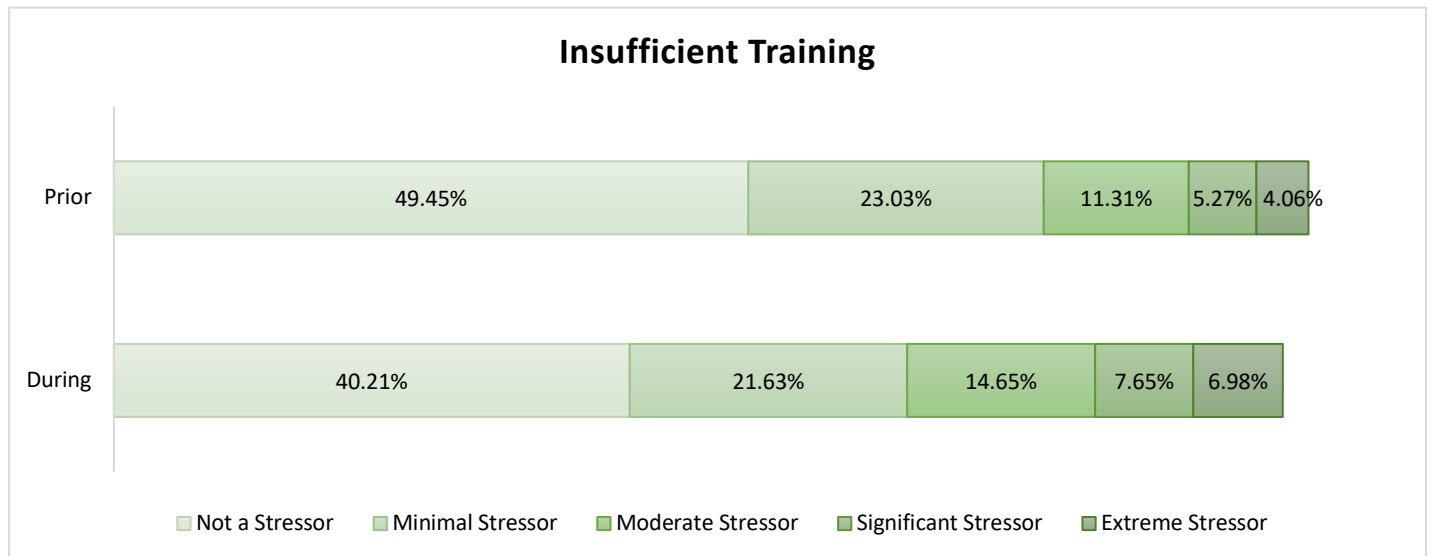


Insufficient Training

As professionals confronted the pandemic and as they may have shifted their workplaces and workloads, there were likely training needs that quickly emerged. Having sufficient training is recognized as a protective factor against burnout.⁹ Insufficient training was not a stressor for 40.21% of respondents, and a minimal stressor for 21.63% of respondents during the pandemic.

	n Prior	% Prior	n During	% During	% Change
Not a Stressor	6,691	49.45	5,441	40.21	-18.68
Minimal Stressor	3,116	23.03	2,927	21.63	-6.07
Moderate Stressor	1,531	11.31	1,983	14.65	29.52
Significant Stressor	713	5.27	1,035	7.65	45.16
Extreme Stressor	549	4.06	945	6.98	72.13
N/A (I did not work prior to/ during the pandemic)	353	2.61	542	4.01	53.54
No Response	579	4.28	659	4.87	13.82
Total	13,532	100.00	13,532	100.00	

Figure 21: Insufficient Training



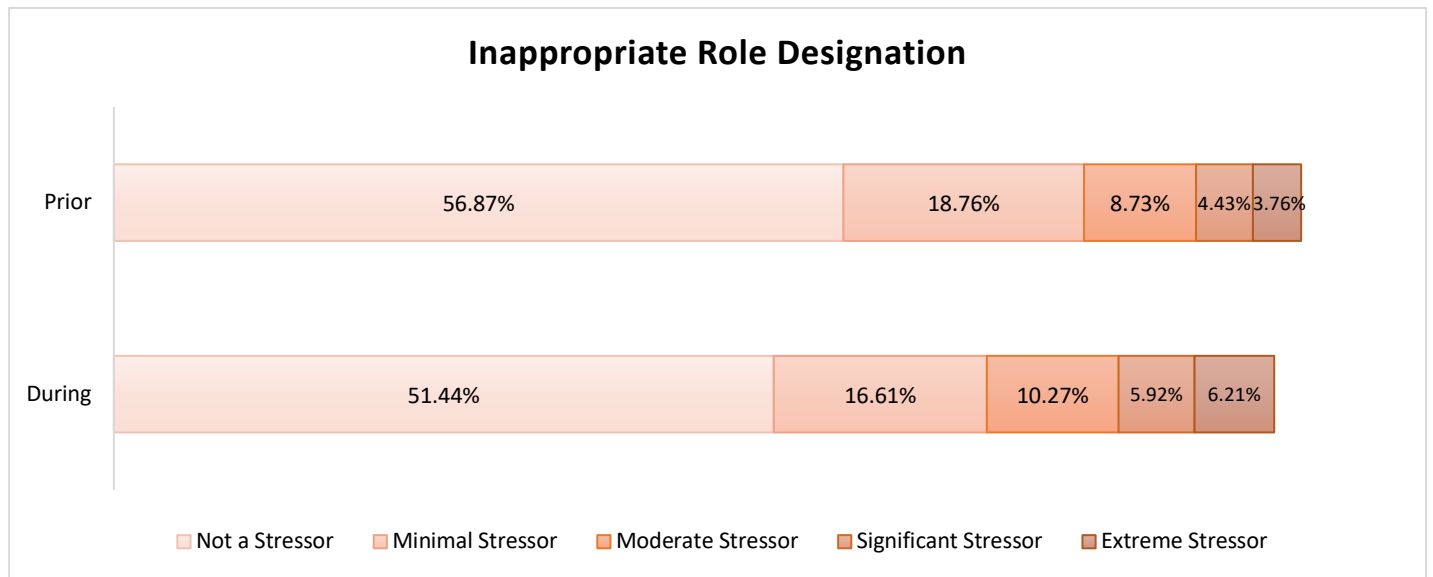
Inappropriate Role Designation

It is not uncommon to hear of professionals being shifted into different and, in some cases, inappropriate role designations. The degree to which this was a stressor before and during the pandemic was measured as well.

⁹ <https://www.nap.edu/catalog/25521/taking-action-against-clinician-burnout-a-systems-approach-to-professional>

	<i>n</i> Prior	% Prior	<i>n</i> During	% During	% Change
Not a Stressor	7,695	56.87	6,961	51.44	-9.54
Minimal Stressor	2,539	18.76	2,247	16.61	-11.50
Moderate Stressor	1,182	8.73	1,390	10.27	17.60
Significant Stressor	599	4.43	801	5.92	33.72
Extreme Stressor	509	3.76	840	6.21	65.03
N/A (I did not work prior to/ during the pandemic)	382	2.82	599	4.43	56.81
No Response	626	4.63	694	5.13	10.86
Total	13,532	100.00	13,532	100.00	

Figure 22: Inappropriate Role Designation

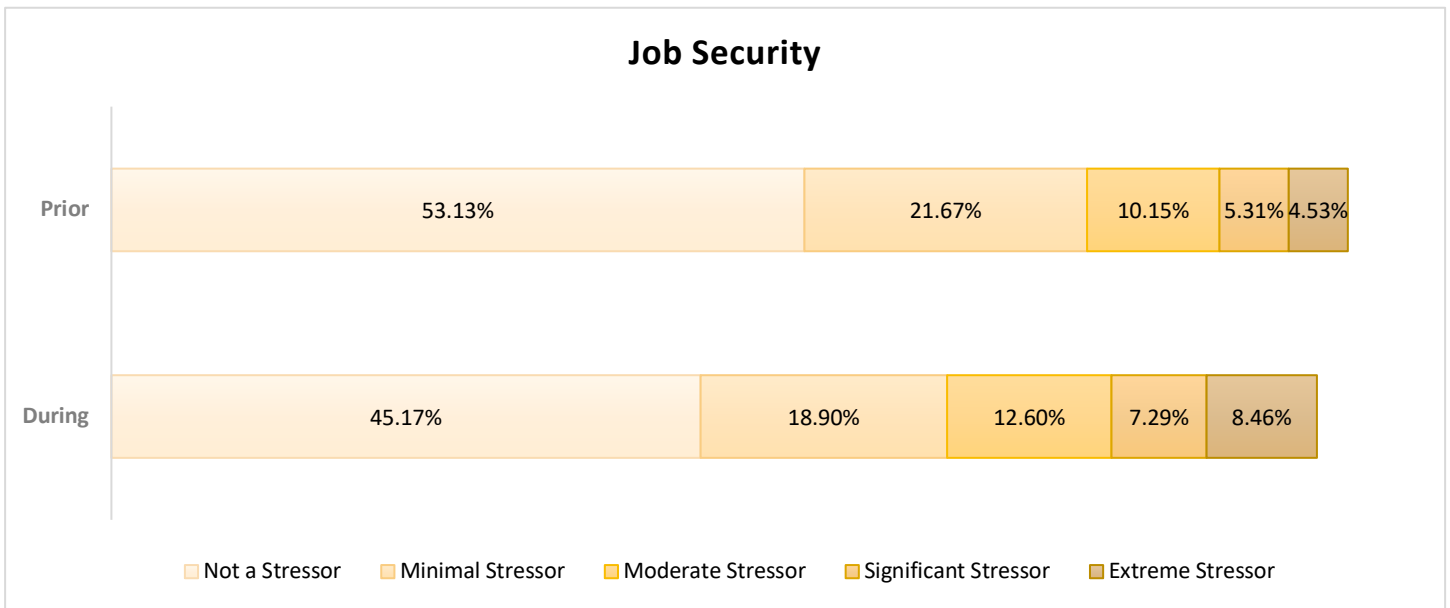


Job Security

Respondents were asked if job security was a stressor for them prior to the pandemic and during the pandemic. For most respondents, job security was not a stressor, or was a minimal stressor as detailed in Table 29 and in Figure 23.

	<i>n</i> Prior	% Prior	<i>n</i> During	% During	% Change
Not a Stressor	7,189	53.13	6,112	45.17	-14.98
Minimal Stressor	2,933	21.67	2,558	18.90	-12.79
Moderate Stressor	1,373	10.15	1,705	12.60	24.18
Significant Stressor	718	5.31	987	7.29	37.47
Extreme Stressor	613	4.53	1,145	8.46	86.79
N/A (I did not work prior to/ during the pandemic)	320	2.36	514	3.80	60.63
No Response	386	2.85	511	3.78	32.38
Total	13,532	100.00	13,532	100.00	

Figure 23: Job Security



Witnessing Death at Work

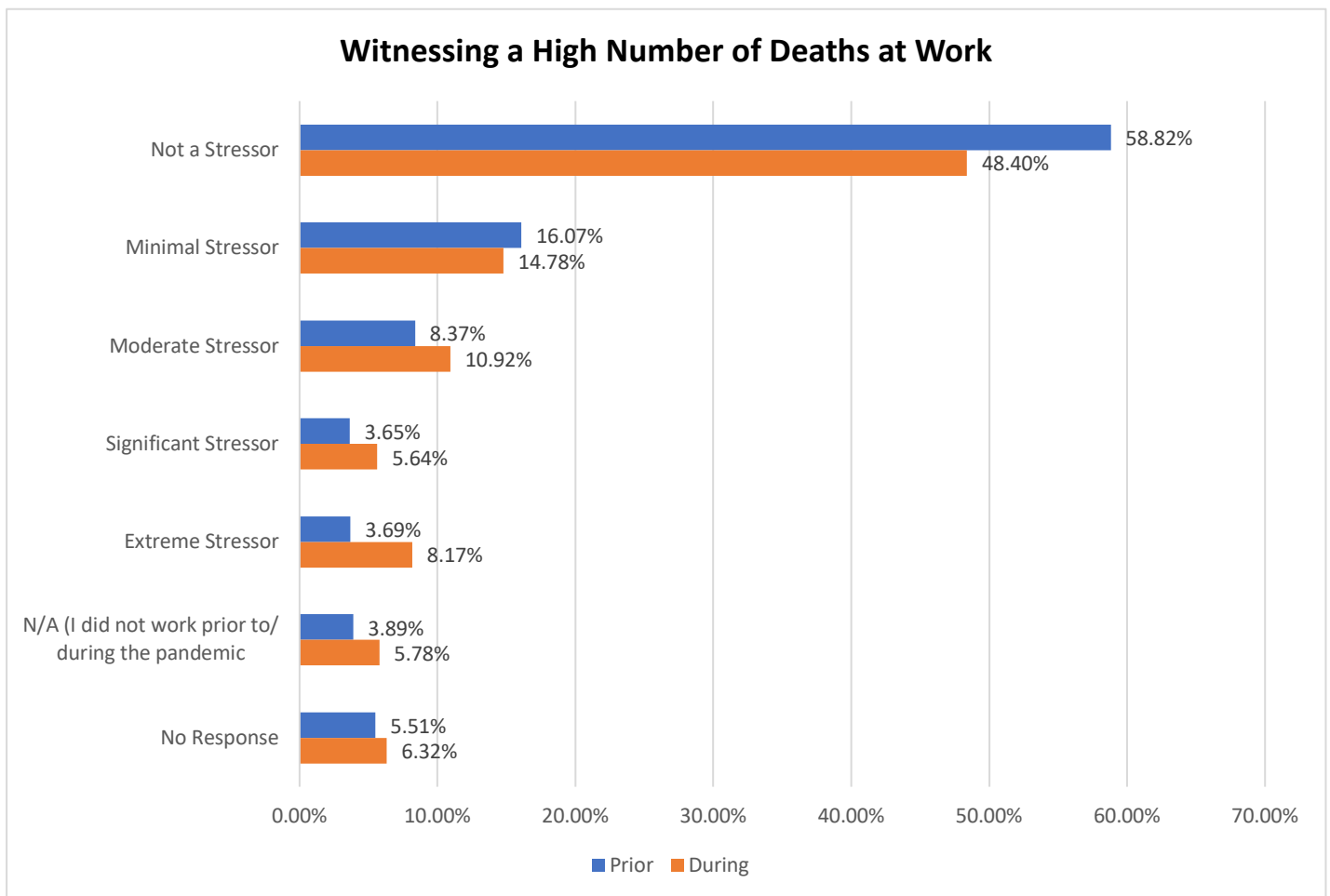
The pandemic brought with it over 600,000 deaths at the time of this survey administration.¹⁰ While bearing witness to death may be expected for some professionals, the amount of death during the pandemic was likely increased, as was their exposure. Respondents were asked about the stressors of witnessing a high number of deaths at work both prior to the pandemic and during. Indicating that witnessing a high number of deaths was an “Extreme Stressor” saw a **percentage increase of 121.00%**. Table 30 and Figure 24 detail how this stressor increased during the pandemic.

Table 30: Witnessing High Number of Deaths at Work

	n Prior	% Prior	n During	% During	% Change
Not a Stressor	7,959	58.82	6,549	48.40	-17.72
Minimal Stressor	2,174	16.07	2,000	14.78	-8.00
Moderate Stressor	1,133	8.37	1,478	10.92	30.45
Significant Stressor	494	3.65	763	5.64	54.45
Extreme Stressor	500	3.69	1,105	8.17	121.00
N/A (I did not work prior to/ during the pandemic)	526	3.89	782	5.78	48.67
No Response	746	5.51	855	6.32	14.61
Total	13,532	100.00	13,532	100.00	

¹⁰ <https://covid.cdc.gov/covid-data-tracker/#datatracker-home>

Figure 24: Witnessing a High Number of Deaths at Work



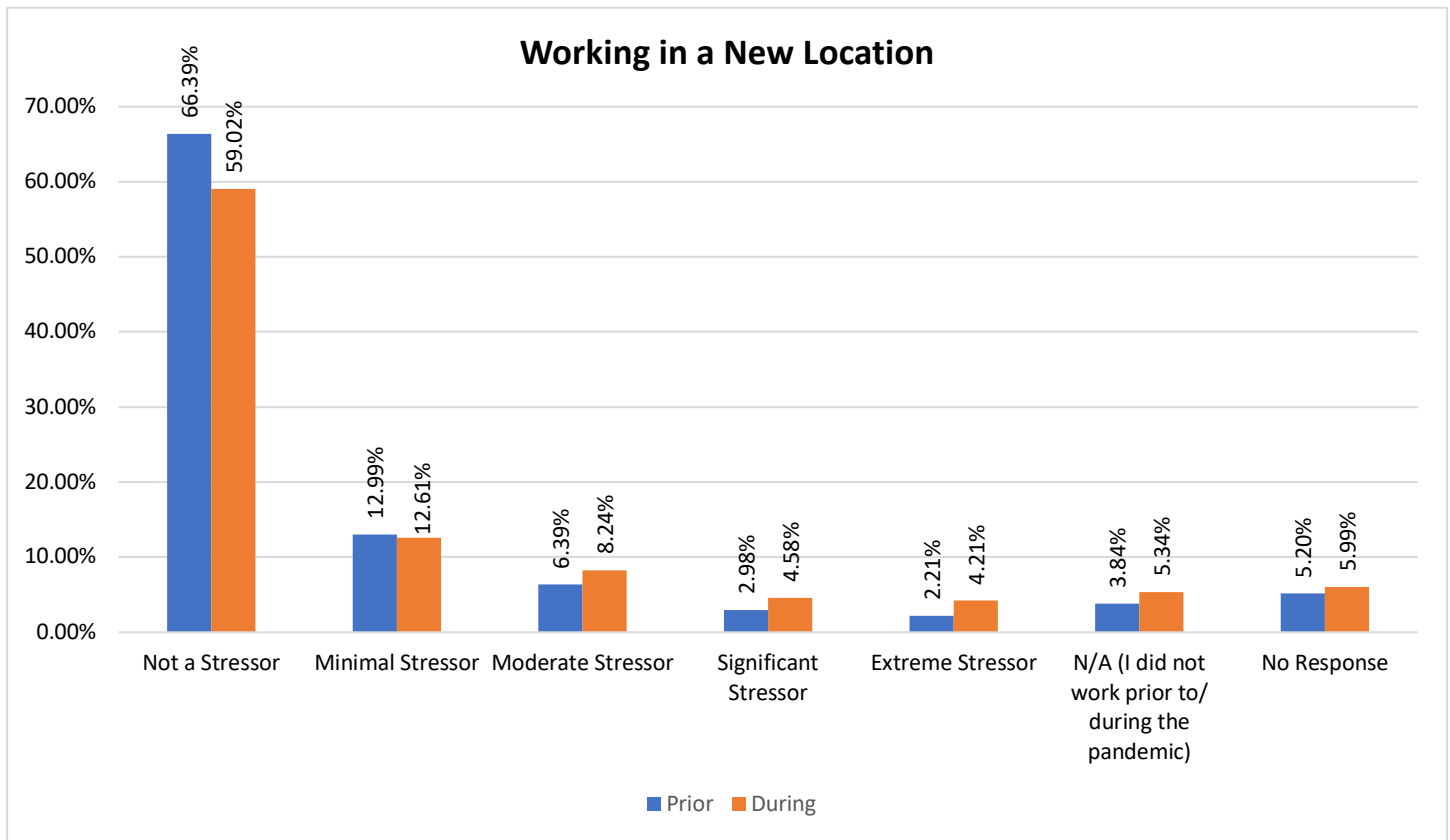
Working in a New Location

Respondents were asked to rate how stressful working in a new location was for them. There was a 90.64% increase for respondents indicating that it was an extreme stressor during the pandemic as compared to prior to the pandemic, and a 53.85% increase in those who rated it as a significant stressor.

Table 31: Working in a New Location

	<i>n</i> Prior	% Prior	<i>n</i> During	% During	% Change
Not a Stressor	8,984	66.39	7,987	59.02	-11.10
Minimal Stressor	1,758	12.99	1,706	12.61	-2.96
Moderate Stressor	865	6.39	1,115	8.24	28.90
Significant Stressor	403	2.98	620	4.58	53.85
Extreme Stressor	299	2.21	570	4.21	90.64
N/A (did not work prior to/ during the pandemic)	520	3.84	723	5.34	39.04
No Response	703	5.20	811	5.99	15.36
Total	13,532	100.00	13,532	100.00	

Figure 25: Working in a New Location



Pandemic Stress in the Home

Respondents were asked about stressors in their home life related to the pandemic. They were given a list of stressors and asked to rate how much the stressors had impacted them on a scale of 1 to 5, where 1 was “Not a Stressor,” and 5 was an “Extreme Stressor.” There were nine stressors provided as options, which have been grouped in Tables 32 and 33 and displayed in Figure 26.

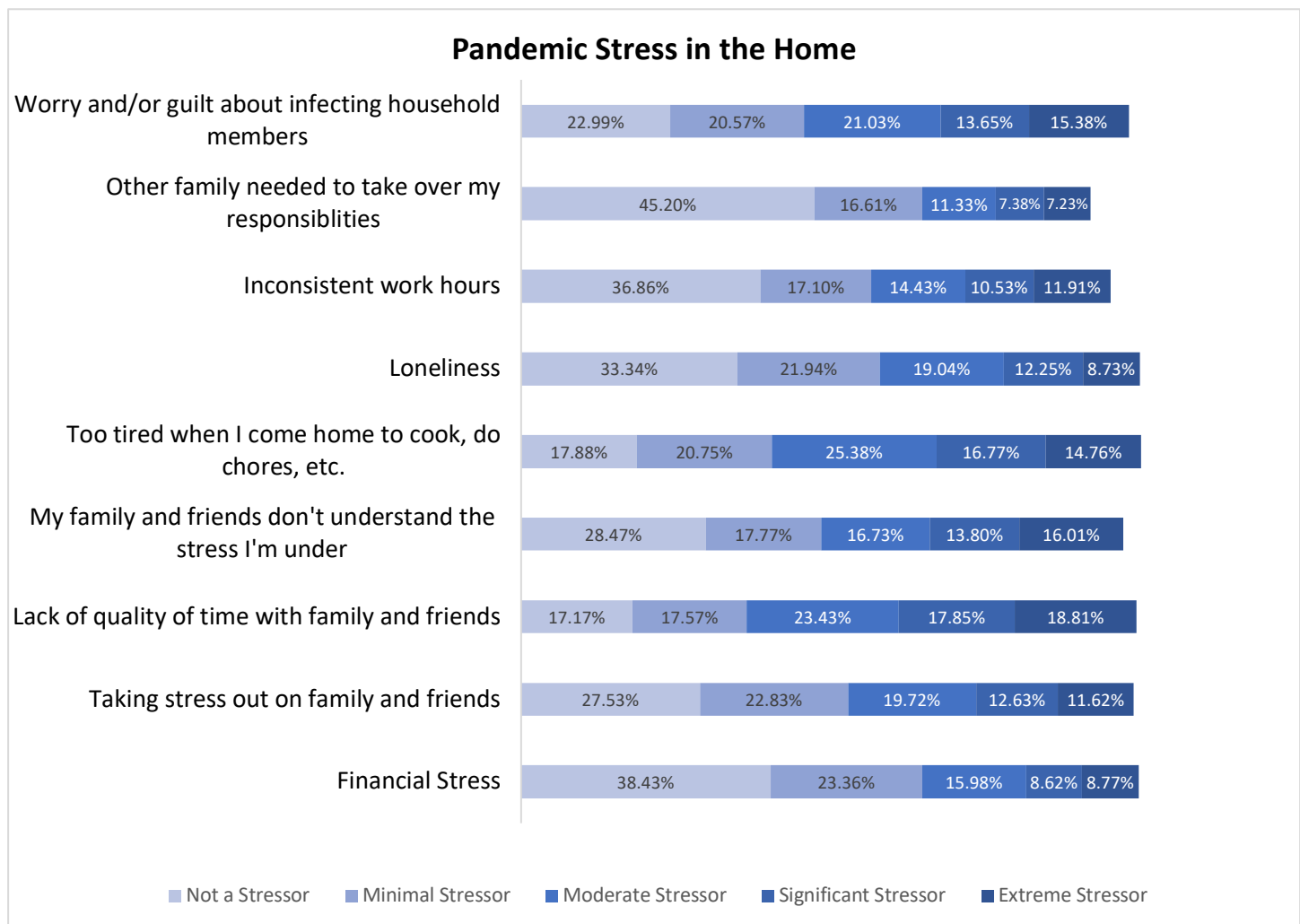
Table 32: Pandemic Stress in the Home, Part 1

	Worry and/or guilt about infecting household members		Other family members needing to take over my responsibilities		Inconsistent Work Hours		Loneliness		Too tired when I come home to cook, do chores, etc.	
	n	%	n	%	n	%	n	%	n	%
Not a Stressor	3,111	22.99	6,117	45.20	4,988	36.86	4,511	33.34	2,419	17.88
Minimal Stressor	2,783	20.57	2,247	16.61	2,314	17.10	2,969	21.94	2,808	20.75
Moderate Stressor	2,846	21.03	1,533	11.33	1,952	14.43	2,576	19.04	3,434	25.38
Significant Stressor	1,847	13.65	998	7.38	1,425	10.53	1,657	12.25	2,269	16.77
Extreme Stressor	2,081	15.38	978	7.23	1,611	11.91	1,182	8.73	1,997	14.76
N/A	575	4.25	1,134	8.38	742	5.48	426	3.15	466	3.44
No Response	289	2.14	525	3.88	500	3.69	211	1.56	139	1.03
Total	13,532	100.00	13,532	100.00	13,532	100.00	13,532	100.00	13,532	100.00

Table 33: Pandemic Stress in the Home, Part 2

	My family and friends don't understand the stress I'm under		Lack of quality time with family and friends		Taking stress out on family and friends		Financial Stress	
	n	%	n	%	n	%	n	%
Not a Stressor	3,853	28.47	2,324	17.17	3,726	27.53	5,201	38.43
Minimal Stressor	2,404	17.77	2,377	17.57	3,090	22.83	3,161	23.36
Moderate Stressor	2,264	16.73	3,171	23.43	2,669	19.72	2,162	15.98
Significant Stressor	1,867	13.80	2,416	17.85	1,709	12.63	1,166	8.62
Extreme Stressor	2,166	16.01	2,545	18.81	1,573	11.62	1,187	8.77
N/A	525	3.88	299	2.21	435	3.21	359	2.65
No Response	453	3.35	400	2.96	330	2.44	296	2.19
Total	13,532	100.00	13,532	100.00	13,532	100.00	13,532	100.00

Figure 26: Pandemic Stress in the Home

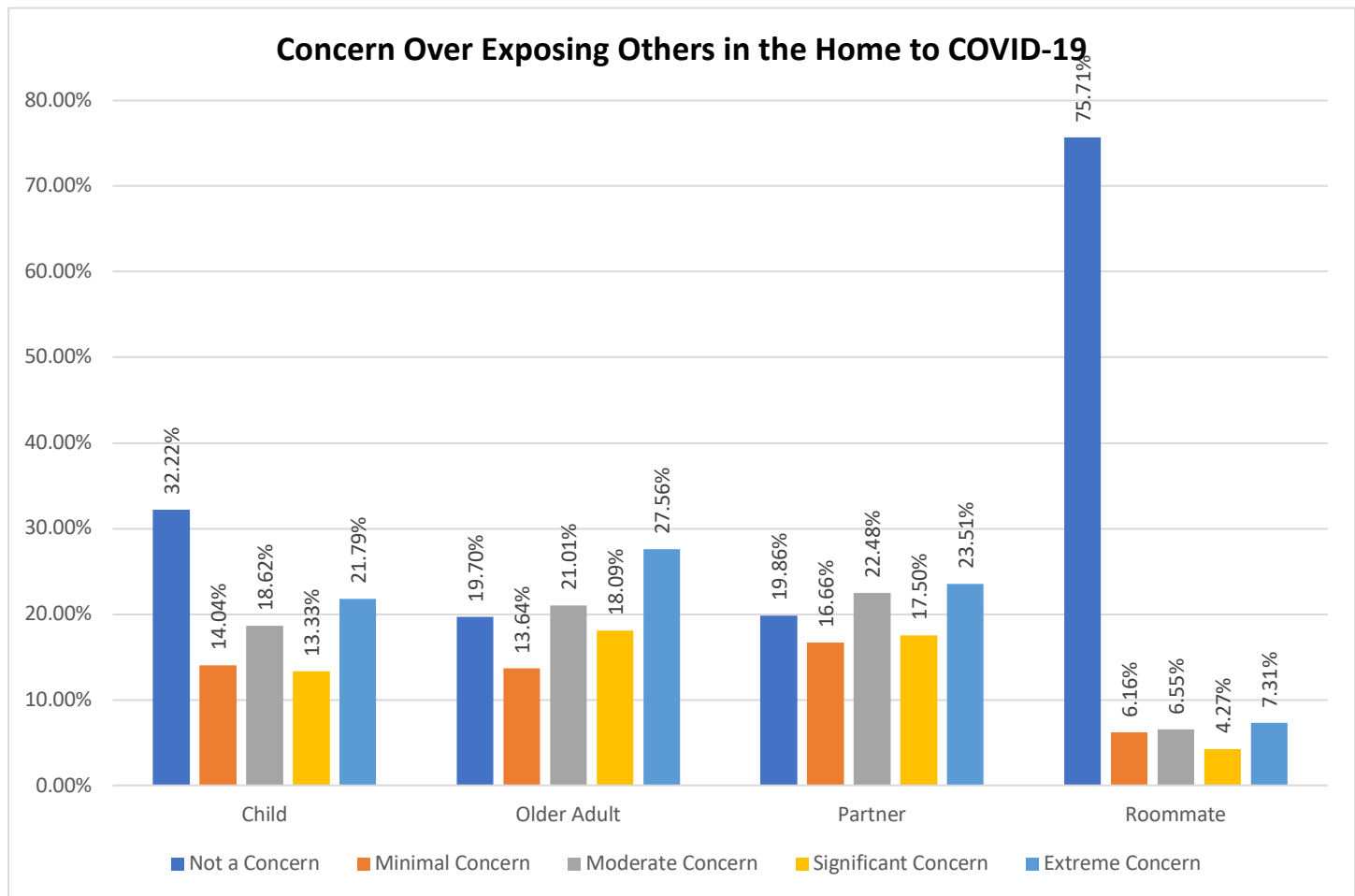


Concern Over Exposing Others in the Home to COVID-19

Participants were asked how concerned they have been about exposing the people they live with to COVID-19. They were asked to rate the concerns on a scale from 1 to 5, with 1 being “Not a Concern,” and 5 being an “Extreme Concern.” These values were calculated after removing no responses and those who answered “N/A.”

	Child		Older Adult		Partner		Roommate	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Not a Concern	3,340	32.22	2,344	19.70	2,356	19.86	5,147	75.71
Minimal Concern	1,456	14.04	1,623	13.64	1,977	16.66	419	6.16
Moderate Concern	1,930	18.62	2,500	21.01	2,667	22.48	445	6.55
Significant Concern	1,382	13.33	2,152	18.09	2,076	17.50	290	4.27
Extreme Concern	2,259	21.79	3,279	27.56	2,790	23.51	497	7.31
Total	13,532	100.00	13,532	100.00	13,532	100.00	13,532	100.00

Figure 27: Concern Over Exposing Others in the Home to COVID-19



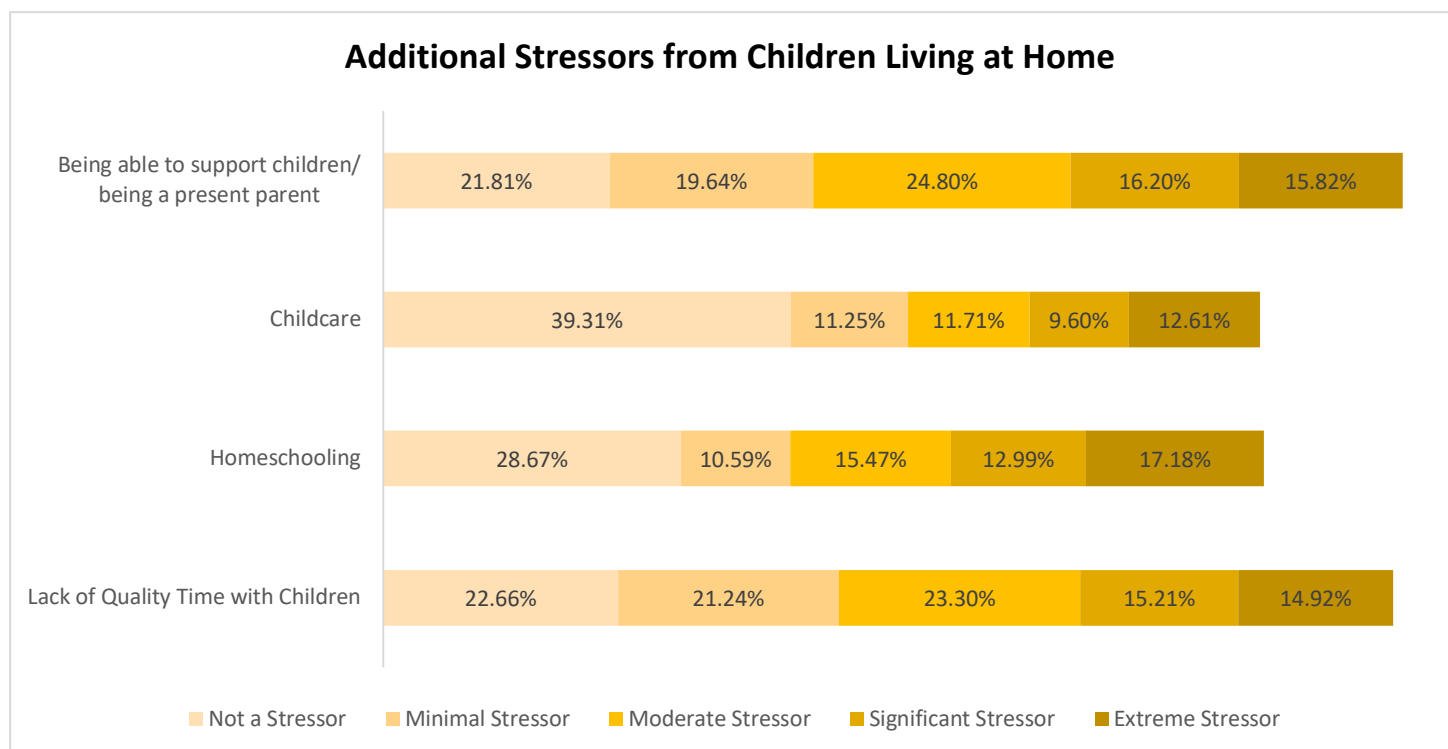
Children Living at Home

Respondents who had children living at home (46.25%; N=6,258) were asked to rate how much the additional home-related stressors related to parenting had impacted them on a scale of 1 to 5 with 1 being “Not a Stressor,” and 5 being an “Extreme Stressor.” Tables 35 and 36 provide a breakdown of these stressors.

	<i>n</i>	%
Yes	6,258	46.25
No	7,243	53.52
No Response	31	0.23
Total	13,532	100.00

	Being able to support children/being a present parent		Childcare		Homeschooling		Lack of Quality Time with children	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Not a Stressor	1,365	21.81	2,460	39.31	1,794	28.67	1,418	22.66
Minimal Stressor	1,229	19.64	704	11.25	663	10.59	1,329	21.24
Moderate Stressor	1,552	24.80	733	11.71	968	15.47	1,458	23.30
Significant Stressor	1,014	16.20	601	9.60	813	12.99	952	15.21
Extreme Stressor	990	15.82	789	12.61	1,075	17.18	934	14.92
N/A	72	1.15	827	13.22	866	13.83	96	1.53
No Response	36	0.58	144	2.30	79	1.26	71	1.13
Total	6,258	100.00	6,258	100.00	6,258	100.00	6,258	100.00

Figure 28: Additional Stressors from Children Living at Home



Accessing Supports and Services

Respondents were asked a series of questions about the types of supports they may have accessed during the pandemic. Supports included:

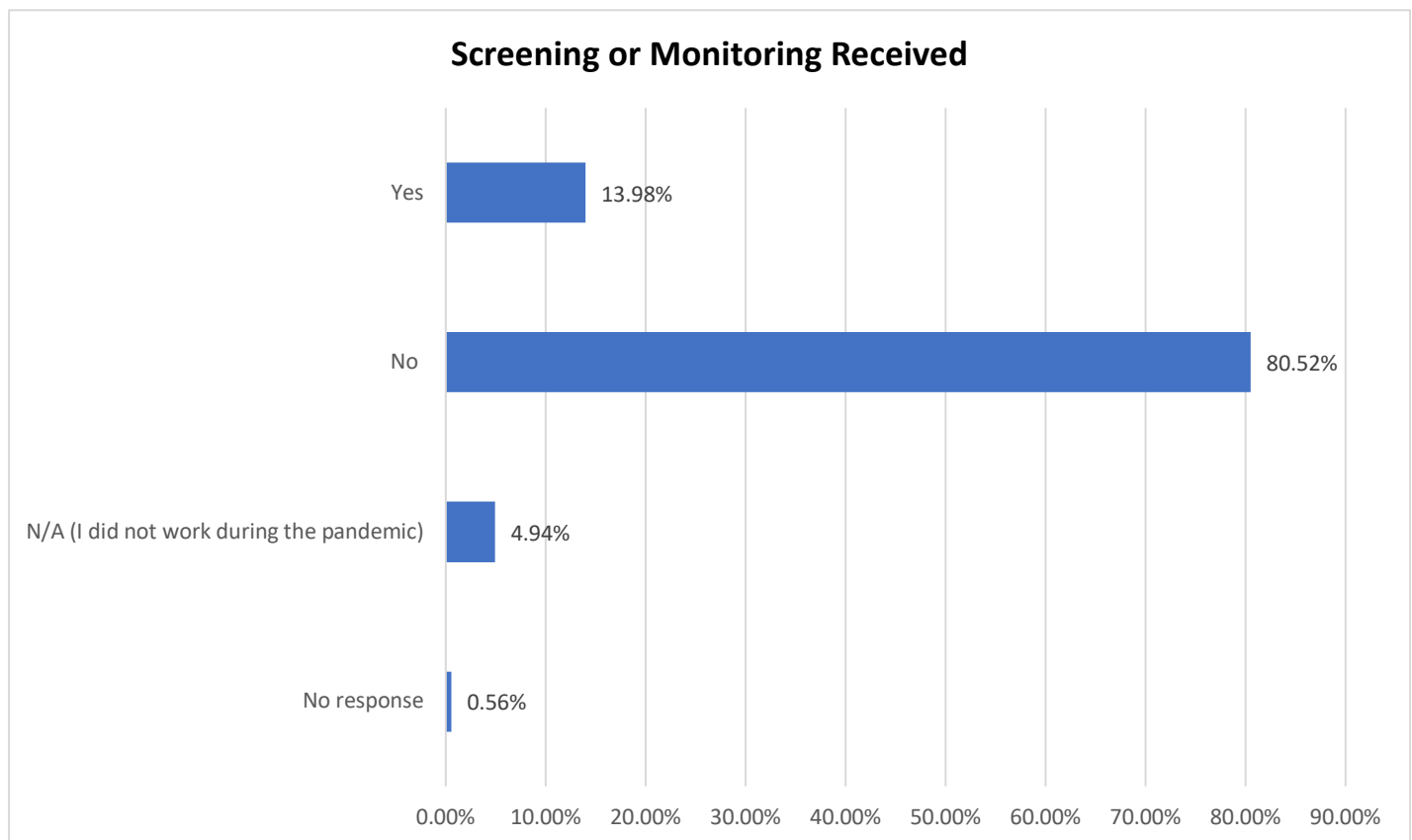
- Screening, assessment monitoring regarding stressors faced at workplace
- Personal acknowledgement in the workplace,
- Adequate rest from the job, and
- Emotional services for any mental health concerns (e.g., burnout, stress, substance abuse, depression, unstable mood, etc.)

Screening or Monitoring Received

When participants were asked, “At your workplace, did you receive any type of screening, assessment, or monitoring regarding the stressors you faced specifically due to the pandemic?” 80.52% indicated they did NOT receive any screening, assessment, or monitoring, and 13.98% indicated that they did receive screening, assessment, or monitoring.

	<i>n</i>	%
Yes	1,892	13.98
No	10,896	80.52
N/A (I did not work during pandemic)	668	4.94
No Response	76	0.56
Total	13,532	100.00

Figure 29: Screening or Monitoring Received



Responses to this question are also reported in Table 38 by licensing board. In terms of percentages, Ohio Chemical Dependency Professionals were most likely to report having undergone some type of screening or monitoring for pandemic-related stressors (21.79%). Those least likely to report having received screening included the Ohio Speech and Hearing Professionals Board (90.08%), the Ohio Veterinary Medical Licensing Board (88.81%), the Ohio Board of Pharmacy (88.58%), the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board (88.54%), and the Ohio State Chiropractic Board (88.33%). These data do not include those who were not working during the pandemic, who did not respond to this question, or who did not identify a board.

Board	Yes	% of Board	No	% of Board	Total
Ohio Board of Nursing	655	16.56	3,301	83.44	3,956
State Medical Board of Ohio	384	14.26	2,308	85.74	2,692
Ohio Board of Pharmacy	161	11.42	1,249	88.58	1,410
Ohio Counselor, Social Worker, and Marriage and Family Therapist Board	204	16.65	1,021	83.35	1,225
Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board	126	11.46	973	88.54	1,099
Ohio Veterinary Medical Licensing Board	65	11.19	516	88.81	581
Ohio Chemical Dependency Professionals Board	119	21.79	427	78.21	546
Ohio State Dental Board	55	12.17	397	87.83	452
Ohio Speech and Hearing Professionals Board	24	9.92	218	90.08	242
Ohio Vision Professionals Board	25	16.67	125	83.33	150
Ohio State Board of Psychology	17	13.39	110	86.61	127
Ohio State Chiropractic Board	7	11.67	53	88.33	60
Ohio Dept. of Mental Health and Addiction Services (for Certified Peer Support Specialists) *	3	60.00	2	40.00	5
Ohio Dept of Health	1	33.33	2	66.67	3
Other	3	16.67	15	83.33	18
Total	1,849	14.71	10,717	85.29	12,566

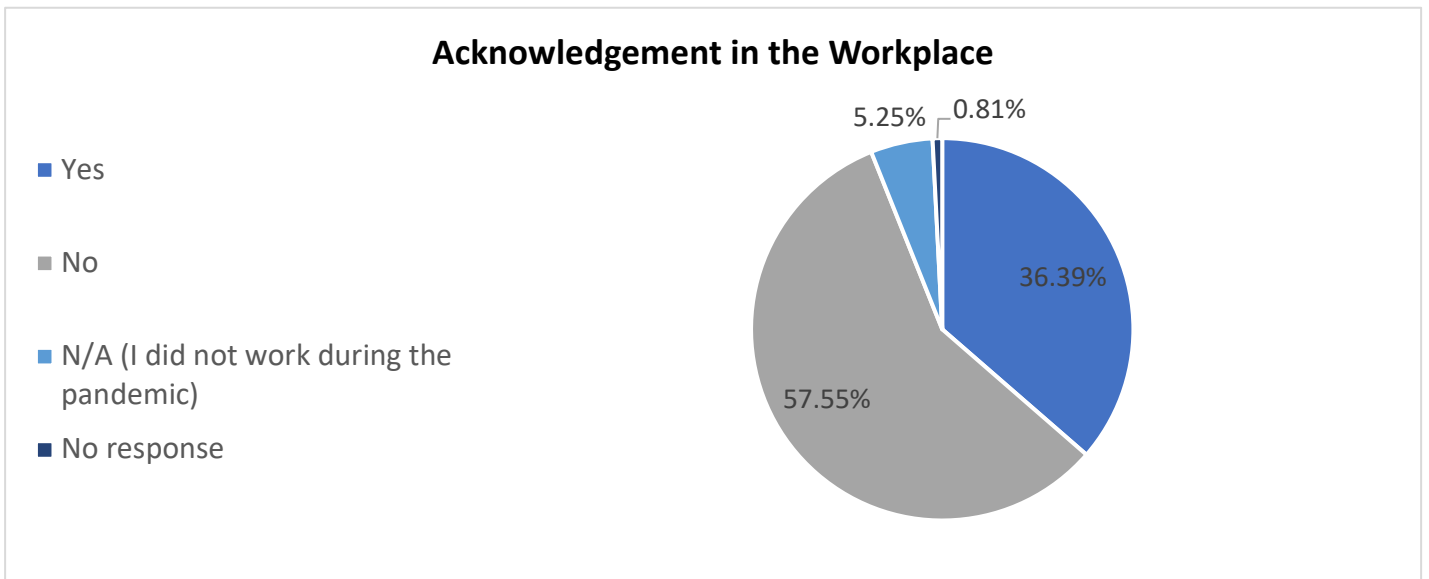
*Too low participation (n) for proper comparison in analysis

Acknowledgement in the Workplace

Respondents were asked, “At your workplace, did you feel personally acknowledged for the challenges you were facing specifically due to the pandemic?” 57.55% of respondents indicated they did not feel personally acknowledged, while 36.39% indicated that they did feel personally acknowledged.

	n	%
Yes	4,924	36.39
No	7,787	57.55
N/A (I did not work during the pandemic)	711	5.25
No Response	110	0.81
Total	13,532	100.00

Figure 30: Acknowledgement in the Workplace



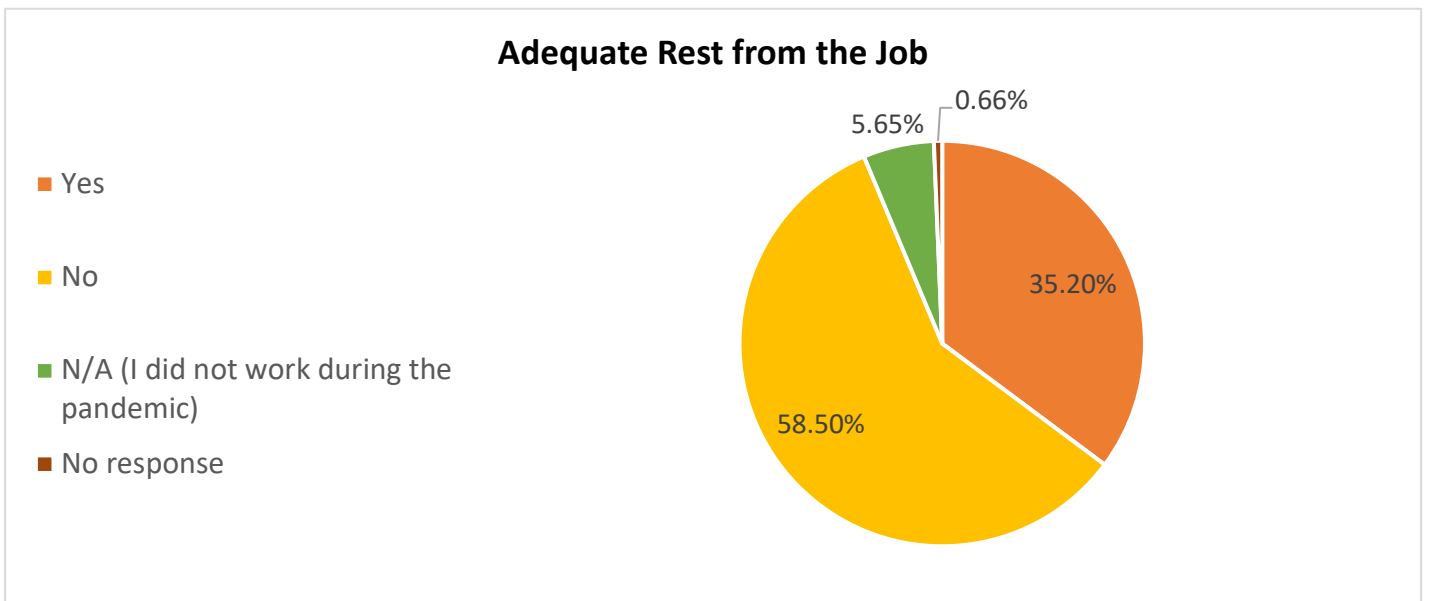
Adequate Rest from the Job

Respondents were asked, “At your workplace, did you receive adequate rest from the job specifically due to the pandemic?” 58.50% indicated they did not receive adequate rest from the job and 35.20% indicated that they did receive adequate rest.

Table 40: Adequate Rest from the Job

	<i>n</i>	%
Yes	4,763	35.20
No	7,916	58.50
N/A (I did not work during pandemic)	764	5.65
No Response	89	0.66
Total	13,532	100.00

Figure 31: Adequate Rest from the Job

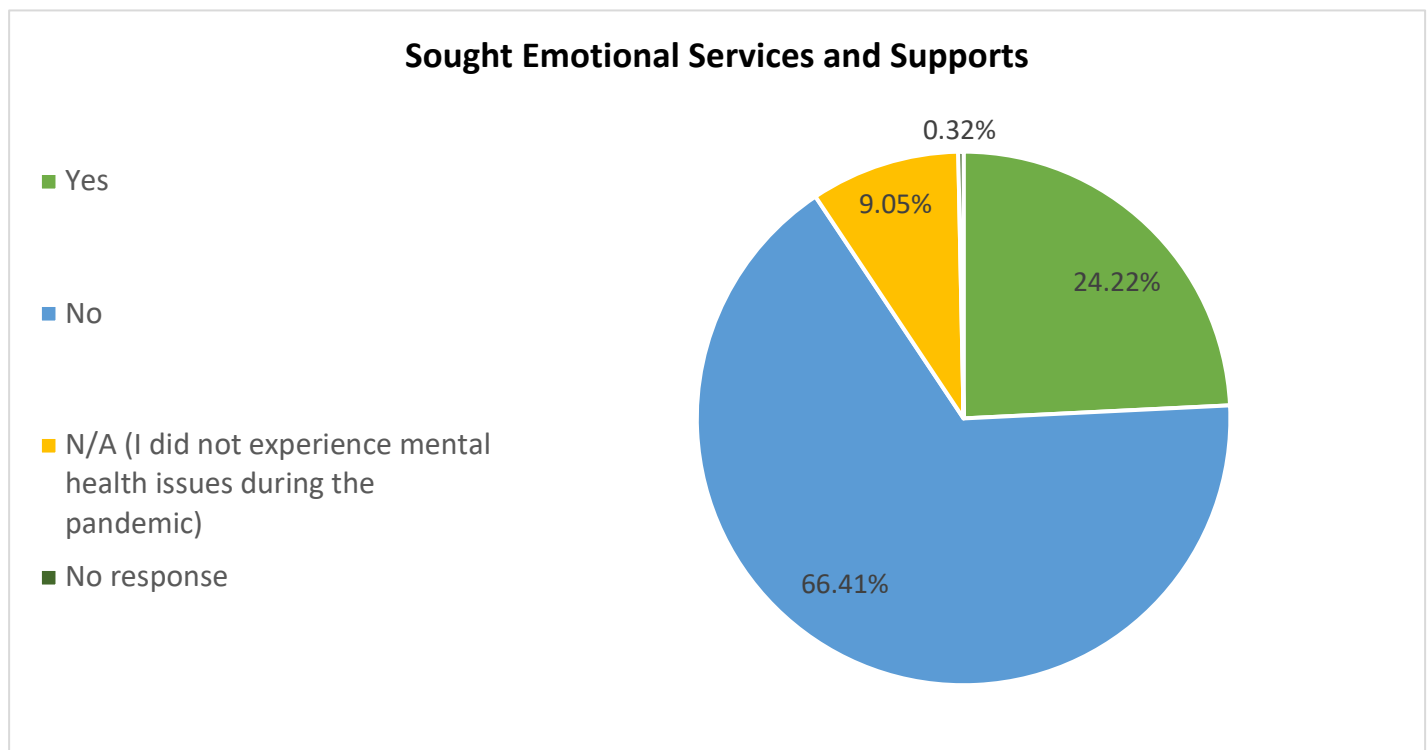


Emotional Services and Supports

Respondents were asked, “Did you seek emotional services for any mental health concerns such as stress, burnout, substance abuse, depression or unstable mood?” 66.41% of respondents indicated that they did not, while 24.22% indicated that they did seek out services.

	<i>n</i>	%
Yes	3,277	24.22
No	8,987	66.41
NA (I did not experience mental health issues during the pandemic)	1,225	9.05
No Response	43	0.32
Total	13,532	100.00

Figure 32: Sought Emotional Services and Supports



Responses to this question are also reported in Table 42 by the licensing board. In terms of percentages, members of the Ohio Counselor, Social Worker, and Marriage and Family Therapist Board (43.11%), and members of the Ohio State Board of Psychology (40.83%) were most likely to report having sought emotional services for mental health concerns. Least likely to report having accessed emotional support services included the Ohio Vision Professionals Board (86.23%), the Ohio State Dental Board (84.53%), and the Ohio State Chiropractic Board (84.48%). These data do not include those who did not report having experienced emotional challenges during the pandemic, those who did not respond to this question, or who did not identify a board affiliation.

Table 42: Sought Emotional Services for Mental Health Concerns (N= 12,045)

Board	Yes	% of Board	No	% of Board	Total
Ohio Board of Nursing	922	24.25	2,880	75.75	3,802
State Medical Board of Ohio	601	23.64	1,941	76.36	2,542
Ohio Board of Pharmacy	352	25.84	1,010	74.16	1,362
Ohio Counselor, Social Worker, and Marriage and Family Therapist Board	513	43.11	677	56.89	1,190
Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board	244	23.24	806	76.76	1,050
Ohio Veterinary Medical Licensing Board	165	29.41	396	70.59	561
Ohio Chemical Dependency Professionals Board	192	36.43	335	63.57	527
Ohio State Dental Board	67	15.47	366	84.53	433
Ohio Speech and Hearing Professionals Board	70	29.54	167	70.46	237
Ohio Vision Professionals Board	19	13.77	119	86.23	138
Ohio State Board of Psychology	49	40.83	71	59.17	120
Ohio State Chiropractic Board	9	15.52	49	84.48	58
Ohio Dept. of Mental Health and Addiction Services (for Certified Peer Support Specialists) *	3	60.00	2	40.00	5
Ohio Dept of Health	1	33.33	2	66.67	3
Other	4	23.53	13	76.47	17
Total	3,211	26.66	8,834	73.34	12,045

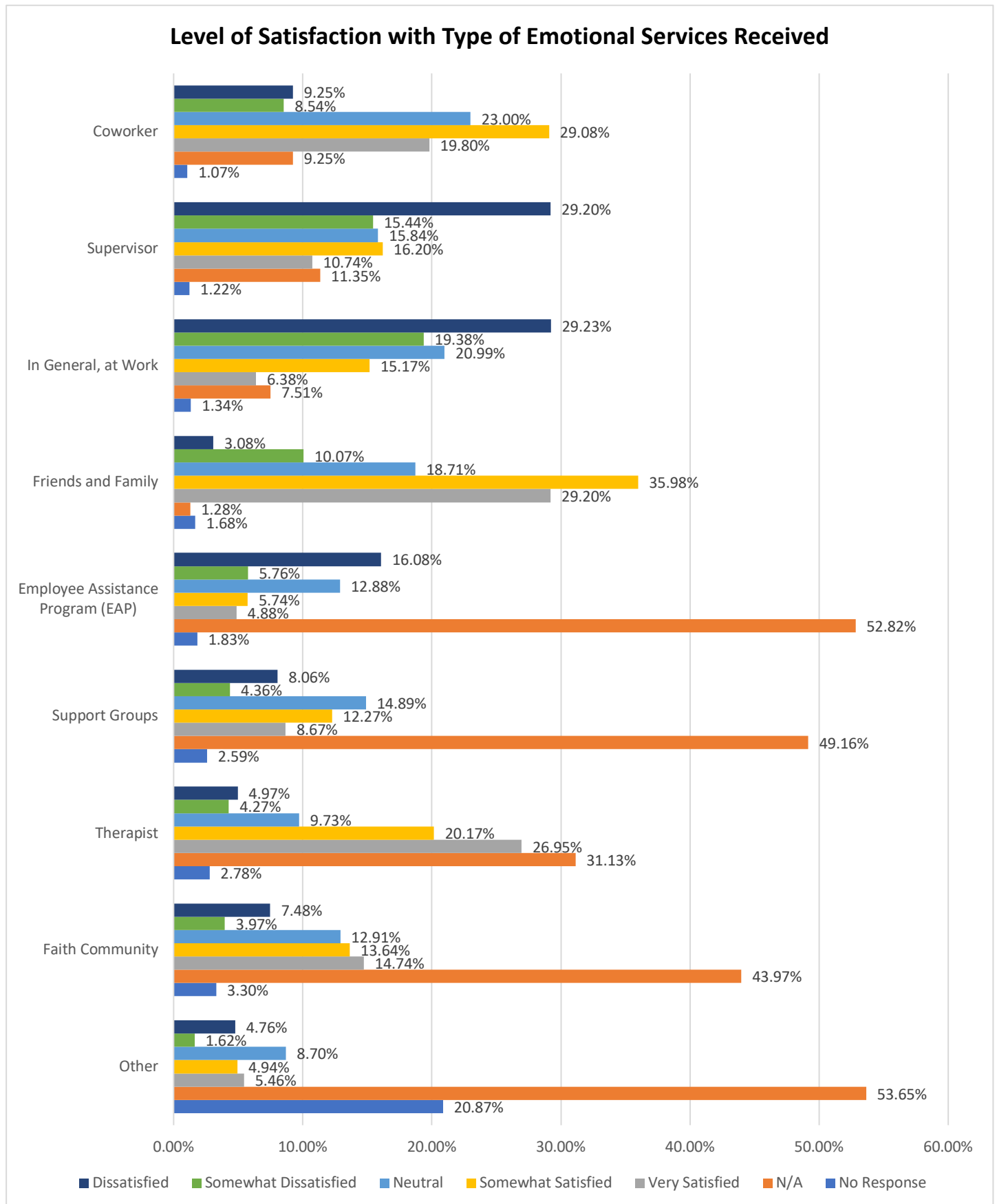
*Too low participation (n) for proper comparison in analysis

Respondents who indicated “Yes” to seeking emotional services were asked to rate their level of satisfaction with the type of emotional services received from various sources on a scale from “Dissatisfied” to “Very Satisfied.” Table 43 and Figure 33 display the results.

Table 43: Level of Satisfaction with Type of Emotional Services Received

	Dissatisfied	Somewhat Dissatisfied	Neutral	Somewhat Satisfied	Very Satisfied	N/A	No Response	Total
Coworker	303 (9.25%)	280 (8.54%)	754 (23.00%)	953 (29.08%)	649 (19.80%)	303 (9.25%)	35 (1.07%)	3,277 (100.00%)
Supervisor	957 (29.20%)	506 (15.44%)	519 (15.84%)	531 (16.20%)	352 (10.74%)	372 (11.35%)	40 (1.22%)	3,277 (100.00%)
In General, at Work	958 (29.23%)	635 (19.38%)	688 (20.99%)	497 (15.17%)	209 (6.38%)	246 (7.51%)	44 (1.34%)	3,277 (100.00%)
Friends and Family	101 (3.08%)	330 (10.07%)	613 (18.71%)	1,179 (35.98%)	957 (29.20%)	42 (1.28%)	55 (1.68%)	3,277 (100.00%)
Employee Assistance Program (EAP)	527 (16.08%)	189 (5.76%)	422 (12.88%)	188 (5.74%)	160 (4.88%)	1,731 (52.82%)	60 (1.83%)	3,277 (100.00%)
Support Groups	264 (8.06%)	143 (4.36%)	488 (14.89%)	402 (12.27%)	284 (8.67%)	1,611 (49.16%)	85 (2.59%)	3,277 (100.00%)
Therapist	163 (4.97%)	140 (4.27%)	319 (9.73%)	661 (20.17%)	883 (26.95%)	1,020 (31.13%)	91 (2.78%)	3,277 (100.00%)
Faith Community	245 (7.48%)	130 (3.97%)	423 (12.91%)	447 (13.64%)	483 (14.74%)	1,441 (43.97%)	108 (3.30%)	3,277 (100.00%)
Other	156 (4.76%)	53 (1.62%)	285 (8.70%)	162 (4.94%)	179 (5.46%)	1,758 (53.65%)	684 (20.87%)	3,277 (100.00%)

Figure 33: Level of Satisfaction with Type of Emotional Services Received

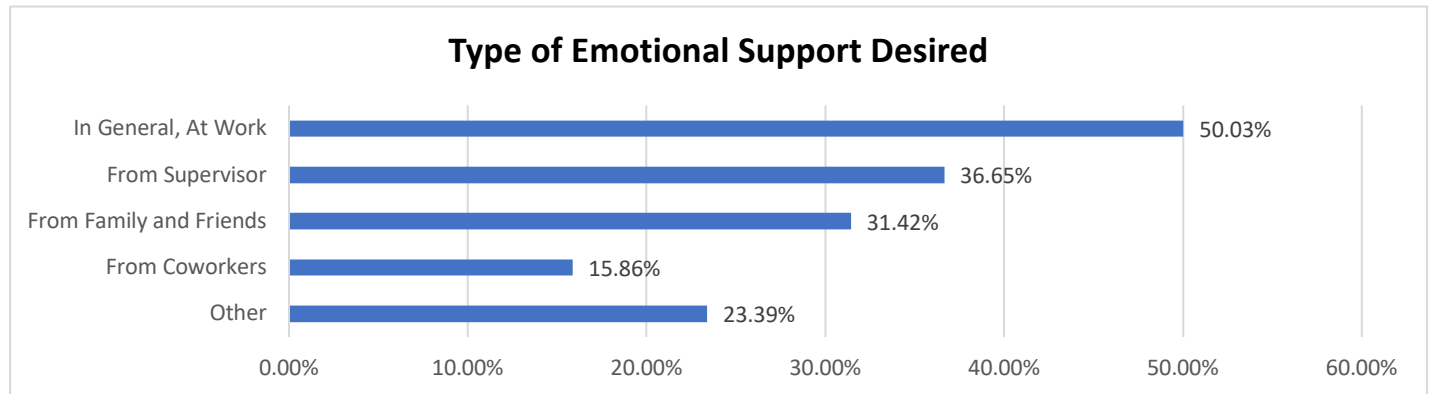


Respondents who indicated that they did not seek emotional services during the pandemic were asked what type of emotional support that they wish they had. Respondents could choose multiple answers to this question.

Table 44: Type of Emotional Support Desired (N=8,987)

	<i>n</i>	%
In General, At Work	4,496	50.03
From Supervisor	3,294	36.65
From Family and Friends	2,824	31.42
From Coworkers	1,425	15.86
Other	2,102	23.39

Figure 34: Type of Emotional Support Desired

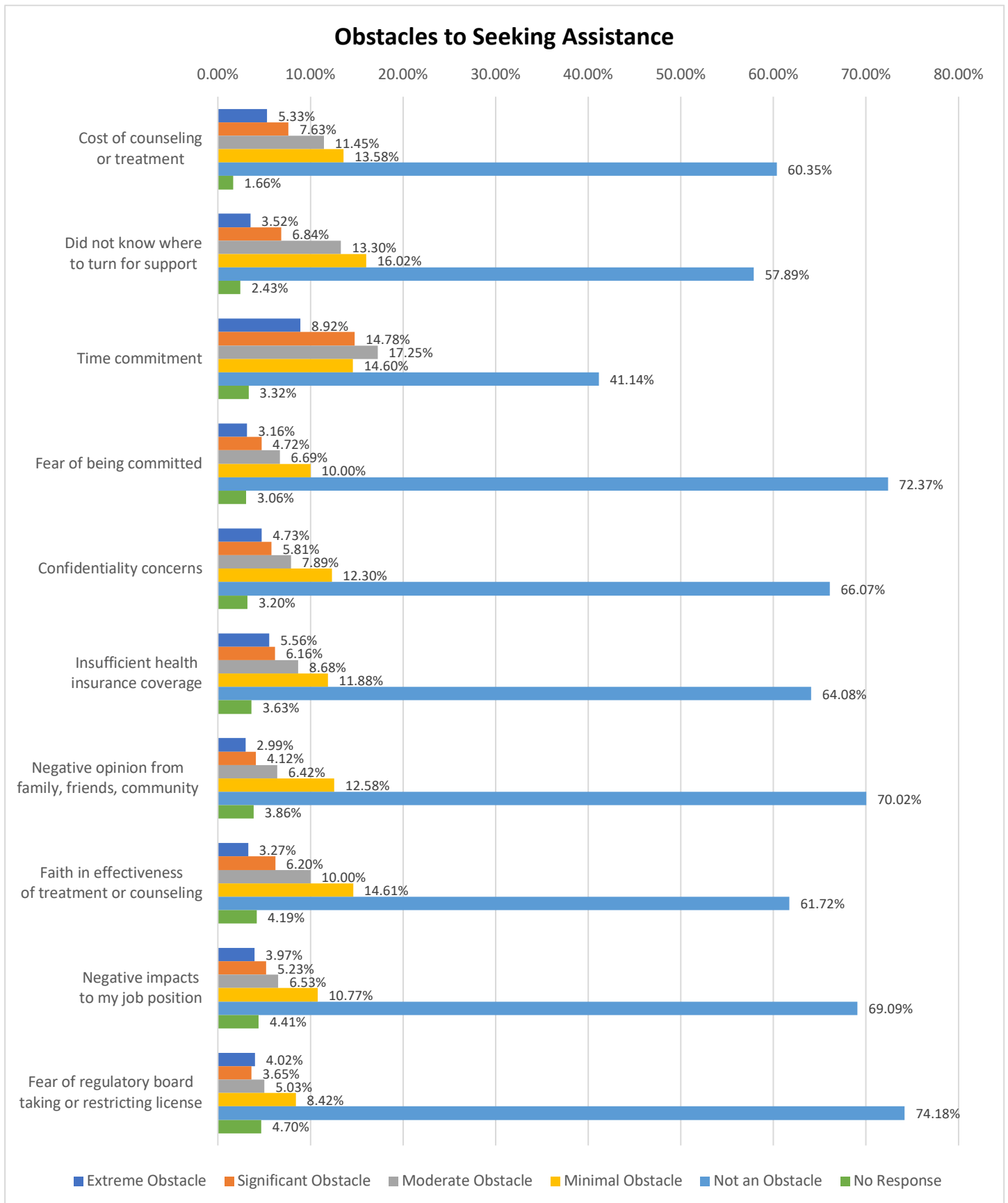


Respondents who indicated that they did not seek emotional services during the pandemic were given a list of potential obstacles and asked to rate how much of a barrier each one was on a scale from “Extreme Obstacle” to “Not an Obstacle.”

Table 45: Obstacles to Seeking Assistance

	Extreme Obstacle	Significant Obstacle	Moderate Obstacle	Minimal Obstacle	Not an Obstacle	No Response	Total
Cost of counseling or treatment	479 (5.33%)	686 (7.63%)	1,029 (11.45%)	1,220 (13.58%)	5,424 (60.35%)	149 (1.66%)	8,987 (100.00%)
Did not know where to turn for support	316 (3.52%)	615 (6.84%)	1,195 (13.30%)	1,440 (16.02%)	5,203 (57.89%)	218 (2.43%)	8,987 (100.00%)
Time commitment	802 (8.92%)	1,328 (14.78%)	1,550 (17.25%)	1,312 (14.60%)	3,697 (41.14%)	298 (3.32%)	8,987 (100.00%)
Fear of being committed/ taking medicine	284 (3.16%)	424 (4.72%)	601 (6.69%)	899 (10.00%)	6,504 (72.37%)	275 (3.06%)	8,987 (100.00%)
Confidentiality concerns	425 (4.73%)	522 (5.81%)	709 (7.89%)	1,105 (12.30%)	5,938 (66.07%)	288 (3.20%)	8,987 (100.00%)
Insufficient health insurance coverage	500 (5.56%)	554 (6.16%)	780 (8.68%)	1,068 (11.88%)	5,759 (64.08%)	326 (3.63%)	8,987 (100.00%)
Negative opinion from family, friends, community	269 (2.99%)	370 (4.12%)	577 (6.42%)	1,131 (12.58%)	6,293 (70.02%)	347 (3.86%)	8,987 (100.00%)
Faith in effectiveness of counseling or treatment	294 (3.27%)	557 (6.20%)	899 (10.00%)	1,313 (14.61%)	5,547 (61.72%)	377 (4.19%)	8,987 (100.00%)
Negative impacts to my job position	357 (3.97%)	470 (5.23%)	587 (6.53%)	968 (10.77%)	6,209 (69.09%)	396 (4.41%)	8,987 (100.00%)
Fear of regulatory board taking/restricting license	361 (4.02%)	328 (3.65%)	452 (5.03%)	757 (8.42%)	6,667 (74.18%)	422 (4.70%)	8,987 (100.00%)

Figure 35: Obstacles to Seeking Assistance

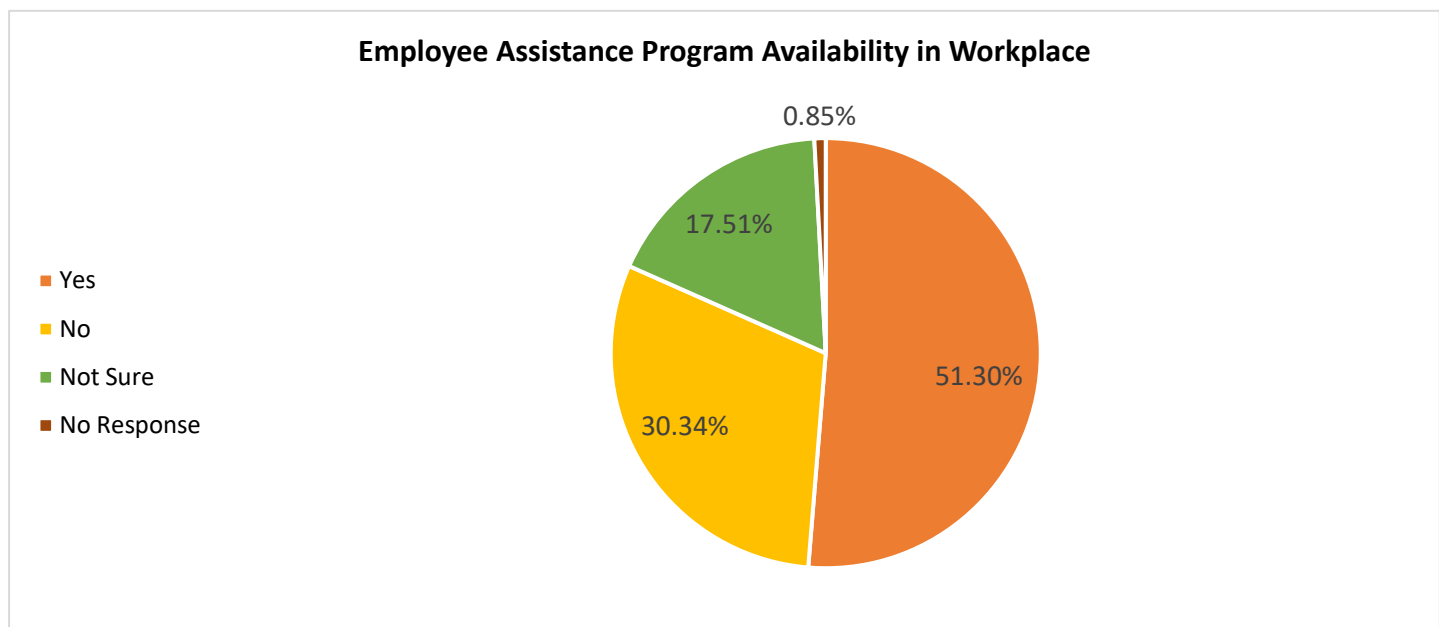


Mental Health Assistance Programs

Respondents were asked, “Does your workplace offer a program to address mental health concerns (e.g., Employee Assistance Program [EAP])?” More than half (51.30%) of respondents indicated that their workplace did offer a program, while 30.34% indicated their workplace did not. There was a portion of respondents (17.51%) who were not sure if their workplace offered a program to address mental health concerns or an EAP.

	<i>n</i>	%
Yes	6,942	51.30
No	4,106	30.34
Not Sure	2,369	17.51
No Response	115	0.85
Total	13,532	100.00

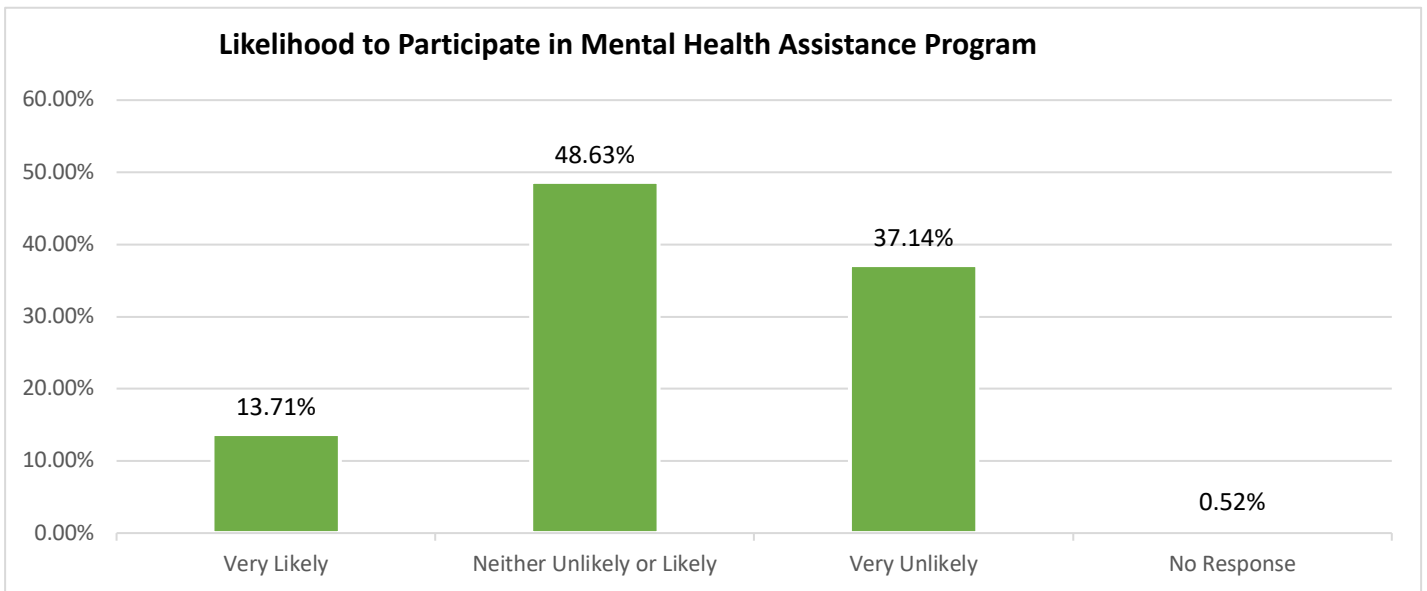
Figure 36: Employee Assistance Program Availability in Workplace



For respondents who indicated “Yes” that their workplace did offer a program to address mental health concerns or an EAP, they were asked to indicate how likely they would be to utilize it.

	<i>n</i>	%
Very Likely	952	13.71
Neither Unlikely nor Likely	3,376	48.63
Very Unlikely	2,578	37.14
No Response	36	0.52
Total	6,942	100.00

Figure 37: Likelihood to Participate in an Employee Assistance Program

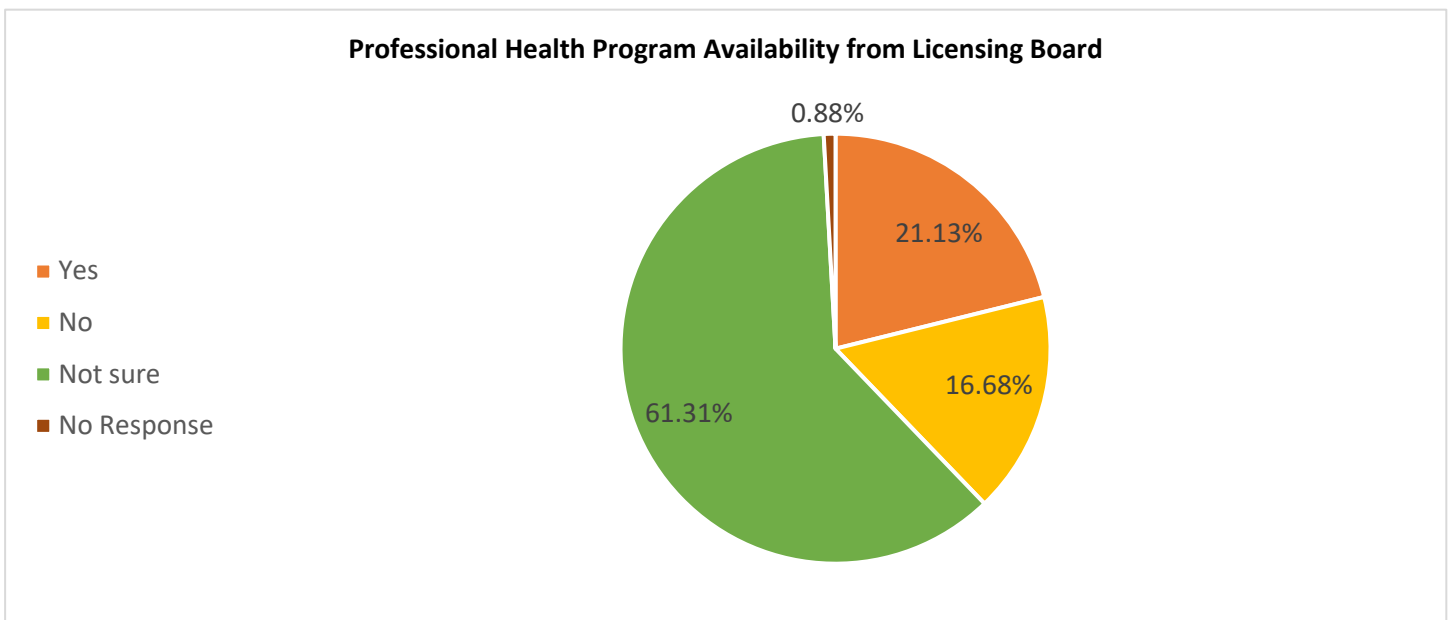


Respondents were asked, “Does your state professional organization offer a program to address mental health concerns (i.e., changes to mood, anxiety, burnout, depression, and/or substance abuse)? This is typically referred to as a Professional Health Program.” The majority of respondents (61.31%) indicated that they were unsure if their state professional organization offered a Professional Health Program.

Table 48: Professional Health Program Availability from Licensing Board

	<i>n</i>	%
Yes	2,859	21.13
No	2,257	16.68
Not Sure	8,297	61.31
No Response	119	0.88
Total	13,532	100.00

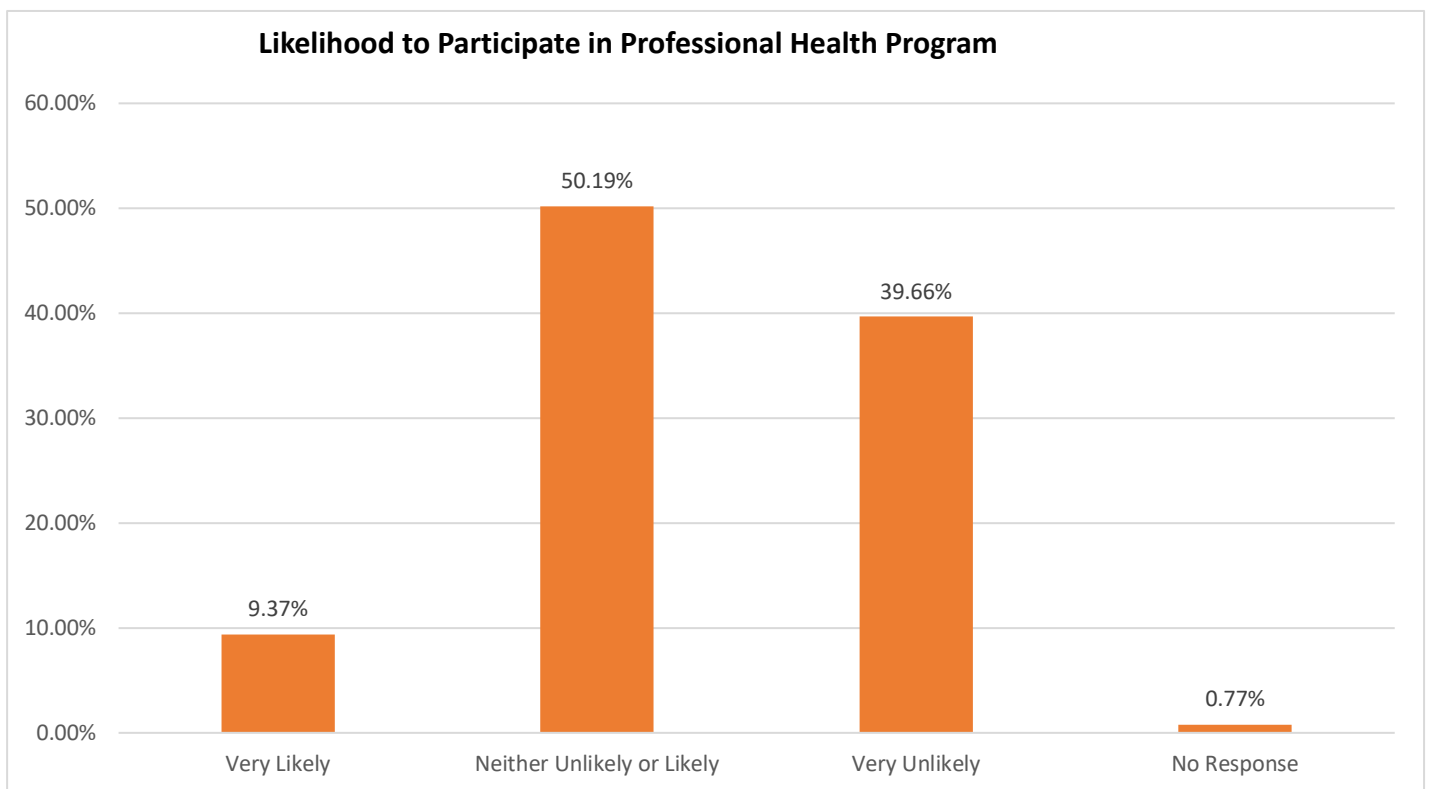
Figure 38: Professional Health Program Availability from Licensing Board



Respondents who indicated “Yes” to their professional board offering a Professional Health Program (PHP) were asked, “How Likely Are You to Participate in Such a Program?”

	<i>n</i>	%
Very Likely	268	9.37
Neither Unlikely nor Likely	1,435	50.19
Very Unlikely	1,134	39.66
No Response	22	0.77
Total	2,859	100.00

Figure 39: Likelihood to Participate in Professional Health Program



Summary

Burnout

Burnout is already a well-known issue among healthcare workers. Yet our assessment found the pandemic has dramatically accelerated this problem. Far more workers report being emotionally drained daily during the pandemic versus prior to the pandemic. Despite being frontline and critical care workers during the pandemic many healthcare professionals are finding less meaning in their jobs and have more apathy towards their patients:

- a) Respondents indicated they felt emotionally drained daily in a far higher percentage than they did prior to the COVID-19 pandemic. The difference was an increase of 366.71%.
- b) More respondents felt they accomplished worthwhile things every day at work prior to the pandemic rather than during the pandemic. Prior to the pandemic 34.56% reported more worthwhile activity at work vs. 26.60% during the pandemic. This was a decrease of 23.03%.
- c) Respondents were asked if they did NOT really care what happens to patients. The data indicates a 347.27% marked increase in the number of workers who felt this way every day during the pandemic (1.82%) versus those who felt this way prior to the to the pandemic (0.41%)

Mental Health and Substance Use

Based on an avalanche of press, assumptions are often drawn about the state of mind of healthcare workers. We asked them directly about their own mental health and substance abuse. Our respondents overwhelmingly indicated they had an exacerbation of feelings of depression, hopelessness, feelings of being let down, and an increase in thoughts of suicide. Respondents also indicated more concern for their own use of alcohol and other substances during the pandemic.

- a) Our respondents indicated a 702.27% increase in feeling down, depressed, or hopeless during the COVID-19 pandemic vs. prior to COVID-19.
- b) “Some thoughts of suicide” increased for respondents from 3.07% prior to the pandemic to 5.76% during the pandemic. This was an increase of 87.5%.
- c) The number of respondents reporting “yes,” that they were concerned about their own use of alcohol or other substances, increased 285.33%. This represented 2.72% prior to the pandemic compared to 10.48% during the pandemic.

Wellbeing

In our assessment we asked questions regarding various stresses brought about due to the pandemic. Our intention was to assess overall wellbeing and to see which combination of factors played the biggest role in increasing healthcare worker stress.

- a) Of those who did have jobs during the pandemic, at some point, about 1 in 5 experienced unemployment, being furloughed, or laid off.
- b) Over 50% of respondents had an increase in their workload. When asked to assess workload change, 26.06% of respondents indicated it “increased” and 30.09% indicated it “significantly increased” during the pandemic.
- c) At least 50% of healthcare workers in our survey felt the following were moderate, significant, or extreme stressors for them during the pandemic:

Table 50: Stressors During the Pandemic

	% Moderate Stressor	% Significant Stressor	% Extreme Stressor
Insufficient PPE	19.46	12.65	13.52
Spreading COVID-19 in the workplace	25.36	19.92	19.22
Inconsistent communication from leadership	17.26	10.63	11.81
Lack of quality time with friends and family	23.43	17.85	18.81
Too tired	25.38	16.77	14.76
Family and friends don't understand the stress	16.73	13.80	16.01

Many of our respondents (around 50%) with children at home felt the following were moderate, significant, or extreme stressors for them during the pandemic:

	% Moderate Stressor	% Significant Stressor	% Extreme Stressor
Not being a present parent	24.80	16.20	15.82
Homeschooling	15.47	12.99	17.18
Lack of quality time with children	23.30	15.21	14.92

Resources Needed

- a) At its core, OhioPHP facilitates the health and wellness of healthcare professionals to enhance patient care and safety. It is vital to this work to hear directly from healthcare workers about where they find support and how useful it may be. If they do not seek support, do they at least know where to turn if they do need help?
- 80.52% of respondents indicated that they did NOT receive any type of screening, assessment, or monitoring at work regarding the stressors they faced specifically due to the pandemic.
 - Over half of respondents (57.55%) did not feel personally acknowledged for the challenges they were facing due to the pandemic.
 - Only 24.22% of respondents sought emotional support services.
 - The greatest level of emotional support came from therapists, family and friends, and faith communities.
 - When asked if their state professional organization offered a program to address mental health 61.31% weren't sure, 16.68% said no, and only 21.13% said yes.

Limitations

Limitations of this work include the lower than desired response rate among healthcare professionals. It is possible that those who did respond were more negatively impacted by the pandemic and felt compelled to record their experiences. On the contrary, it is possible that individuals who were experiencing a heavy burden in terms of work, caregiving, and/or personal wellbeing would be less likely to respond. Additionally, responses may also be subject to recall bias where participants may not reliably or accurately report on prior experiences because they simply do not remember, or their current circumstances may cloud their memory. Despite this, the survey findings resulted from a large sample and provides an informative snapshot of healthcare professionals experiences and overall wellbeing prior to and during the COVID-19 pandemic. These data can be used for shaping OhioPHP's goals and strategies for ensuring good health and wellbeing of healthcare professionals to ensure optimum patient care and safety.

Appendix A: Ohio Physicians Health Program Licensing Boards



CURRENT LICENSING BOARDS	LICENSEES ¹	LICENSE TYPES
Ohio State Chiropractic Board	2,800	Chiropractor
Ohio State Dental Board	37,791	Dentist, Dental Hygienist, Dental Assistant Radiographer, Expanded Function Dental Auxiliary
Ohio Veterinary Medical Licensing Board	9,233	Veterinarian, Veterinary Technician
Ohio Vision Professionals Board	7,268	Optometrist, Optician, Ocularist
State Medical Board of Ohio	93,219	Physician (MD, DO, DPM), Resident Physician, Physician Assistant, Anesthesiologist Assistant, Cosmetic Therapist, Dietitian, Genetic Counselor, Massage Therapist, Oriental Medicine Practitioner, Radiologist Assistant, Respiratory Care Professional
State Board of Emergency Medical, Fire, and Transportation Services	<i>unknown</i>	Firefighters, Emergency Medical Technicians
Ohio Board of Nursing	302,823	Registered Nurse, Advanced Practice Nurse, Licensed Practical Nurse, Dialysis Technician, Community Health Worker, Medication Aide
Ohio Board of Pharmacy	87,082	Pharmacist, Pharmacy Technician, Pharmacy Intern
Ohio Counselor, Social Worker, and Marriage and Family Therapist Board	39,526	Social Worker, Marriage and Family Therapist, Licensed Professional Counselor, Counselor Trainee
Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board	34,713	Occupational Therapist, Physical Therapist, Athletic Trainer
Ohio State Board of Psychology	4,149	Psychologist
Ohio Speech and Hearing Professionals Board	<i>unknown</i>	Speech-Language Pathologist, Speech-Language Pathologist Aide, Audiologist, Audiology Aide, Hearing Aid Dealer, Hearing Aid Fitter
Ohio Chemical Dependency Professionals Board	11,279	Licensed Chemical Dependency Counselor, Chemical Dependency Counselors Assistant

Based on licensing board's most recent published annual report

Appendix B: Literature Review

The methodology for this literature review included the use of key word searches through peer-reviewed publication search engines and through published reports and professional publications (non-peer reviewed). Key words used in the search included:

- Addiction/Substance Use Disorder in health professionals
- Burnout in health professionals
- Impact of COVID-19 on health professionals
- Mental Health in health professionals
- Wellbeing in health professionals

Search engines included PsychInfo and Google Scholar, as well as open internet searches. Due to the focus on the impact of the COVID-19 Pandemic, the search was narrowed to include articles, reports, and issue briefs published in 2019, 2020, and 2021. There was one exception to this decision and that was an article from 2018 that focused on mental health stigma and licensing fears. This article was included due to the relevance of the topic to the mission, vision, and values of OhioPHP. In total there were nine documents included in this abbreviated literature review.

1. *A Call to Action: Improving Clinician Wellbeing and Patient Care and Safety* (February 2020)¹¹: Report created by The Health Policy Institute of Ohio in partnership with The Ohio State University College of Nursing Helene Fuld Health Trust National Institute for Evidence-based Practice in Nursing and Health Care.
2. *Beginning to Heal from COVID-19 Stress*¹²: (2021) Website post provided by Mental Health America
3. *Physician Burnout & Moral Injury: The Hidden Health Care Crisis*: (2020)¹³: NIHCM Foundation Data Insights
4. *Of Millennials, Gen X, Boomers, Which Docs Have the Highest Burnout* (January 15, 2020)¹⁴: Marcia Frellick for Medscape Medical News
5. *Suffering in Silence: Mental Health Stigma and Physicians' Licensing Fears* (November 2018)¹⁵. Swapril S. Mehta and Matthew L. Edwards. *The American Journal of Psychiatry Residents' Journal*.
6. *Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being: Consensus Study Report Highlights* (October 2019)¹⁶. From the National Academy of Medicine and the National Academies of Sciences, Engineering, and Medicine
7. *Physician Burnout: The COVID-19 Toll* (September 2020)¹⁷: *Medical Economics*, Volume 97, Issue 13.

1. A Call to Action: Improving Clinician Wellbeing and Patient Care and Safety:

(<https://www.healthpolicyohio.org/a-call-to-action/>)

The Health Policy Institute of Ohio partnered with The Ohio State University College of Nursing to produce this Call to Action brief which was published in February of 2020. The focus of this policy brief was an examination of the existing research on burnout, depression, and addiction among healthcare professionals. The brief provided three key takeaways for state policymakers and healthcare leaders: (1) the “bi-directional” relationship between patient care and safety; (2) the serious problems faced by clinicians related to their overall health and wellbeing and including high rates of burnout, depression, addiction and suicide; (3) Addressing these challenges will require a continuum of prevention, treatment, and recovery supports, along with a positive organizational culture that supports wellness and improves access to treatment and recovery supports. This analysis indicates that if the wellbeing of healthcare workers is improved then care and safety for the patient will improve. This positive feedback loop leads to decreased medical and prescribing errors, less

¹¹ www.hprio.net/a-call-to-action/

¹² <https://mhanational.org/beginning-heal-covid-19-stress>

¹³ <https://nihcm.org/publications/physician-burnout-suicide-the-hidden-health-care-crisis>

¹⁴ <https://www.medscape.com/viewarticle/923845>

¹⁵ <https://psychiatryonline.org/doi/10.1176/appi.ajp-rj.2018.131101>

¹⁶ <https://nam.edu/systems-approaches-to-improve-patient-care-by-supporting-clinician-well-being/>

¹⁷ <https://www.medicaleconomics.com/view/2020-burnout-survey-results-physicians-facing-unprecedented-crisis>

complications, and an improvement in the patient relationship with healthcare providers. Mediating factors include laws, rules and regulations for health professional licensing boards, societal and cultural norms, organizational culture, clinical environment, research and data on factors that impact clinician wellbeing, and personal factors.

Research summarized by “A Call to Action” included:

a. ***Burnout and the Link to Clinical Errors:***

- i. A 2018 study published in Mayo Clinic Proceedings showed that physicians, across specialties, who showed signs of burnout were 2.2 times more likely to report a perceived medical error. The findings suggest burnout, poor well-being and perceptions of poor safety are associated with major medical errors (p. 5).
- ii. A 2012 study published in the American Journal of Infection Control found that high nurse burnout was associated with a higher rate of patient infections (p.5).

b. ***Clinician Depression and Patient Care:***

- i. “Of the physicians surveyed by Medscape for the National Physician Burnout, Depression and Suicide Report 2019, 35% of physicians who are depressed say they are easily exasperated with patients, 26% say they are less careful with patient notes and 14% say they make errors they might not normally make (p.5).
- ii. “A 2018 cross-sectional survey of U.S. nurses, which described the relationship between nurses’ health and medical errors, found that nurses with poor health have a 26% (at best) to a 71% (at worst) higher likelihood of making medical errors. The study found depression to be the strongest predictor of medical errors (p. 5).

c. ***Addiction and Substance Use:***

- i. “State regulatory boards frequently take disciplinary action against clinicians for substance use that impairs their ability to practice” (p.5). The brief provides extensive Ohio-specific data on disciplinary action, including the top reasons for action for state fiscal years (SFY) 2015-2019. The top four reasons included: impairment, prescribing issues, criminal acts/convictions, and actions by other boards or agencies.
- ii. “As of June 30, 2019, the State Medical Board of Ohio (SMBO) regulates 88,039 active licenses. In state fiscal year (SFY) 2019, the SMBO initiated disciplinary action against 135 clinicians. The largest percent of these disciplinary actions (27%) were on the basis of clinician impairment (i.e., “habitual or excessive use or abuse of drugs, alcohol or other substances that impair ability to practice” (p. 5). Impairment has been the most common reason for disciplinary action through the SMBO over the past five years”
- iii. “For clinicians licensed through the Ohio Board of Nursing, 750 complaints (10%) were made on the basis of drug or alcohol use in SFY 2019. Additionally, the Ohio Board of Pharmacy opened 249 new disciplinary cases on the basis of theft of drugs, 206 for deception to obtain dangerous drugs, 133 for questionable prescribing and 58 for questionable dispensing in SFY 2019. Details of these claims, such as whether questionable prescribing was for personal use, are not publicly available” (p. 5).

The brief concludes with a detailed listing of evidence informed policy options for improvement, which includes recommendations for state policymakers, recommendations for advancing an organizational culture that supports wellness, promoting wellness programs that reduce burnout and foster resiliency among health professional students and clinicians, requiring confidential mental health and addiction screening, referral and treatment services and supporting policies that reduce stigma, and monitoring and tracking data on health professional student and clinician wellness (p. 19).

2. Beginning to Heal From COVID-19 Stress

<https://mhanational.org/beginning-heal-covid-19-stress>

Mental Health of America (MHA)

This educational brief discusses the physiology our bodies experience during stress, including how we suffered both physically and emotionally through the COVID-19 Pandemic and ways to recover. Speaking directly to healthcare workers who suffered greatly during the pandemic the article highlights the body’s natural response to stress: the flight-or-fight response. The body and mind shift into survival mode, which can result in emotional numbing just to get by. The article

explains that the numbing many people may have experienced will slowly lift as society and our day-to-day lives return to some sense of normal. As normalcy happens, we may start to grieve for the many losses which occurred during the pandemic. In order to heal from this level of stress, the article provides tips and suggestions that include giving ourselves time and understanding, healthy nutrition, exercise, healthy behaviors and routines, as well as seeking the support of friends, loved ones, and seeking professional help when needed.

3. Physician Burnout and Moral Injury: The Hidden Health Care Crisis

<https://nihcm.org/publications/physician-burnout-suicide-the-hidden-health-care-crisis>

The National Institute for Health Care Management Foundation (NIHCM)

The National Institute for Health Care Management Foundation (NIHCM) released a detailed infographic to summarize the available data on burnout and moral injury. While physician burnout has been a concern in the past this article raises the concern of an increase in burnout during the pandemic. NIHCM defines moral injury as the challenge of simultaneously knowing what care patients need but being unable to provide it due to a variety of constraints that are beyond their control. The infographic provides data on the following points: (1) Which physicians are experiencing burnout (by specialty) (2) Top causes of physician burnout, which is focused on moral injury; (3) Mental health strain of physicians; (4) The lasting impact of the pandemic on healthcare; and (5) Steps to reduce moral injury and physician burnout. The infographic concludes with four steps to reduce moral injury and physician burnout. These steps include:

1. Enabling technology solutions.
2. Reducing administrative burdens.
3. Modifying work schedules.
4. Encouraging self-care.

The fourth item recommends teaching mindfulness and stress reduction techniques, implementing self-care into medical school curriculums, and removing barriers to healthcare workers seeking mental health services.

4. Of Millennials, Gen X, Boomers, Which Docs Have Highest Burnout?

<https://www.medscape.com/viewarticle/923845>

Marcia Frellick

This article reviews findings from the Medscape National Physician [Burnout and Suicide Report 2020](#): The Generational Divide. Over 15,000 physicians in 29 specialties responded to the survey. Key findings across generations include:

- a. 48% of Gen Xers said they were burned out compared with 39% of baby boomers (ages 55-73), and 38% of millennials (ages 25-39).
- b. Across all three generations, almost half (49%) said they would be willing to take less pay for better work-life balance.
- c. The top driver for burnout again this year was too many administrative tasks for all three generations (54%-57% put it at the top of their stressors list).
- d. Only 28% of physicians said their workplace offered programs to help reduce burnout or stress; half said they did not; and
- e. Asked how they cope with burnout, physicians overall listed isolating themselves and exercise as their top strategies (45% each), followed by talking with close friends/family members (42%) and sleep (40%).

The concluding point in this article is to “fix the system, not the physician” and to look at moral injury and the challenges inherent in the structure of the healthcare industry.

5. Suffering in Silence: Mental Health Stigma and Physicians' Licensing Fears

<https://psychiatryonline.org/doi/10.1176/appi.ajp-rj.2018.131101>

[Swapnil S. Mehta](#), B.A., [Matthew L. Edwards](#), M.D.

Published Online: Nov 2018

This article sounds the alarm on the growing mental health crisis in the U.S. and the myriad of challenges facing providers and health workers when seeking mental healthcare. The realities of physician discrimination, injustice, and social exclusion are detailed. The authors provide three key points or “clinical pearls,” (p. 3):

1. Physician reluctance to seek treatment for mental healthcare may begin as early in training as college and medical school.
2. Physician reluctance to seek mental healthcare is shaped by the stigma of mental illness in the medical community and fears of professional discrimination, including potential consequences of disclosing mental health diagnoses for obtaining a medical license.
3. Physicians are concerned about the consequences of mental health disclosure on licensing applications. This barrier may prevent those who need it from seeking mental health services which then impacts professional well-being.

The authors examined the fears of full disclosure which included:

- a. Fear of imposed sanctions.
- b. Possible repercussions for full disclosure, including:
 - Being asked to appear before state board examiners or to pay for a board-appointed physician examination.
 - Being required to provide testimony from primary care providers as to their fitness to practice, detailed medical records, or documentation of continued medical care; and
 - License restrictions.

The authors also discuss possible solutions to help mitigate these fears and help alleviate current obstacles to care, including:

1. Comprehensive programming that recognizes the importance of mental health to physicians and that provides them with healthy tools.
2. Revising medical curricula to better integrate mental health and cognition with physiology and pathology disciplines.
3. Reconsideration of mental health questions on state licensing boards is a necessity, given the clear adverse effects of licensing fears on physician health.

6. Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being

(<https://nam.edu/systems-approaches-to-improve-patient-care-by-supporting-clinician-well-being>)

National Academy of Medicine; National Academies of Sciences, Engineering, and Medicine; [Committee on Systems Approaches to Improve Patient Care by Supporting Clinician Well-Being](#)

This extensive report magnifies and concentrates on two major ideas. First, undoubtedly burnout is a massive problem and steps to improve the situation are needed urgently. Second, it’s a complex issue that will not be solved with quick knee-jerk reactions. This report advises to take a systems approach to both improve the well-being of professionals and reduce burnout. They define a systems model as incorporating thorough knowledge of the stakeholders, their goals and activities, the technologies they use, and the environment in which they operate. In this systems approach, actions are taken to target known work system factors like job demands and resources that influence burnout and well-being. The committee proposed six goals and recommended system-wide action for burnout prevention and burnout reduction.

These recommendations are as follows:

1. Create positive work environments.
2. Create positive learning environments.
3. Reduce administrative burden.
4. Enable technology solutions.
5. Provide support to clinicians and learners.
6. Invest in research.

Other recommendations include reducing stigma and eliminating barriers associated with obtaining the support and services needed to prevent and alleviate burnout symptoms, recover from burnout, and foster professional well-being among students and clinicians. Also, dedicated funding for research on clinician well-being should be prioritized.

7. Physician Burnout: The COVID-19 Toll

(<https://www.medicaleconomics.com/view/2020-burnout-survey-results-physicians-facing-unprecedented-crisis>)

Medical Economics Staff

Medical Economics Journal, Medical Economics September 2020, Volume 97, Issue 13

The September 2020 Issue of Medical Economics dedicated three articles to physician burnout, including: The 2020 Physician Burnout Survey, The COVID-19 Toll, and The Truth about Moral Injury. The 2020 Physician Burnout survey was administered between June 5, 2020 and July 5, 2020. There were 934 participants during this time. Key findings from the survey included:

- 71% of physicians feel burnout right now
- 31% feel too much paperwork and government/payer regulations are a major contributor
- 65% agree that COVID-19 has made them feel more burned out

In the article on the toll of COVID-19, the magazine provides an excerpt titled, “Don’t assume help isn’t out there” which emphasizes the fear of losing state medical licenses as a deterrent to asking for help. The magazine implores physicians to seek help and to inquire what the rules and regulations of their licensing board are and what services are available to them.

8. The Mental Health of Healthcare Workers in COVID-19

(<https://mhanational.org/covid19>)

Mental Health America

Mental Health America (MHA) hosted a survey on <http://www.mhascreening.org> to listen to the experiences of healthcare workers during COVID-19 and to create better resources to help support their mental health (p. 2). There were 1,119 respondents who participated in the screening between June 1, 2020, and September 1, 2020. This analysis asks questions intended to capture the additional stresses brought upon the healthcare worker during the pandemic. Key findings included:

- a. “93% of healthcare workers were experiencing stress, 86% reported experiencing anxiety, 77% reported frustration, 76% reported exhaustion and burnout, and 75% said they were overwhelmed” (p. 2).
- b. “76% of healthcare workers with children reported that they were worried about exposing their child to COVID-19, nearly half were worried about exposing their spouse or partner, and 47% were worried that they would expose their older adult family member(s)” (p. 2).
- c. “Emotional exhaustion was the most common answer for changes in how healthcare workers were feeling over the previous three months (82%), followed by trouble with sleep (70%), physical exhaustion (68%) and work-related dread (63%). Over half selected changes in appetite (57%), physical symptoms like headache or stomachache (56%), questioning career path (55%), compassion fatigue (52%) and heightened awareness or attention to being exposed (52%). Nurses reported having a higher exposure to COVID-19 (41%) and they were more likely to feel too tired (67%) compared to other healthcare workers (63%)” (p. 2).
- d. “39% of healthcare workers said that they did not feel like they had adequate emotional support. Nurses were even less likely to have emotional support (45%)” (p. 2).
- e. “Among people with children, half reported they are lacking quality time or are unable to support their children or be a present parent” (p. 2).

9. The Mental Health of Healthcare Workers in the COVID-19 pandemic: A Systematic Review

(<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7586202/>)

[J Diabetes Metab Disord](#). 2020 Dec; 19(2): 1967–1978.

This meta-analysis was designed to investigate articles addressing the status of Health Care Workers (HCWs') mental health during the SARS-CoV-2 outbreak. It gathered relevant articles from December 2019 up to April 12, 2020. Eleven studies were included in the systematic review. Nurses composed the main proportion of medical staff evaluated in these studies. Moreover, most of the respondents in all studies were female. The main conclusion after reviewing the studies was that during the pandemic, HCWs faced aggravated psychological pressure and mental illness. Policymakers and managers should adopt supportive interventions that include training and education. Other key points made from the review of the articles included:

- The most studied outcomes were anxiety, depression, and stress, following by insomnia and distress.
- Working in areas with a high incidence of infection was significantly associated with higher stress and psychological disturbance.
- "Nurses, women, front-line healthcare workers, and younger medical staff reported more severe degrees of all psychological symptoms.
- Being the only child in their families, the severity of patients, working hours per week, diet, and sleep status influenced HCWs' stress.
- Studies found that mental disturbances were more common in nurses compared to the physicians.

Appendix C: Informed Consent

Purpose of the survey: The Ohio Physicians Health Program is conducting a survey across health professions on supports needed during the COVID-19 pandemic as well as prior to the pandemic. This survey will ask you about your experience with accessing supports for wellness, mental health, and substance use as a healthcare professional during the pandemic, as well as prior to the pandemic. The purpose of this study is to gather the perspectives of professionals working across disciplines on the types of supports needed and the type of infrastructure that needs to be in place so that these supports can be accessed without stigma.

What you will be asked to do: You'll be asked to complete an online survey about what supports you may have wanted or needed and types of supports you may have accessed. You will also be asked about the infrastructure in place to gain access to those supports and the stigma you may have experienced.

Total time required: Approximately 15 minutes.

Incentives: This survey does not include a paid incentive. Your participation is voluntary and without compensation from OhioPHP.

Confidentiality: All efforts will be made to keep the information provided confidential. The survey will not ask you for your name at any time. Any report of this survey that is made available to the public will not include your name, your organization's name, or any other information by which you or your organization could be identified. We will work to make sure that no one sees your survey response outside of OhioPHP or the evaluation team at Mighty Crow.

Voluntary Participation: Your participation in this survey is completely voluntary. There is no penalty or loss of benefits to which you are otherwise entitled for not participating.

Risks and Benefits: The benefits to participation in this survey include providing your perspective to OhioPHP about the supports and services needed by healthcare professionals. Your participation informs OhioPHP's efforts to better advocate for the needs of healthcare professionals. We do not anticipate any adverse consequences to you for participating. If, however, you begin to feel a sense of stress or a change in your wellbeing, we encourage you to utilize OhioPHP's confidential services by emailing them at info@OPHP.org or calling 614.841.9690. You can also access the Crisis Text Line at 741741. Again, your personal information will be confidential, and answers will be aggregated. The risks associated with an information breach via the internet are minimal and unlikely.

Contact with Questions: If you have any questions about your participation, please contact Gretchen Clark Hammond, PhD, MSW, LSW, LCDCCIII, TTS at Gretchen@mightycrow.com. Clicking "I accept" below indicates your consent to participate in this survey.