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How worsening clinical burnout elevates organizational risk

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For more than a year now, physicians and nurses battling the COVID-19 pandemic have witnessed tragedy on a scale greater than most could have ever imagined.

Healthcare workers have been overwhelmed with patients to the extent that some hospitals set up COVID-19 units in parking lots, and others made the difficult decision to ration care. Witnessing suffering to this extent—in many cases without sufficient supplies or personnel to deal with patient surges—has taken a major toll on the healthcare workforce.

“It is terrible to see people arriving at their rooms and assuming they were going to die soon; to see people saying goodbye to their families before dying or before being intubated,” one US-based critical care physician told healthcare news outlet Medscape.^[1]

Clinicians, especially those with underlying conditions, are also grappling with concerns about contracting the virus themselves. By the end of 2020, the pandemic claimed the lives of more than 2,900 US healthcare workers, according to an [investigative project](#) by Kaiser Health News and *The Guardian*.^[2] Researchers linked one-third of fatalities to inadequate levels of personal protective equipment, which have sparked protests at healthcare organizations across the country.

Heroes yet human

The healthcare workers battling these tragic circumstances have been rightfully hailed as heroes by the public, but we must also remember that they are only human. In mid-2020, Medscape surveyed more than 7,400 physicians from eight countries, including 5,005 from the US, finding that for 64%, burnout had become “more intense” since COVID-19 took hold (burnout defined as long-term, unresolved, job-related stress leading to exhaustion, cynicism, detachment from job responsibilities, and lacking a sense of personal accomplishment).^[3]

Worsening burnout among healthcare professionals is concerning for various reasons, not least of which is that stressful circumstances and history of severe depression or anxiety are known risk factors of opioid misuse and addiction, according to the Mayo Clinic.^[4] When combined with easy access to highly addictive medications, the unprecedented stress healthcare workers are under creates the potential for disaster.^[5]

While physicians are about as likely as the general public to abuse alcohol or illicit drugs, the University of Florida’s Center for Addiction Research and Education concluded in 2013 that physicians are five times as likely to misuse prescription drugs.^[6] In 2019, doctors and nurses were responsible for 77% of the 208 diversion incidents reported in online news stories, Protenus, a pioneer in healthcare compliance analytics, found through a comprehensive review.^[7]

As there's clear evidence of burnout worsening during the COVID-19 crisis, it's no stretch to assume drug diversion has become a larger problem as well—putting healthcare workers, their organizations, and the patients they serve at tremendous risk.

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