



Letter

COVID-19 and health care workers burnout: A call for global action

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In recent years, increased administrative burden, productivity metrics and work-life imbalance have caused a high burnout rate amongst healthcare workers (HCW) [1]. A survey of 7500 physicians from 8 countries during the COVID-19 pandemic reveals that this burnout has reached an alarmingly high-rate [2]. HCW responsible for the care of COVID-19 patients are more likely to have depression, anxiety, and mental distress. Psychological distress from witnessing COVID- related deaths, deep despondency, and extra-long work hours are fueling HCW burnout at an exponential rate [3]. Globally, HCW burnout may be reaching a tipping point with the second/third wave of the pandemic, new contagious, virulent mutant virus, the rising death toll, and slow vaccine rollout. Furthermore, this pandemic is acutely highlighting the damaging mental health consequences being faced by women in medicine and allowing gender inequity to flourish. Female physicians, especially in critical care and infectious disease specialties, have the highest rate of burnout.

There are concerns that burned-out HCW can threaten the quality of health care delivered and patient safety. We cannot afford to passively observe unsustainable HCW burnout, which may impede our recovery from the pandemic and jeopardizes healthcare globally. Complacency to address burnout may lead HCW to leave for other careers or choose early retirement, which can endanger the future global supply of healthcare workforce. Lack of access to quality HCW has profound consequences for billions of people around the world, which already has a predicted shortfall of 18 million HCW by 2030 and could cost \$47 trillion by the end of the decade [4]. COVID-19 pandemic and lingering long-term apathy of burned-out healthcare workers toward patient care will accelerate these trends.

What's at stake here is public health, globally. Therefore, the national governments, philanthropic and academic organizations,

professional societies, hospitals should enact proactive policies, provide critical leadership and funding for burnout prevention programs. These programs should not only address acute burnout but strategize to promote the well-being of HCW. A gender-equitable perspective in these programs is essential for a healthy, modern world workforce. National and institutional leadership, policymakers, HCW need to work together to develop a comprehensive action plan. To avoid any disconnect in the evolution of policies, policymakers should work closely with the biomedical research community to understand scientific insights into burnout and its implications [5]. Such collaborative effort will advance the science of burnout during this pandemic and better prepare us for the future. Politicians and policymakers should be pragmatic in supporting funding for burnout prevention programs, given that the health care workforce is an indispensable part of the economic growth and resilience of a nation.

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