

# COVID-19 and burnout of physicians redeployed to emergency care

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## Abstract

The COVID-19 pandemic of 2020-2023 significantly affected emergency medical care. Physicians who regularly saw their patients by appointment were redeployed to emergency care, increasing their reported burnout. Understanding how the burnout of specialists increased from this redeployment during COVID-19 is relevant to finding ways to reduce redeployment burnout in these appointment-based physicians when preparing for future pandemics. In this regard, the findings concerning New York physicians serve as guidance for preparedness.

**Keywords:** COVID-19, Emergency medical care, Physicians, Redeployment

## Effect of COVID-19 on Emergency Care

The COVID-19 pandemic of 2020-2023 significantly affected emergency care. Although emergency visits decreased for acute care, hospital admissions increased [1]. Those admitted with a COVID-19 diagnosis had symptoms with an increased severity from the pre-pandemic period in the areas of the world hardest hit by the pandemic [2] and generally [3]. To contend with these emergency cases, physicians who regularly saw patients by appointment only were redeployed to emergency care. A recent study [4] of a limited—but neither a scoping nor a systematic [5]—review by this author in which the statement “burnout resulting from COVID-19 emergencies treated by [medical specialty]” was individually searched for each of the fourteen medical specialties on Google Scholar found that redeployment increased the burnout of these physicians, some in more significant ways than others.

## Burnout in Redeployed Physicians During COVID-19

The results of the recent study regarding the effect of COVID-19 redeployment of appointment-based physicians to emergency care concerns compiled information from the four most cited peer-reviewed articles for each specialty from a 30–31 March 2024 search (Table 1).

Those most likely to experience burnout were women and physicians in the early stages of their careers, identified in dermatology [6,7], family medicine [8], gastroenterology [9], obstetrics [10], and orthopedics [11],—a finding confirmed by other studies [12,13]. In certain specialties, specifically Cardiology [14] and Gastroenterology [15], switching to emergency care resulted in a high turnover, leading to mass resignations. Cumulatively, one in five physicians intended to leave their practice because of COVID-19 [16]. Those with the least burnout had trained for emergency preparedness in their specialty or had devised solutions to improve patient care during the pandemic. Nephrologists [17] and radiologists [18] were most prepared, while psychiatrists [19] improved the use of telemedicine as a result of the pandemic. Teamwork was also found invaluable in the case of internal medicine [20]. A pivotal cause of redeployment burnout was inadequate support by the institution—the only reason that nephrologists experienced additional burnout [21]. This insufficient support could also include the specialist feeling disempowered, as with neurologists [22].

**Table 1.** Burnout Response of Physicians from Fourteen Medical Specialties Redeployed to Emergency Care to Respond to COVID-19 Emergencies [4].

Medical Specialty	Burnout Response
Cardiology	Unanticipated dissatisfaction and disengagement, leading to mass resignations
Dermatology	Women worried especially about their future, their family, and reduced compensation
Endocrinology	Dissatisfaction from reduced patient care; notable decline in operations performed
Family medicine	Women and those in the early stages of their careers are most affected
Gastroenterology	High turnover; women and younger physicians are most affected
Internal medicine	No mass resignations, teams worked together supported by the institutions
Nephrology	Little, but related to poor institutional support regarding equipment and remuneration
Neurology	Experienced by those who were reassigned as a feeling of disempowerment
Obstetrics	Younger members are most affected; retired members called back for deliveries
Orthopedics	Burnout related to few, mostly younger surgeons; resilience found prevalent
Pediatrics	Emergency work found the cause of chronic exhaustion and sleep disorders
Plastic surgery	Training hours had to be made up in six months; increase in the number of errors
Psychiatry	Residents, child and adult psychiatrists affected; telepsychiatry improves their health
Radiology	When strategies were developed, less burnout; without them, burnout increased

Regarding quality patient care, physicians experiencing additional burnout could register increased errors, as did plastic surgeons [23], a decline in operations performed, regarding endocrinologists [24], or fewer in-service physicians where, in the case of obstetricians, retired physicians returned to patient care [25]. An additional problem found most notable in pediatricians was chronic exhaustion along with sleep disorders [26].

### Lessons in Preparedness from New York

The follow-up report is essential for enhancing institutional emergency management. In New York, which was particularly affected by COVID-19, institutional support, including stockpiling sufficient protective gear and equipment in affordable warehouses, was considered imperative, requiring transportation modes and supply chains to be flexible to meet the demand readily [27]. There was recognition of the importance of timely and accurate virus testing as New York physicians' were removed from emergency care when judged they had contracted the virus in caring for patients, although no tests were available then to confirm this supposition [28]. Planning for staffing and space by institutions was highlighted as necessary in another report based on the New York experience [29].

### Strengths and Limitations

The strength of the recent study investigating burnout due to physician redeployment during the COVID-19 pandemic is that the examination extended to fourteen different medical specialties using the top four articles cited regarding "burnout resulting from COVID-19 emergencies treated by [medical specialty]". Although careful to ensure objectivity, as only one author reviewed the various articles, bias may be a factor [30]. An additional limitation of this work is that it was neither a scoping nor a systematic review, which might have produced additional and different results.

### Conclusion

Burnout was a universal experience of appointment-centered physicians redeployed to emergency care during the COVID-19 pandemic. Specialties practiced in crisis preparedness contended with this redeployment better than others, as did those who devised solutions to improve patient care. Institutional support is found imperative to reducing this burnout. Reports from the New York experience stress that institutional preparedness involves three essential aspects: i) readily available gear and equipment, ii) timely and accurate testing, and iii) staff and space planning. With this quality of institutional support, reducing burnout in redeployed physicians is possible for future pandemic preparedness.

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