The coronavirus disease 2019 (COVID-19) pandemic has become one of the central health crises of a generation. The pandemic has affected people of all nations, continents, races, and socioeconomic groups. The responses required, such as quarantining of entire communities, closing of schools, social isolation, and shelter-in-place orders, have abruptly changed daily life.

Health care professionals of all types are caring for patients with this disease. The rapid spread of COVID-19 and the severity of symptoms it can cause in a segment of infected individuals has acutely taxed the limits of health care systems. Although the potential shortage of ventilators and intensive care unit (ICU) beds necessary to care for the surge of critically ill patients has been well described, additional supplies and beds will not be helpful unless there is an adequate workforce.1,2

Maintaining an adequate health care workforce in this crisis requires not only an adequate number of physicians, nurses, advanced practice clinicians, pharmacists, respiratory therapists, and other clinicians, but also maximizing the ability of each clinician to care for a high volume of patients. Given that surges in critically ill patients could last weeks to months, it is also essential that health care professionals be able to perform to their full potential over an extended time interval. At the same time they cope with the societal shifts and emotional stressors faced by all people, health care professionals face greater risk of exposure, extreme workloads, moral dilemmas, and a rapidly evolving practice environment that differs greatly from what they are familiar with.2,5

This Viewpoint summarizes key considerations for supporting the health care workforce so health care professionals are equipped to provide care for their patients and communities. Few of these considerations and suggestions have substantial evidence to support them; they are based on experience, direct requests from health care professionals, and common sense.

Sources of Anxiety Among Health Care Professionals
Before effective approaches to support health care professionals can be developed, it is critical to understand their specific sources of anxiety and fear. Focusing on addressing those concerns, rather than teaching generic saging and behaviors they needed from their leaders, and what other tangible sources of support they believed would be most helpful to them. These discussions consistently centered on 8 sources of anxiety: (1) access to appropriate personal protective equipment, (2) being exposed to COVID-19 at work and taking the infection home to their family, (3) not having rapid access to testing if they develop COVID-19 symptoms and concomitant fear of propagating infection at work, (4) uncertainty that their organization will support/take care of their personal and family needs if they develop infection, (5) access to child care during increased work hours and school closures, (6) support for other personal and family needs as work hours and demands increase (food, hydration, lodging, transportation), (7) being able to provide competent medical care if deployed to a new area (eg, non-ICU nurses having to function as ICU nurses), and (8) lack of access to up-to-date information and communication.

Although these sources of anxiety may not affect everyone, they can weaken the confidence of health care professionals in themselves and the health care delivery system precisely when their ability to stay calm and reassure the public is most needed. Recognizing the sources of anxiety allows health care leaders and organizations to develop targeted approaches to address these concerns and provide specific support to their health care workforce. The 8 concerns can be organized into 5 requests from health care professionals to their organization: hear me, protect me, prepare me, support me, and care for me. The principal desire of each request, how the 8 sources of anxiety relate to each dimension, and how organizations can respond to them are summarized in the Table.
Health care professionals indicate they appreciate leaders visiting hospital units that are caring for patients with COVID-19 regularly to provide reassurance. They do not expect leaders to have all the answers, but need to know that capable people are deployed and working to rapidly address the issues. Leaders should ask team members “What do you need?” and make every effort to address those needs. Health care professionals do not expect the leader to be able to provide everything asked for, but having them ask, listen, and acknowledge requests is appreciated. Health care professionals also want to have confidence that their voice and expertise are a part of the conversation as organizations develop their emergency preparedness plans to respond to the pandemic.

Health care professionals are often self-reliant and many do not ask for help. This trait may not serve them well in a time of burgeoning workloads. Redeployment outside of a clinician’s area of clinical expertise, and not having rapid access to testing through occupational health if needed creates additional challenges. Leaders need to rely on their health care professionals’ expert perspective and front-line experience and understand and address their concerns to the extent that organizations and leaders are able.

Leaders should also want to have confidence that their voice and expertise are valued and acknowledged requests is appreciated. Health care professionals do not expect the leader to provide a support/take care of personal or family needs if the health care professional develops infection: providing lodging support for individuals living apart from their families, support for tangible needs (eg, food, childcare), check-ins and emotional support, and paid time off if quarantine is necessary.

Health care professionals also want to have confidence that their voice and expertise are a part of the conversation as organizations develop their emergency preparedness plans to respond to the pandemic. Leaders need to rely on their health care professionals’ expert perspective and front-line experience and understand and address their concerns to the extent that organizations and leaders are able.

Leadership Index and receiving a portion of any Well-being Index reported being the co-inventor of Participatory Management instruments and the Participatory Management of health care workers exposed to coronavirus disease 2019. JAMA Netw Open. 2020;3(3):e203976.

Dr Shanafelt reported being the co-inventor of Well-being Index instruments and the Participatory Management of health care workers exposed to coronavirus disease 2019. JAMA Netw Open. 2020;3(3):e203976.

REFERENCES