



ASA Statement on Creating a Culture of Well-Being for Health Care Workers

Committee of Origin: Ad Hoc Committee on Systemic Life Imbalances

Committee of Review: Committee on Physician Well-Being

(Approved by the ASA House of Delegates on October 13, 2021)

Introduction and General Principles

Health care worker well-being is paramount to a health care system. We are proposing new paradigms of thought and process:

1. We should advocate for a culture of openness, normalization, and destigmatizing of mental health care in physicians. Physicians should be able to seek care through mental health resources without fear of impact on licensure or credentialing.
2. Institutions/departments/health care systems/groups should seek to accommodate flexible work schedules.
3. Institutions/health care systems/departments/groups should seek to provide child care/family care resource options and support.
4. Institutional/departmental/health care systems/group accommodations should be made for loss of academic productivity due to increased or new clinical duties, loss of academic time, loss of progress in promotion or partnership, changes in clinical roles, and increased caregiving demands.
5. General wellness initiatives should be deployed, including but not limited to well-being education, peer support, substance use disorder prevention and treatment, suicide prevention training, and diversity, equity, and inclusion initiatives.

General Well-Being

Most health care professionals enter their specialties with altruistic intentions of promoting the well-being and health of others. However, in the process, a medical culture of self-effacement, competition, and production pressure often pushes the well-being of the clinicians to the periphery. This is to the detriment not only of clinician health and well-being, but ultimately quality of patient care, career longevity, professional satisfaction, and overall engagement.

Evidence continues to mount that interventions, systems, and organizations that are positioned to enhance, optimize, or support clinician well-being yield strong returns on investment on many fronts, including employee retention, enhanced patient satisfaction and safety, and efficiency of practice. ASA supports a detailed approach to promoting well-being, supporting all aspects of professional and personal life, and combating burnout and disengagement.

Further, recognizing that leadership drives culture, we should endorse systems tailored to support the well-being centered development of our leaders in anesthesia, focusing efforts on coaching, training in communications, and mechanisms to improve well-being. Finally, institutions and/or groups and departments should consider establishing leadership positions dedicated to promotion of overall clinician well-being, a position tasked with seeing all departmental decisions through a lens of departmental/group culture and morale.



Given that multiple factors impact general well-being of clinicians, we suggest a comprehensive approach to well-being which considers:

- Mental health awareness and mental health care options
- Scheduling flexibility and compensation options
- Flexible caregiving options
- Promotion and productivity options

Mental Health

Prior to the COVID-19 pandemic, anesthesiologists already faced epidemic rates of burnout as well as highly publicized problems surrounding substance use disorder and suicidality. The COVID-19 pandemic has had profound and far-reaching impacts on health care workers in the United States. Health care workers will be permanently changed as a result of the pandemic, and emerging literature is beginning to report on the serious mental health effects to frontline health care workers as a result of COVID-19. Health care workers overall are losing their jobs and facing new and significant stressors, and the vast majority of these workers are women.

The 2021 Medscape National Physician Burnout and Suicide Report was compiled with the results of surveys from 12,339 physicians of all specialties between August 30 – November 5, 2020. Women had a 51% rate of burnout compared to 36% for men.

- Physicians should be able to seek care through mental health resources without fear of impact on licensure and credentialing.
- We recommend that the paths to access these resources be easily accessible to individuals and that confidentiality be maintained.
- We recommend standardization of state medical licensure and local credentialing questions to promote parity between mental and physical health, thus removing a barrier to seeking appropriate mental health care.

Schedule Flexibility and Compensation

The traditional job description and schedule for an anesthesiologist should be reconsidered and expanded. Non-traditional (i.e., not full-time) scheduling adds value to a department or practice by giving flexibility to its members and their needs, as well as the ability to accommodate the surges and ebbs in surgical scheduling.

- These options should be available widely, not just to one specific group and allow individuals and the practice group as a whole to determine who may need these options.
- Scheduling changes with more flexibility in work hours/days/shifts may lead to income imbalances (either by pay per hour or case selection). It is important to recognize and consider how to ameliorate this.
- Smaller groups or practices may be limited in what adjustments they are able to accommodate.

Listed below are examples of flexible scheduling, sick time, and leave options for unexpected occurrences, and flexible call options.

Systemic Issues and Recommendations:

1. Scheduling - flexible scheduling options



- a. Split shifts (a.m., p.m., nights)
 - b. Ability to come in later for a shift, regular staggered shifts
 - c. Substitute call on weekends for weekdays
 - d. Part time or job-sharing options
 - e. Limitations on consecutive days worked
 - f. Availability of backup personnel
2. Sick time and leave options for unexpected occurrences
- a. Pay stability now, work later (be paid for hours not worked if unexpected time off is taken, then make up the time later)
 - b. Extended vacation or leave time that doesn't count against accrued leave time
 - c. Shared group PTO bank for emergencies
 - d. Job security: Allow leave with a guaranteed return to one's original position within a specific amount of time
3. Flexible Call Options
- a. Have certain calls give extra pay and not be counted in call requirements
 - b. Allow members to elect to drop some calls and not others
 - c. Place a monetary value on different types of call
 - d. Time limits on how long an individual may work solely in a non-call position if this option is of limited availability
 - e. Restructuring, e.g., splitting 24-hour shifts, weeks of nights, off post-call for certain assignments
 - f. Call alternatives, e.g., back up call only, take "less liked" or "less financially desirable" assignments which may offer more flexibility or the ability to work from home

Caregiving Considerations

The closure of schools and child care facilities due to the COVID-19 pandemic has posed a significant challenge for many anesthesiologists. Additionally, many long-term care and nursing facilities also experienced changes in their staffing and visiting policies, inducing some families to move elderly or disabled members to a different care setting. As a result of these changes, anesthesiologists who function as primary caregivers (frequently but not always women) have had to reconsider their professional schedules and availability. In order to make these burdens more manageable and retain valuable employees who are optimally productive, health care systems must consider the development of novel programs to better support their staff.

- Institutions could create or develop onsite child care or partnerships with offsite child care options, including nanny/child care agencies.
- Support for remote schooling, either directly (onsite) or at home or other locations
- Financial Support: subsidies or stipends for child care or emergency funding/assistance
- Flexibility in administrative policies so sick or leave time may be used for caregiving



Promotions and Productivity

This pertains to all types of promotions and productivity: academic, private, partnership positions, and leadership positions. In the event of unforeseen events (such as pandemic, family obligations, furloughs) causing a delay in meeting criteria for advancement, consider the following recommendations:

- Provide a pathway for a grace period on promotion requirements. This may also include adjusting promotion productivity requirements. Provide mechanisms to account for the decrease in academic productivity.
- Create a mechanism for managing flexible and/or part-time positions so promotions and partnerships remain available to those utilizing flexible or non-traditional scheduling. Develop clear criteria for how a part time person could be a partner and voting member, obtain/accrue partnership financial incentives, and/or attain academic advancement, and how to accomplish this in a manner equitable to all.
- Recognize that the role of primary caregiver at home is an obstacle to professional success and acknowledge the increased burden of this dual responsibility. Recognize that functioning as a primary caregiver and managing domestic activities may prohibit extensive travel. Support staff members in this position by encouraging local collaborations and activities that require less travel.
- Support diversity, inclusion, and equity efforts.