



COVID-19: IMPACTS ON PHYSICIAN HEALTH AND WELLNESS IN CANADA: REPORT EXECUTIVE SUMMARY

Overview

Physician health and wellness is a critical issue in Canada for doctors, patients and health system sustainability. Physicians are at higher risk of developing symptoms of [burnout](#), [depression](#) and other psychological distress and of engaging in [suicidal ideation](#). In recognition of these facts, the Canadian Medical Association (CMA) has identified physician health and wellness as one of its strategic priorities. To better understand the impact of practice- and system-level reform on the health care landscape in Canada as well as on physicians' health and well-being, the CMA's Physician Wellness and Medical Culture team undertook a [Physician Health and Wellness National Analysis](#).

As the findings of the analysis were being finalized, the COVID-19 pandemic hit, which exacerbated the challenges that physicians face. To ensure that the findings were relevant and reflected the increased importance of physician health and wellness in the context of the pandemic, a COVID-19 Briefing Report was commissioned and completed in July 2020. The objective of the report was to outline the pandemic's impacts on physician health and wellness, the actions taken to protect the physician workforce and the gaps created as a result of inaction or delayed action. The report also investigated the root causes of several of the gaps that were identified; systemic change will be required to improve the elements that define physician health and wellness from the early stages of medical education.

As the report was completed relatively early in the pandemic, and the full impact of the pandemic in Canada is not yet known, the briefing was largely based on insights drawn from investigations of the impacts of SARS on health care workers, in addition to early global studies on the immediate impacts of the COVID-19 pandemic on physician health and wellness. The findings of the briefing are summarized below, along with additional information from CMA member surveys conducted in April 2020, August 2020 and February 2021.

Before the COVID-19 pandemic, 32% of physicians screened positive for depression, 19% reported suicidal ideation and 30% were already reporting high levels of burnout, according to the report on the [CMA's 2017 National Physician Health Survey](#). The COVID-19 pandemic has put unprecedented strain on Canada's health system, which has had direct impacts on physicians' physical and psychological well-being. In the most recent member survey, the following factors were reported as contributing negatively to physician health and wellness: long work hours and increased workload, longer time with social restrictions, continued uncertainty about the future, concerns about vaccine rollout, fears of personal and family risk, lack of personal protective equipment, financial insecurity, and experiences with critically ill and dying patients.

Pandemic Impacts on Physician Health and Wellness

As shown above, physician burnout was a pan-Canadian challenge long before the COVID-19 pandemic emerged, marked by high emotional exhaustion and high depersonalization. Early studies out of China and the 2003 SARS outbreak in Canada provide a clear picture of the psychological impacts the COVID-19 pandemic may have; however, the magnitude of impact is unclear at this point. Recent [member surveys](#) show that 65% of physicians and residents reported feeling “somewhat” or “very” anxious with respect to the COVID-19 pandemic, 76% indicated feeling either “somewhat” or “very” fatigued and 69% reported that their fatigue levels have increased since the start of the pandemic. Despite this, only 16% indicated having reached out for mental health support.

These investigations point to both short-term and long-term effects of the pandemic emerging in the form of high levels of depression, anxiety, insomnia and distress. Psychological trauma is anticipated to be the longest lasting impact among health care workers in the post-pandemic environment.

Pandemic Impacts on Medical Workplace Culture

Organizations have been thrust into a critical response situation. They can only thrive for a prolonged period of time in such conditions if there is strong leadership and effective communication in place across teams. Work has been published on the benefit of leveraging military principles in a prolonged emergency to understand critical success factors in enhancing leadership and team cohesion, each of which has a direct relationship with well-being. Organizational resilience requires not only adequate resources during a crisis but also the establishment of succession plans, an understanding culture that promotes flexibility, a resilient workforce and effective leadership. Notably, the emotionally repressive nature of physician culture, which is cultivated from the start of medical training, is likely to cause physicians to attempt to maintain stoicism in a crisis. However, continued high-stress circumstances and a lack of engagement in professional supports will have downstream impacts in the form of mental health concerns, which in turn will affect patient care. Innovative physician wellness initiatives such as actively reaching out to physicians for confidential mental health checks and Schwartz Rounds have been promising in terms of uptake.

Emergency Response Impacts on Physician Health and Wellness

Early in the pandemic, there was an absence of coordination and management of emergency supply stockpiles among federal and provincial/territorial governments, which led to a widespread undersupply of personal protective equipment for front-line health care workers, as well as inconsistent deployment of supplies such as ventilators. Consequently, organizations were led by necessity to update response protocols for those physicians who were faced with the ethical dilemma of treating patients without protection and potentially putting their families at risk, in addition to having to make decisions about allocating life-saving interventions, which has been a significant source of anxiety and distress for front-line physicians. Many family and specialist physicians have also been faced with income loss as a result of the reduction in patient visits amid physical distancing restrictions, which has been exacerbated by delays in the processing of new virtual care fee codes in medical billing systems. This income loss has created significant anxiety, instability and uncertainty as to whether physicians can continue to support their practice expenses and maintain their current standard of living for their families.

Workforce Support Commitments

Economic protections for physicians faced with income loss during the pandemic varied significantly between provinces and territories with respect to replacement and qualifying elements for disability insurance. Some jurisdictions have offered the opportunity for physicians to make up more than 80% of their billings by signing up to be deployed for COVID-19 response work on the basis of need, while others have not offered physician-specific income replacement measures. Many pan-Canadian and provincial/territorial efforts have been initiated to support front-line workers' wellness and address their mental health concerns during the pandemic. These efforts range from support lines, online centralized repositories of resources and peer-to-peer supports to various forms of virtual care. Services have also emerged out of the goodwill of individuals: mental health workers and psychologists across Canada have committed to offering pro bono services to front-line workers to support them in dealing with stress, burnout and trauma associated with the pandemic.

Conclusion

Although it is too early to quantify the magnitude of the psychological impacts of the pandemic on physician health and wellness, there are several lessons learned that require immediate precautionary attention moving forward. The most prominent of these is the lack of access to sufficient personal protective equipment, which has significantly heightened the anxiety and uncertainty of front-line workers. These individuals have been faced with the moral dilemma of whether or not to go to work and fulfill their professional obligations, which could in turn heighten the risk of exposure to their families. The mental health symptoms and burnout resulting from the emotionally repressive nature of physician culture are being exacerbated by the pandemic. These long-term impacts of the pandemic will require systemic change toward models of acceptance and understanding to mitigate such distress not only in future crises but also in everyday work.

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