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NIOSH Docket Office
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The Infectious Diseases Society of America (IDSA) and its HIV Medicine Association (HIVMA) appreciate the opportunity to provide written comments to the National Institute for Occupational Safety and Health (NIOSH) in response to its comment request regarding evidence-based occupational safety and health interventions to prevent work-related stress and foster well-being among the nation's healthcare workers. IDSA and HIVMA represent more than 12,000 infectious diseases physicians, scientists, and other healthcare and public health professionals who specialize in infectious diseases and HIV medicine. Our members work across a variety of healthcare settings, including hospitals, academic medical centers, long-term care facilities, public health departments, publicly funded clinics, and private practice. COVID-19 has highlighted the necessity of providing mental health interventions for medical professionals as they lead the frontline response to the ongoing pandemic. We are pleased to offer recommendations to NIOSH that we believe will help strengthen mental health support and work-related stress relief for health workers.

Mitigating Work-Related Stress

Widespread professional burnout has stemmed, in large part, from a lack of workplace flexibility and time off for the health workforce. The COVID-19 pandemic has increased the workload of many healthcare workers (much of which goes uncompensated), which has in turn increased workplace stress. Health systems must have a greater focus on regulating how many hours and days medical staff are allowed to work to prevent burnout attributed to overwork. Health workers should be encouraged at the institutional level to utilize flexible hours and time off to preserve mental health. A 2020 [New England Journal of Medicine article](#) highlighted that healthcare personnel having greater influence over their work schedule has been shown to have positive impacts on employee well-being regardless of specialty or position.

Additionally, expanded and stronger support of paid family leave is necessary to ensure healthy work-home balance that supports mental well-being. [Studies surveying female physicians](#) found that only 29% percent of those surveyed were offered family leave in their contract, causing overall loss of revenue and high levels of reported dissatisfaction. Comprehensive family leave programs at all healthcare facilities can help prevent job dissatisfaction that leads to burnout and mental health stress. Increases in administrative burden on healthcare personnel have also contributed to work-related stress. In addition to paid family leave, it is important to encourage employers to provide

dedicated sick and vacation time to ensure protected time for employees to use when sick or in cases when a health care professional may be sick and should stay home or quarantine. During the COVID-19 pandemic, health care professionals have been reluctant to use their paid time off (combined sick and vacation time) for mental health or vacation time in order to reserve their paid time off in the event they become sick due to COVID-19 or need to quarantine due to potential exposure to COVID-19.

Working to identify and eliminate unnecessary administrative tasks given to healthcare workers will help prevent burnout and reduce workplace stress.

Supporting Training and Workforce Preparedness

Readiness is an essential aspect of workforce support in times of crisis. The COVID-19 pandemic has revealed a lack of actionable disaster preparedness and emergency plans in many medical organizations. This adds undue stress to the healthcare workforce leading the response and exacerbates burnout and mental fatigue. Healthcare personnel regularly trained in preparedness activities have shown a greater ability to respond when emergencies occur. Preparedness plans should be incorporated into regular healthcare center programming and training for healthcare workers. This training should be cross-disciplinary to encompass all healthcare fields involved in the response and facilitate collaborations that will make a response more effective. Additionally, mental health considerations for healthcare workers should be incorporated into preparedness activities and plans. Cooperative agreements between federal partners and collaborating healthcare systems like the [Office of the Assistant Secretary of Preparedness and Response's \(ASPR\) Healthcare Preparedness Program](#) help support preparedness activities, and resources should be expanded to allow more health care facilities to benefit from these efforts. Having set plans in place for healthcare personnel greatly reduces workplace stress by guiding response and taking the burden off frontline workers.

Supporting preparedness and flexibility for healthcare personnel relies on maintaining appropriate staffing levels. If healthcare workers do not feel their place of work will be able to operate smoothly during their absence, they may not take advantage of flexible time off. The infectious diseases physician workforce has been particularly strained and short-staffed, with nearly 80% of US counties lacking a single ID physician and hospitals struggling to fill open positions. ID physicians need more protected time to support the vast number of essential tasks they perform in addition to their regular duties, especially during public health emergencies. In addition to extra work in research, antimicrobial stewardship, and infection control, ID physicians have spearheaded work creating triage and care protocols to account for all care scenarios related to COVID-19, including protocols in transplant, immunocompromised, and cancer patients. These additional responsibilities can greatly increase workload for ID physicians and healthcare personnel already strained by the ongoing pandemic and make it difficult to keep up with work while maintaining mental health. Increased investment in the recruitment, training, and retention of ID physicians is critical to secure and optimize the workforce.

Sustaining support for medical reserve staff and community health workers can further ensure a robust workforce during emergency conditions and keep communities healthier while building important partnerships within the community. [Studies](#) focusing on the impact of community health

workers showed overall positive effects on healthcare, including lower rates of hospitalizations. Greater focus on incorporating these kinds of personnel into pandemic and emergency preparedness and response can help ease the burden on infectious diseases and other frontline providers.

Mental Health as an Institutional Priority

Proactive mental health wellness must be a priority for health care institutions to support health care professionals with taking care of themselves, including during times of crisis. Even prior to the pandemic, [studies showed](#) that many healthcare personnel believed they met criteria for mental illness but did not seek treatment due to fears of reporting to a medical licensure board or generalized shame. Medical staff should have regular access to mental health professionals through their place of employment. Additionally, this mental health care should be prioritized and destigmatized. Overall wellness should be an institutional value. This may be accomplished through mental health education built into medical and workplace training programs in conjunction with routine cross-disciplinary work between medical personnel and mental health professionals.

Wellness can also be encouraged by supporting healthcare facilities in appointing chief wellness officers and implementing institutional wellness programs. Emphasis should also be placed on post-crisis “after care,” or how workers and staff are treated after mentally exhausting work. [Recent peer-reviewed articles](#) point to active monitoring of staff by hospital leadership as an essential component of identifying and working to assist staff particularly affected by workplace stress. This should be done in a stigma- and guilt-free manner to ensure that those workers can feel safe to seek evidence-based care. Additionally, healthcare institutions should seek strategic ways to prioritize mental health. This can be accomplished by introducing metrics to assess progress. [A recent article in JAMA](#) suggests metrics can include structure measures such as the aforementioned establishment of a chief wellness officer and introduction of wellness programs, or process measures like average time spent on the electronic health record (EHR), as less time spent on the EHR has been linked to reduced emotional exhaustion. Specific time should be allocated and protected for implementing and assessing administrative metrics. Using metrics to assess progress will help hold healthcare institutions accountable to the mental health of their personnel.

We thank you for the opportunity to help improve response to mental health and work-related stress in the medical workforce. For any questions about our comments, please contact Amanda Jezek, IDSA Senior VP, Public Policy & Government Affairs, or Andrea Weddle, HIVMA Executive Director, at aweddle@hivma.org.

Sincerely,



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