# WELL-BEING index

**2020**

Well-Being Index Insights
## COVID-19 IMPACT REPORT
Phase 1 | March-August 2020

# COVID-19 Impact Report | Phase 1

Well-Being Index Insights reports are designed to make high-level trends regarding healthcare worker well-being available to help leaders support their staff and avoid tragedy. As the COVID-19 pandemic began to spread throughout the world, the Well-Being Index team began to analyze the data and compile a special report to study the impact of the pandemic on medical staff.

The following is a concise report of data gathered by the Well-Being Index from March 1 through August 31, 2020.

## Contents

- **Who was surveyed**
- **COVID-19 Impact Report data analysis**
- **Validation articles**
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## About the Well-Being Index

The Well-Being Index is an anonymous online self-assessment tool invented by Mayo Clinic that allows employees to quickly measure their well-being, access resources to help improve mental health, and track their progress over time. For years, the Well-Being Index has been used by healthcare institutions to identify specific causes of distress and support at-risk medical staff. To date, over 600 organizations around the world use the tool to measure well-being and over 230,000 assessments have been taken.
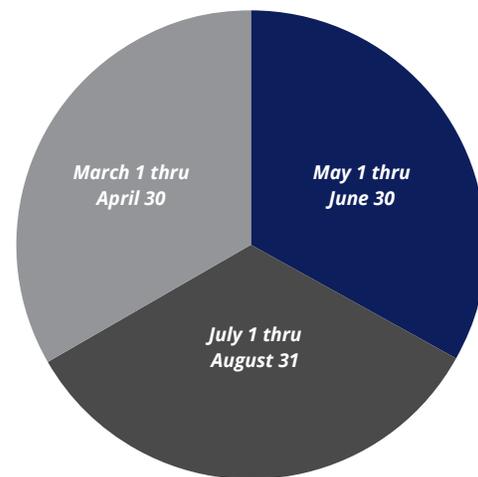
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# WHO WAS SURVEYED?

**The COVID-19 Impact Report Phase 1 data comes from Well-Being Index assessments taken during three time periods from March through August, 2020:**

During these time periods, over 41,000 assessments were gathered among United States medical staff. To provide additional context to this data, the Well-Being Index also sent out a COVID-19 Impact Survey with a variety of followup questions to those individuals who had assessed.

Over 4,300 individuals submitted anonymous and voluntary survey responses. These responses came from nurses, physicians, advanced practice providers, residents and fellows, pharmacists, and other healthcare employees from a wide variety of organizations.

*March 1 thru April 30*

*May 1 thru June 30*

*July 1 thru August 31*

# COVID-19 Impact Report Phase 1 Data Analysis

The following report compares the COVID-19 Impact Survey responses with Well-Being Index data to study the relationship between the COVID-19 pandemic and the well-being of United States medical staff. This analysis will walk through each of the four survey questions posed to participants.
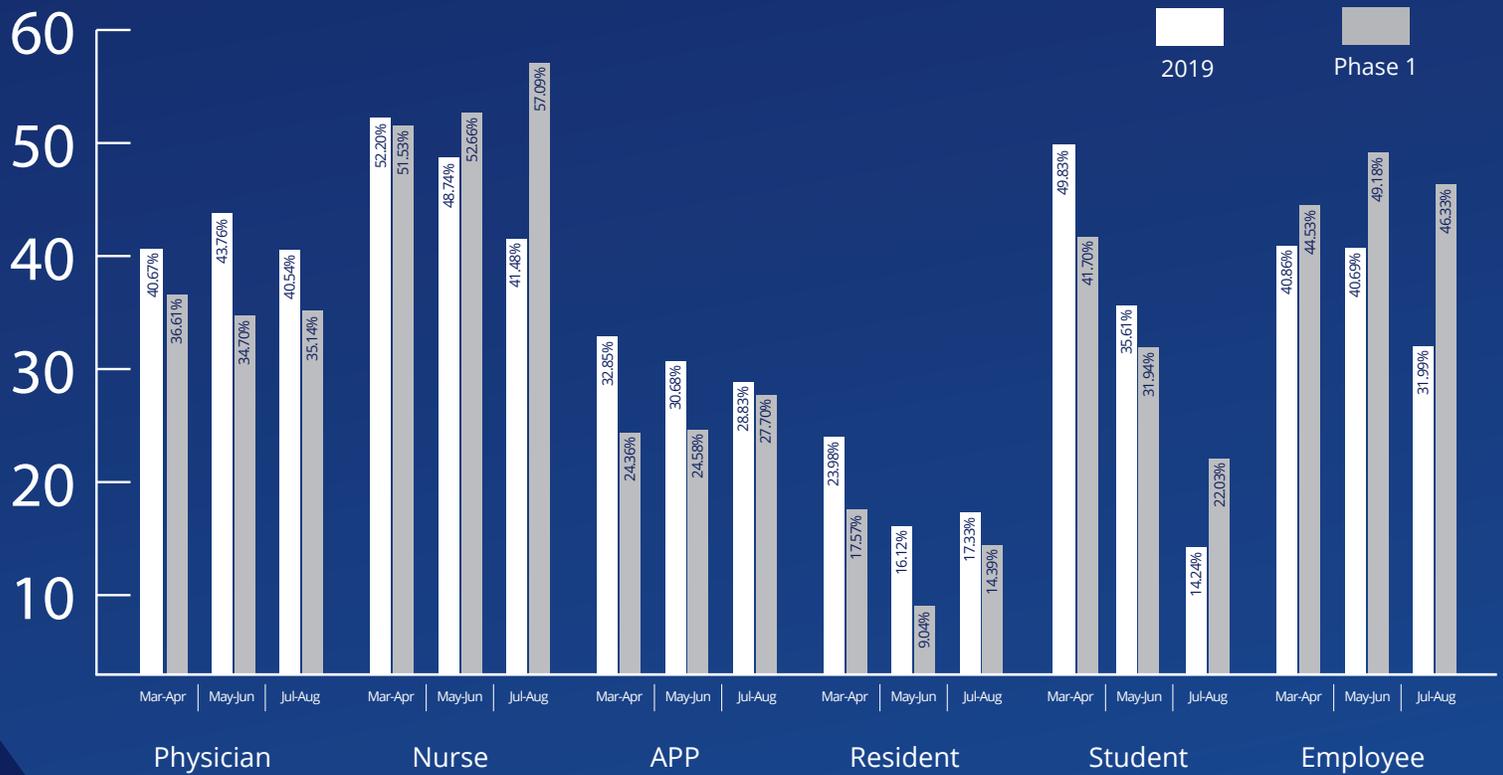
## High Level of Distress

Throughout the report, 'High Level of Distress' data will be presented to indicate the percentage of individuals in a given population who have reached a high level of distress threshold, as measured by the Well-Being Index. Individuals with scores that meet or exceed the high level of distress threshold are at an increased risk of burnout, severe fatigue, suicidal ideation, and other dimensions of distress.

High Level of Distress thresholds have been determined by Well-being Index inventors at Mayo Clinic and vary by occupation. For more information on the High Level of Distress data, explore the validation articles at the end of this report.

# COVID-19 Phase 1 vs 2019 Distress Levels

Percentage of individuals at a high level of distress by occupation



Legend: ☐ 2019  ▨ Phase 1

**Physician**
- Mar-Apr: 40.67% / 36.61%
- May-Jun: 43.76% / 34.70%
- Jul-Aug: 40.54% / 35.14%

**Nurse**
- Mar-Apr: 52.20% / 51.53%
- May-Jun: 48.74% / 52.66%
- Jul-Aug: 41.48% / 57.09%

**APP**
- Mar-Apr: 32.85% / 24.36%
- May-Jun: 30.68% / 24.58%
- Jul-Aug: 28.83% / 27.70%

**Resident**
- Mar-Apr: 23.98% / 17.57%
- May-Jun: 16.12% / 9.04%
- Jul-Aug: 17.33% / 14.39%

**Student**
- Mar-Apr: 49.83% / 41.70%
- May-Jun: 35.61% / 31.94%
- Jul-Aug: 14.24% / 22.03%

**Employee**
- Mar-Apr: 40.86% / 44.53%
- May-Jun: 40.69% / 49.18%
- Jul-Aug: 31.99% / 46.33%

## Providing Additional Context

To begin our analysis, we first compared the COVID-19 phase 1 distress levels to distress levels of the same time periods in 2019, as shown in the graph above. To provide further context to this data and understand what may be affecting healthcare worker wellness, we then began to study the following survey questions.
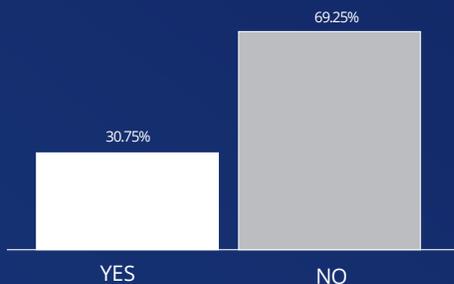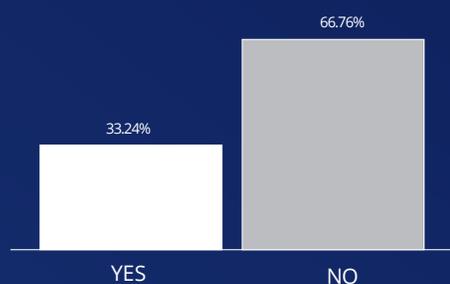
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# Were you negatively impacted financially due to COVID-19?

### Total responses from March-August

| | |
|---|---|
| YES 30.75% | NO 69.25% |

### March-April responses

| | |
|---|---|
| YES 33.24% | NO 66.76% |

### May-June responses

| | |
|---|---|
| YES 34.82% | NO 65.18% |

### July-August responses

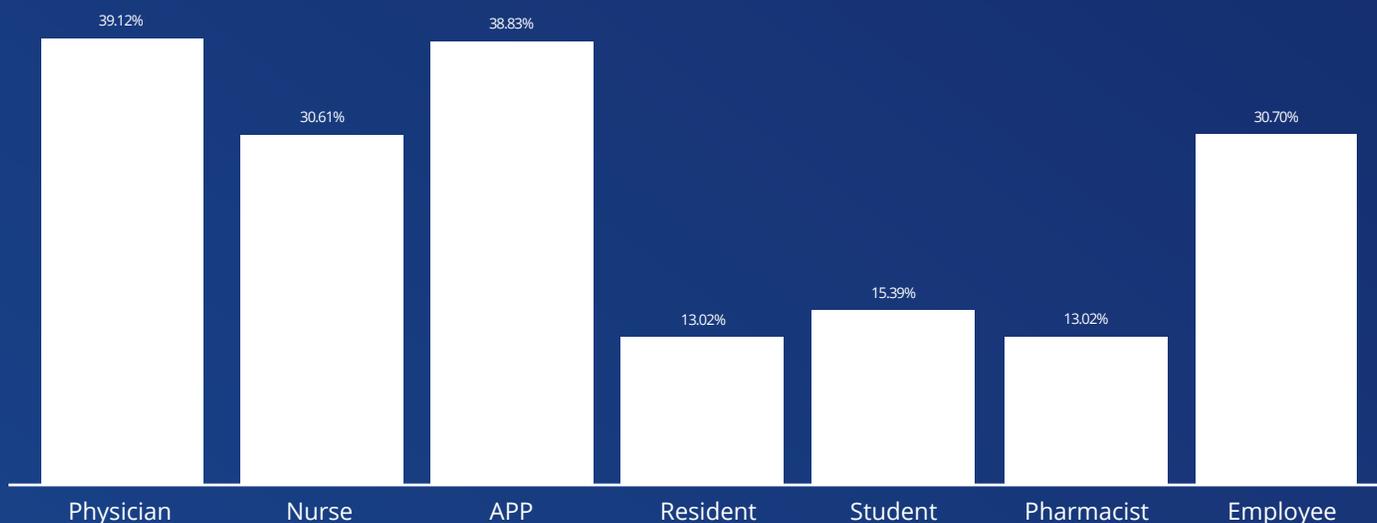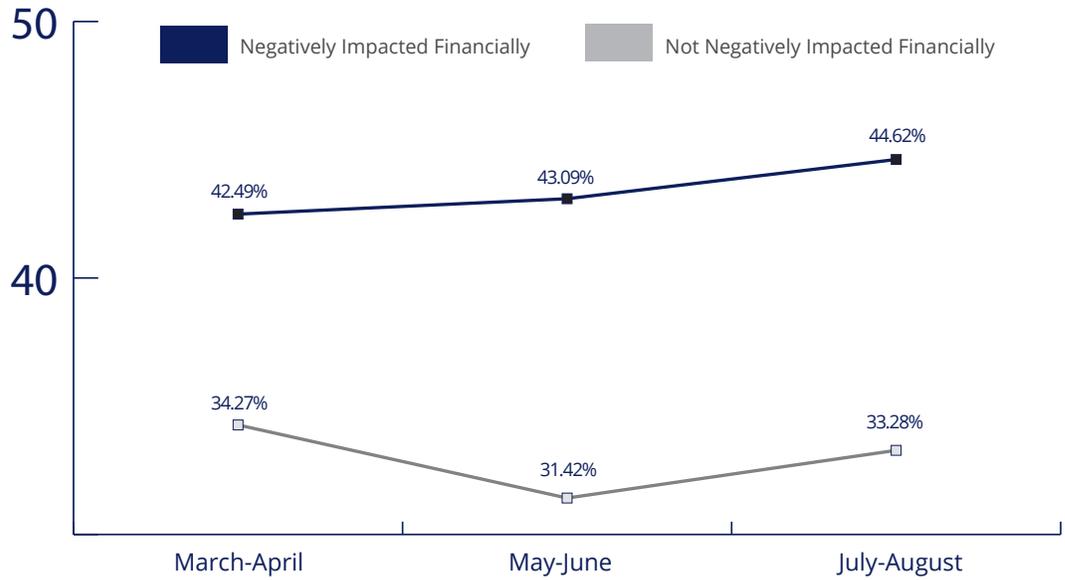| | |
|---|---|
| YES 24.20% | NO 75.80% |
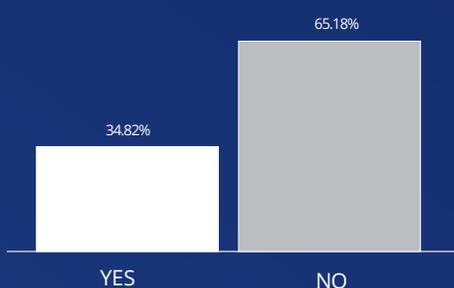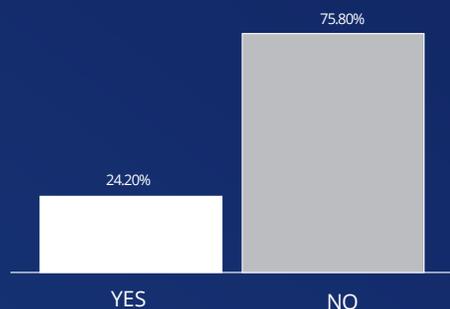
## Physicians and Advanced Practice Providers were most financially impacted due to the pandemic.

### Total responses from March-August

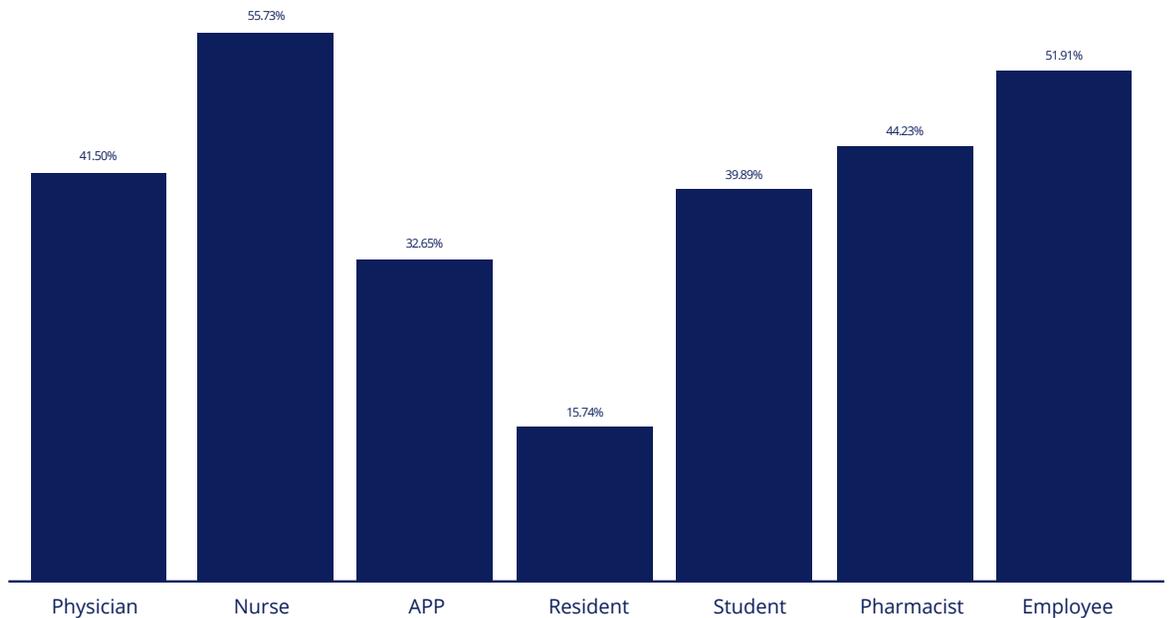| Physician | Nurse | APP | Resident | Student | Pharmacist | Employee |
|---|---|---|---|---|---|---|
| 39.12% | 30.61% | 38.83% | 13.02% | 15.39% | 13.02% | 30.70% |

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# Those who were negatively impacted financially due to the pandemic were more likely to meet the high level of distress thresholds than those not financially impacted.

## Percentage of individuals at a high level of distress during each time period by financial impact

■ Negatively Impacted Financially ▫ Not Negatively Impacted Financially

| | March-April | May-June | July-August |
|---|---|---|---|
| Negatively Impacted Financially | 42.49% | 43.09% | 44.62% |
| Not Negatively Impacted Financially | 34.27% | 31.42% | 33.28% |

*(Y-axis: 50, 40)*

# Of those financially impacted, nurses were the most likely to experience high levels of distress.

## Percentage of individuals financially impacted at a high level of distress by occupation

| Physician | Nurse | APP | Resident | Student | Pharmacist | Employee |
|---|---|---|---|---|---|---|
| 41.50% | 55.73% | 32.65% | 15.74% | 39.89% | 44.23% | 51.91% |

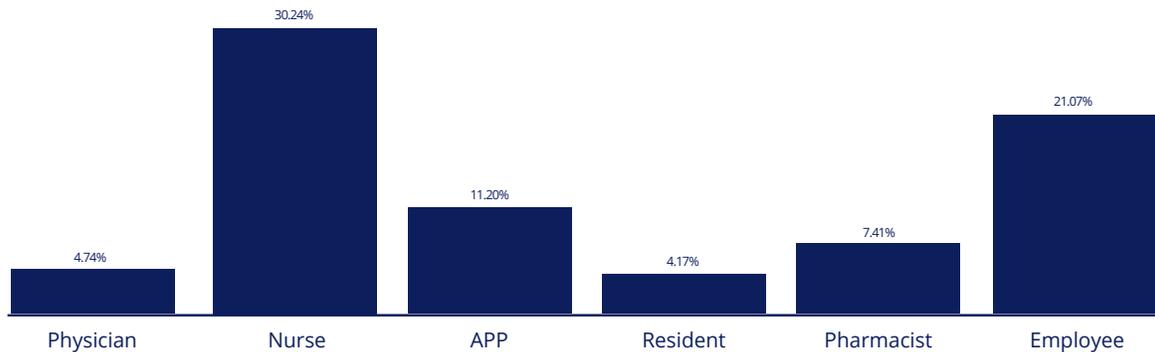**WELL·BEING** index

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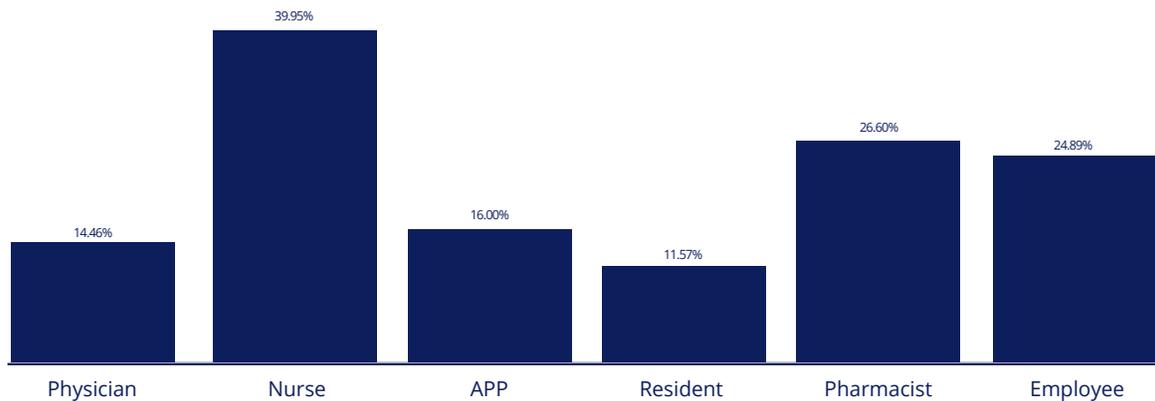# How were healthcare workers financially impacted due to COVID-19?
## March-August data

### Over 30% of nurses were furloughed
Percentage of financially impacted participants who were furloughed by occupation
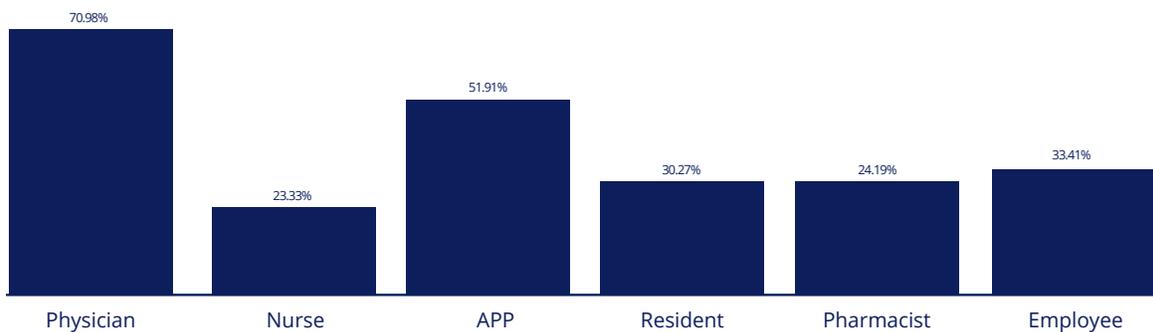
| Physician | Nurse | APP | Resident | Pharmacist | Employee |
|-----------|-------|-----|----------|------------|----------|
| 4.74% | 30.24% | 11.20% | 4.17% | 7.41% | 21.07% |

### Nearly 40% of nurses were forced to take time off
Percentage of financially impacted participants who were forced to take time off by occupation

| Physician | Nurse | APP | Resident | Pharmacist | Employee |
|-----------|-------|-----|----------|------------|----------|
| 14.46% | 39.95% | 16.00% | 11.57% | 26.60% | 24.89% |

### Nearly 71% of physicians took a pay reduction
Percentage of financially impacted participants who were took a pay reduction by occupation

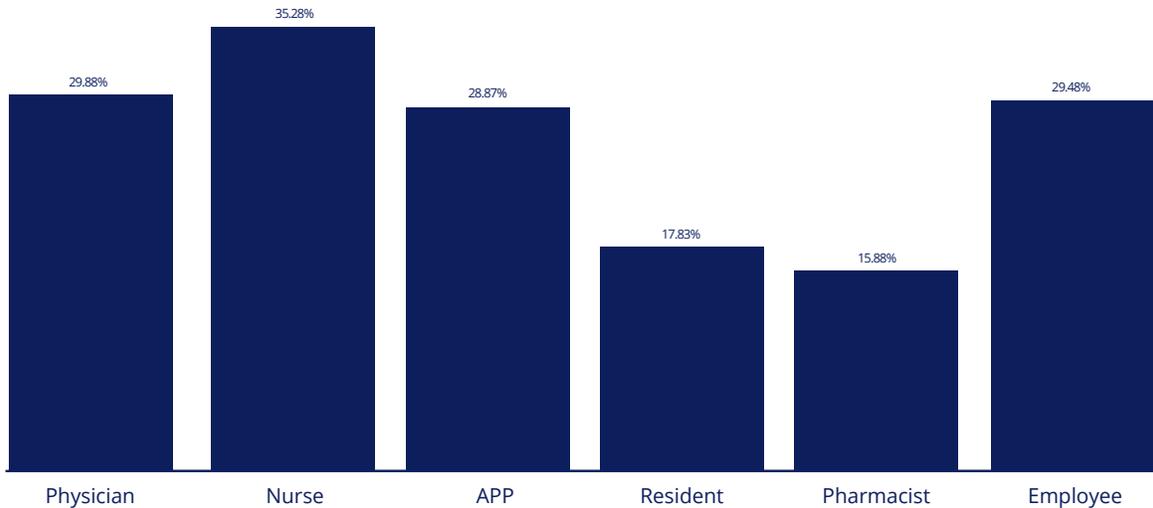| Physician | Nurse | APP | Resident | Pharmacist | Employee |
|-----------|-------|-----|----------|------------|----------|
| 70.98% | 23.33% | 51.91% | 30.27% | 24.19% | 33.41% |

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# How were healthcare workers financially impacted due to COVID-19?
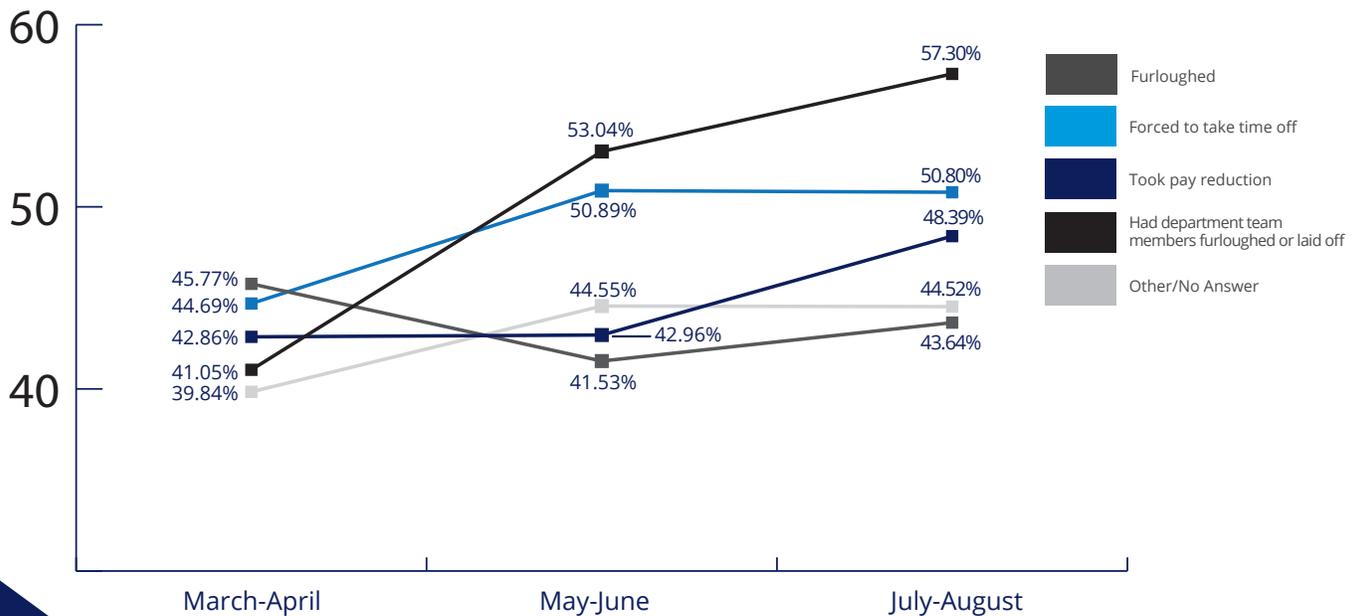## March-August data continued...

### Over 35% of nurses had department team members furloughed or laid off

Percentage of financially impacted participants who had department team members furloughed or laid off by occupation

| | | | | | |
|---|---|---|---|---|---|
| 29.88% | 35.28% | 28.87% | 17.83% | 15.88% | 29.48% |
| Physician | Nurse | APP | Resident | Pharmacist | Employee |

### The percentage of furloughed healthcare workers at a high level of distress increased dramatically from March-August

Percentage of financially impacted individuals at a high level of distress by circumstance and time period.
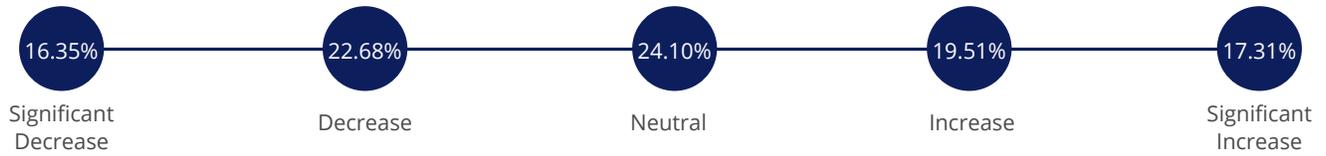
| | March-April | May-June | July-August |
|---|---|---|---|
| Furloughed | 45.77% | 41.53% | 43.64% |
| Forced to take time off | 44.69% | 50.89% | 50.80% |
| Took pay reduction | 42.86% | 42.96% | 48.39% |
| Had department team members furloughed or laid off | 41.05% | 53.04% | 57.30% |
| Other/No Answer | 39.84% | 44.55% | 44.52% |

Legend:
- Furloughed
- Forced to take time off
- Took pay reduction
- Had department team members furloughed or laid off
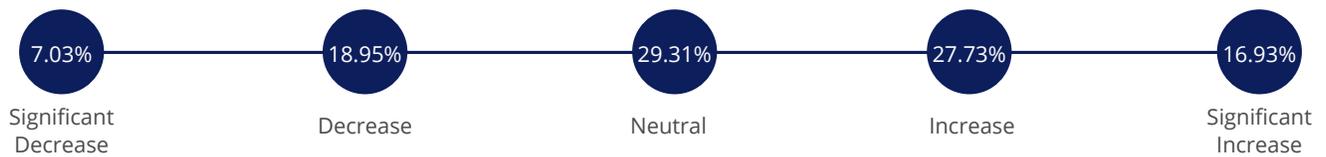- Other/No Answer

# How has your workload changed due to COVID-19?

## Nearly 37% of respondents saw increased workload from March-April
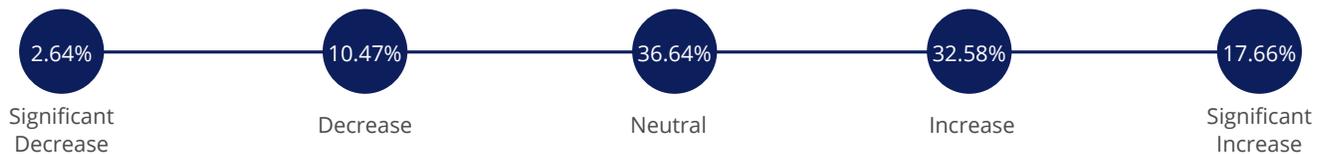
Changes in workload due to COVID-19 from March-April

| 16.35% | 22.68% | 24.10% | 19.51% | 17.31% |
|---|---|---|---|---|
| Significant Decrease | Decrease | Neutral | Increase | Significant Increase |

## Over 44% of respondents saw increased workload from May-June

Changes in workload due to COVID-19 from May-June

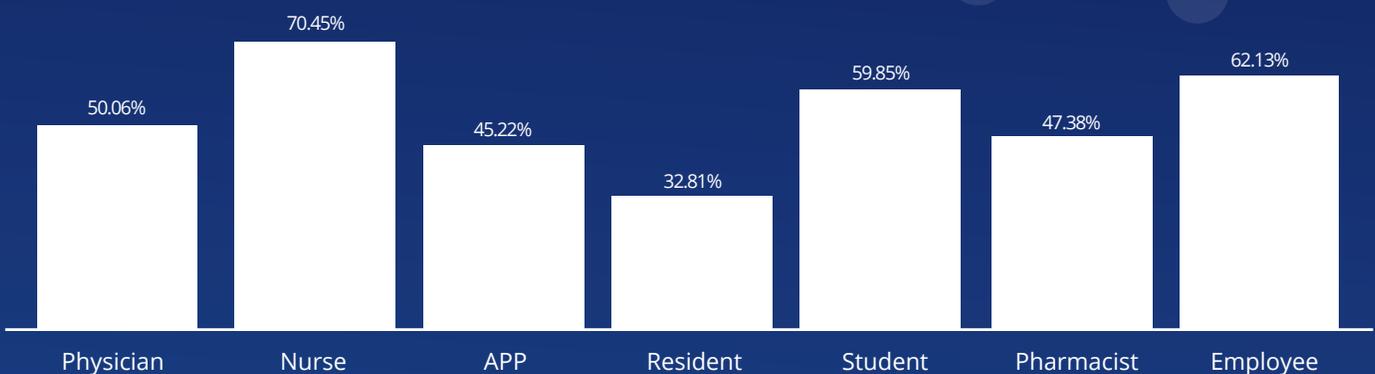| 7.03% | 18.95% | 29.31% | 27.73% | 16.93% |
|---|---|---|---|---|
| Significant Decrease | Decrease | Neutral | Increase | Significant Increase |

## Over 50% of respondents saw increased workload from July-August

Changes in workload due to COVID-19 from July-August

| 2.64% | 10.47% | 36.64% | 32.58% | 17.66% |
|---|---|---|---|---|
| Significant Decrease | Decrease | Neutral | Increase | Significant Increase |

## Nurses were the most likely to experience high levels of distress due to increased workload caused by COVID-19

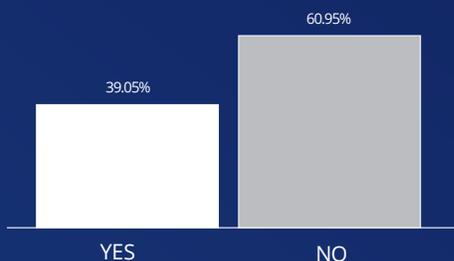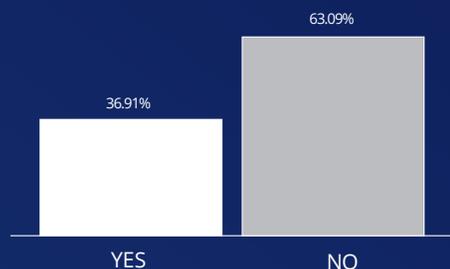Percentage of individuals at a high level of distress due to increased workload by occupation

| Physician | Nurse | APP | Resident | Student | Pharmacist | Employee |
|---|---|---|---|---|---|---|
| 50.06% | 70.45% | 45.22% | 32.81% | 59.85% | 47.38% | 62.13% |

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# Were you directly involved in COVID-19 patient care?

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### Total responses from March-August

60.95%

39.05%

| YES | NO |

### March-April responses

63.09%

36.91%

| YES | NO |

### May-June responses

59.16%

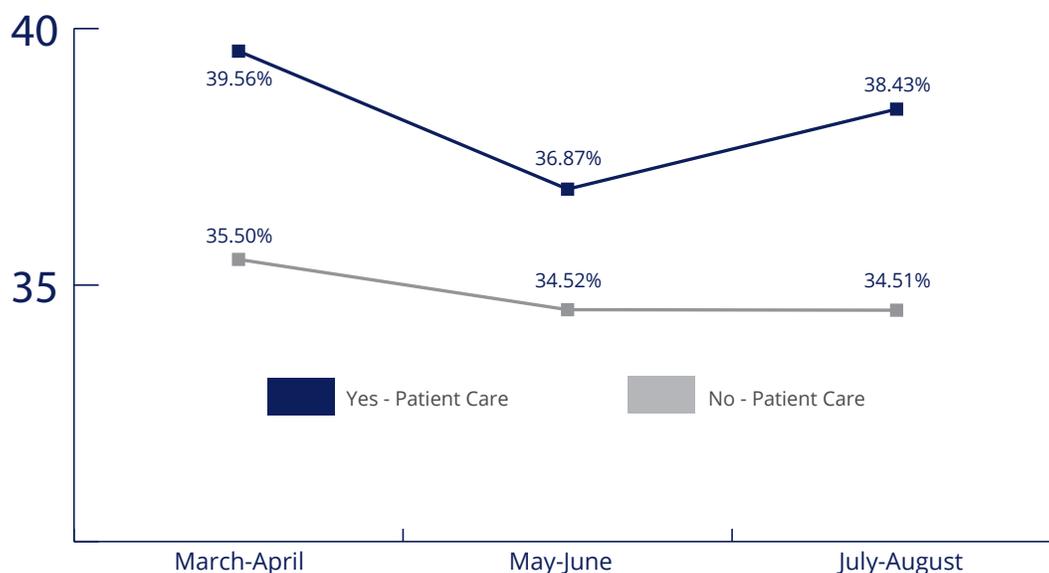40.84%

| YES | NO |

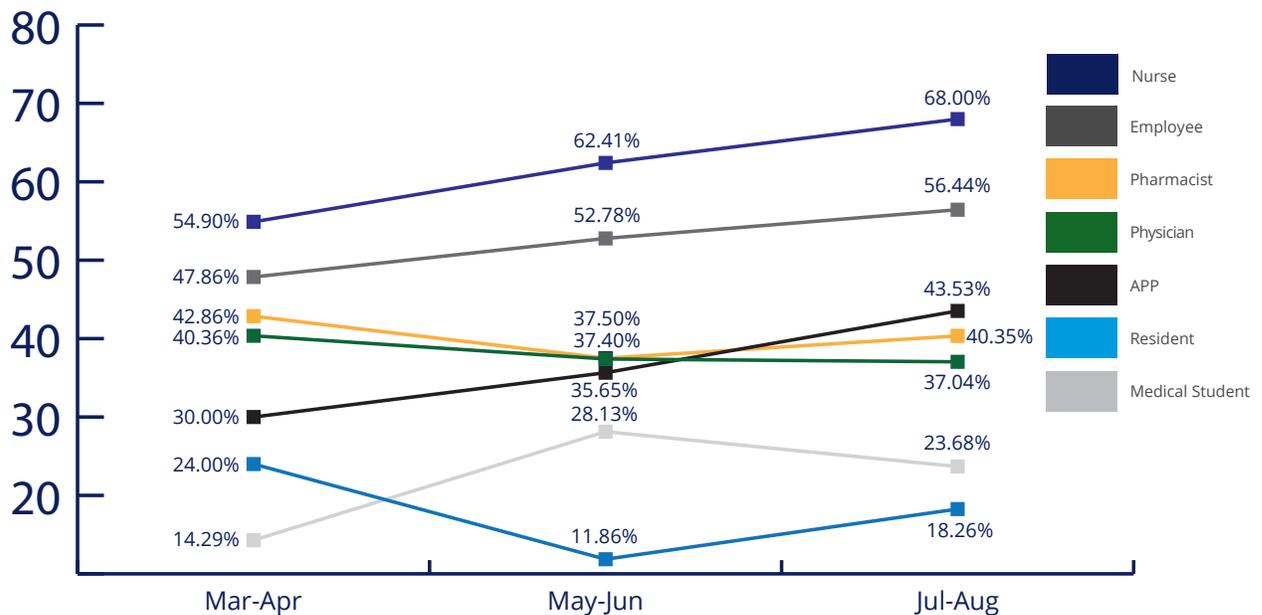### July-August responses

61.13%

38.87%

| YES | NO |
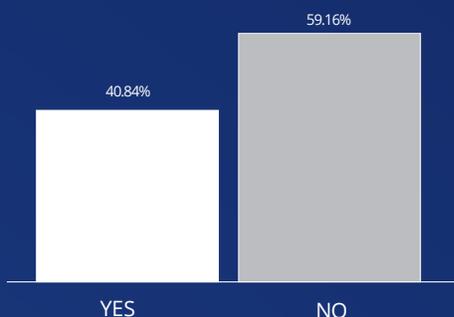
**Those who were directly involved in COVID-19 patient care were more likely to meet the high level of distress thresholds than those not.**

Percentage of individuals at a high level of distress during each time period by COVID-19 patient care involvement
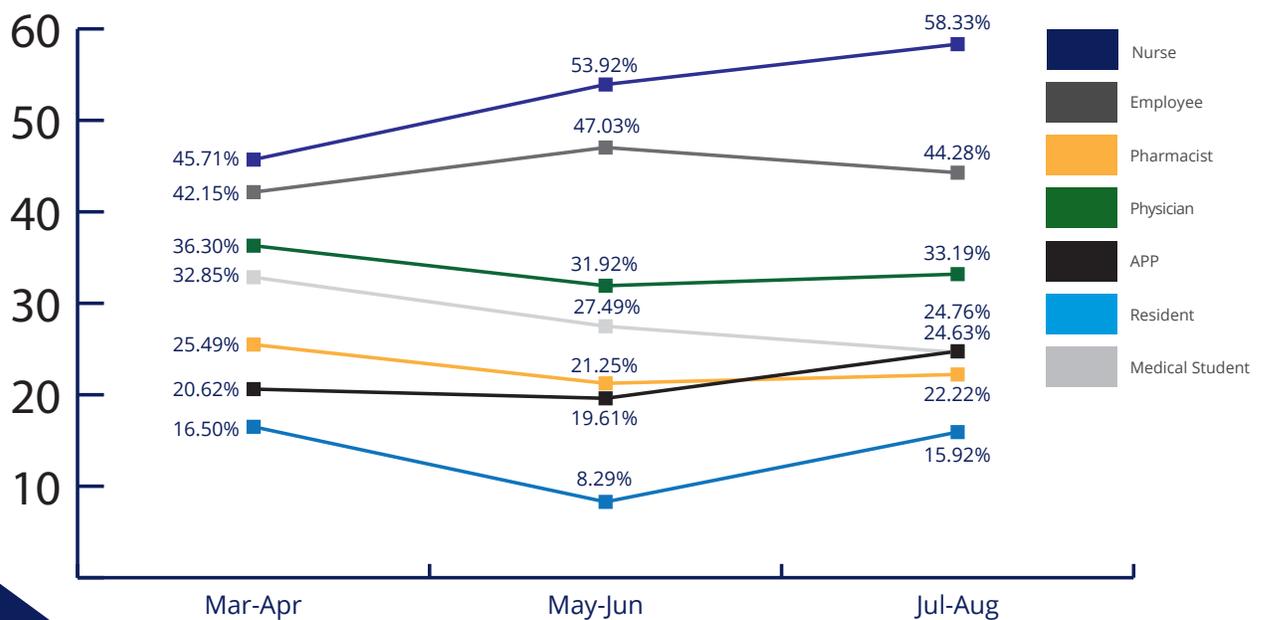
40

39.56%

38.43%

36.87%

35

35.50%

34.52%          34.51%

■ Yes - Patient Care          ■ No - Patient Care

March-April          May-June          July-August

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# Nurses were the most likely to experience high levels of distress in every time period, regardless of involvement in COVID-19 patient care

## Percentage of individuals involved in COVID-19 patient care at a high level of distress by occupation and time period



Legend: Nurse, Employee, Pharmacist, Physician, APP, Resident, Medical Student

| | Mar-Apr | May-Jun | Jul-Aug |
|---|---|---|---|
| Nurse | 54.90% | 62.41% | 68.00% |
| Employee | 47.86% | 52.78% | 56.44% |
| Pharmacist | 42.86% | 37.50% | 40.35% |
| Physician | 40.36% | 37.40% | 37.04% |
| APP | 30.00% | 35.65% | 43.53% |
| Resident | 24.00% | 11.86% | 18.26% |
| Medical Student | 14.29% | 28.13% | 23.68% |

## Percentage of individuals not involved in COVID-19 patient care at a high level of distress by occupation and time period



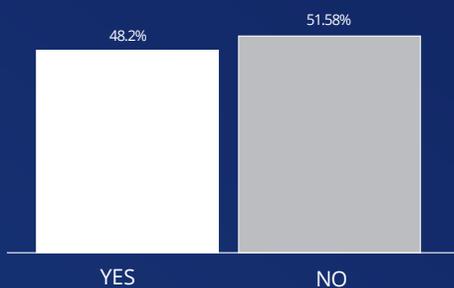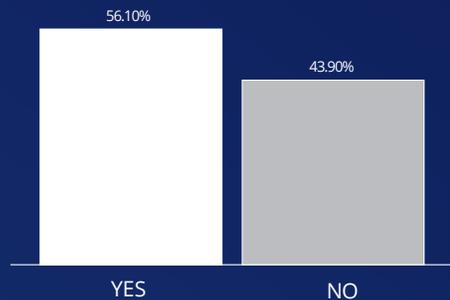Legend: Nurse, Employee, Pharmacist, Physician, APP, Resident, Medical Student

| | Mar-Apr | May-Jun | Jul-Aug |
|---|---|---|---|
| Nurse | 45.71% | 53.92% | 58.33% |
| Employee | 42.15% | 47.03% | 44.28% |
| Pharmacist | 25.49% | 21.25% | 22.22% |
| Physician | 36.30% | 31.92% | 33.19% |
| APP | 20.62% | 19.61% | 24.76% |
| Resident | 16.50% | 8.29% | 15.92% |
| Medical Student | 32.85% | 27.49% | 24.63% |

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# Has your work setting changed?

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### Total responses from March-August

48.2%        51.58%

YES          NO

### March-April responses

56.10%

43.90%

YES          NO

### May-June responses

47.62%        52.38%

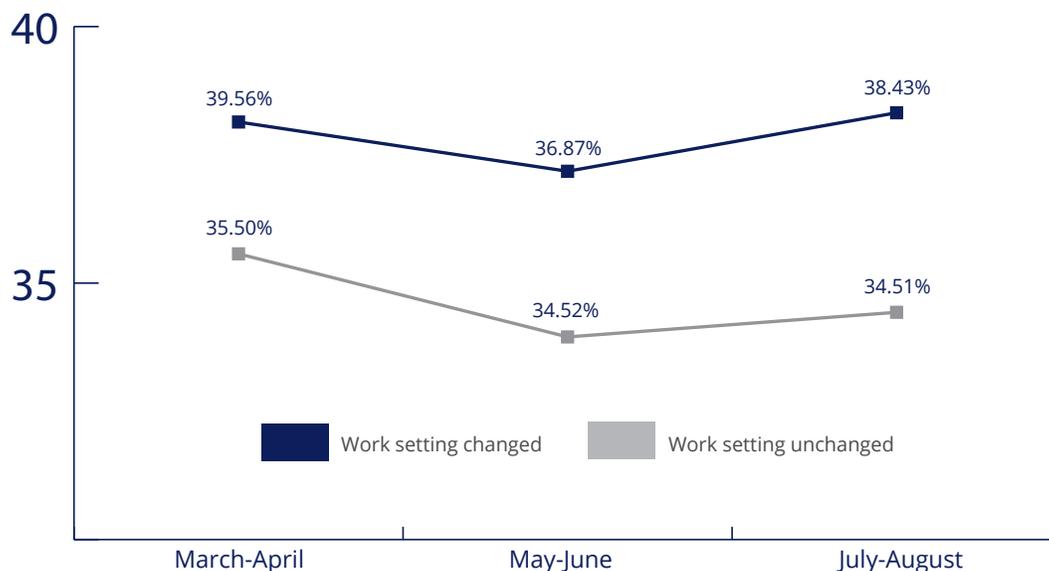YES          NO

### July-August responses

58.46%

41.54%

YES          NO
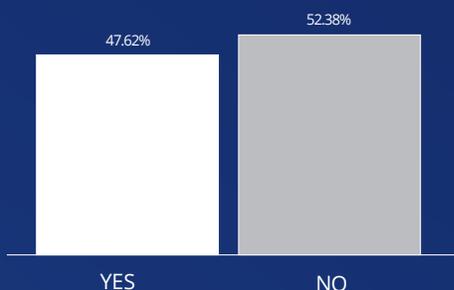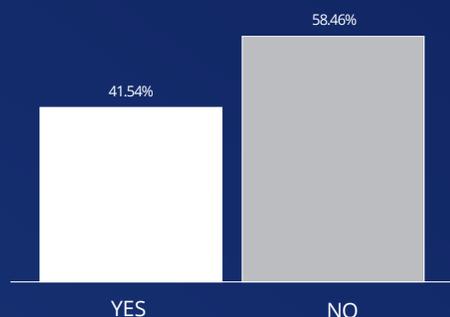
## Those who had work settings change were more likely to meet the high level of distress thresholds than those who did not.
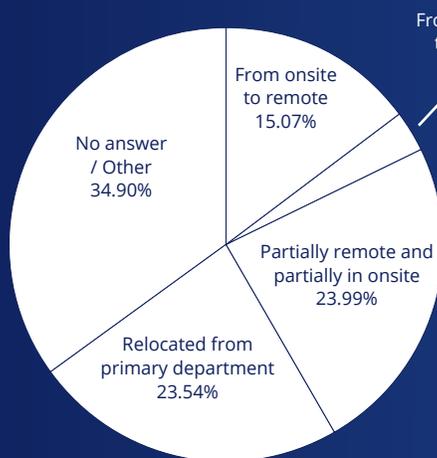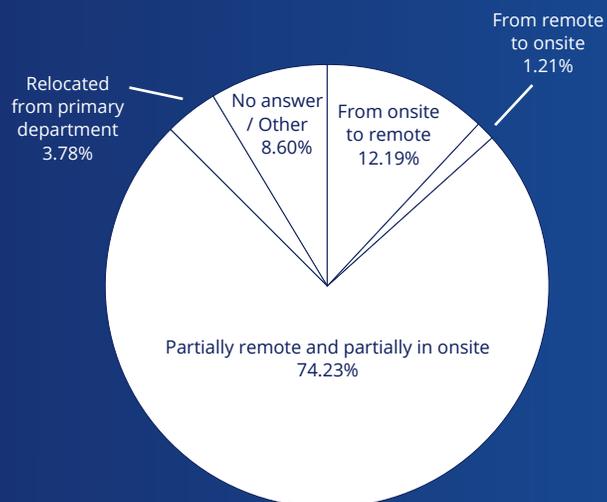
### Percentage of individuals at a high level of distress during each time period by work setting status

40

39.56%

38.43%

36.87%

35.50%

35

34.52%

34.51%

■ Work setting changed        ■ Work setting unchanged

March-April          May-June          July-August

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# How did work settings change for healthcare workers due to COVID-19?

## March-August

### Change in work setting among physicians
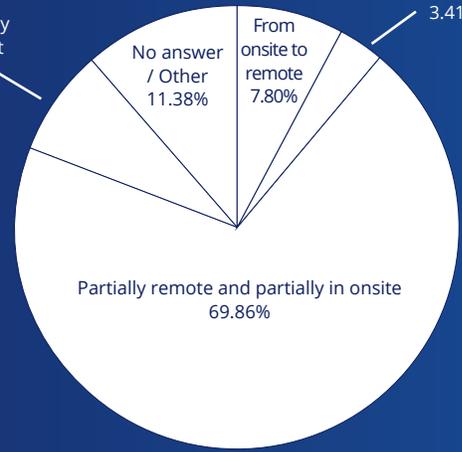
Relocated from primary department
3.78%

No answer / Other
8.60%

From onsite to remote
12.19%

From remote to onsite
1.21%

Partially remote and partially in onsite
74.23%

### Change in work setting among nurses

From onsite to remote
15.07%

From remote to onsite
3.00%

No answer / Other
34.90%

Partially remote and partially in onsite
23.99%

Relocated from primary department
23.54%

### Change in work setting among advanced practice providers

Relocated from primary department
7.56%

No answer / Other
12.23%

From onsite to remote
25.54%

From remote to onsite
1.40%

Partially remote and partially in onsite
63.71%

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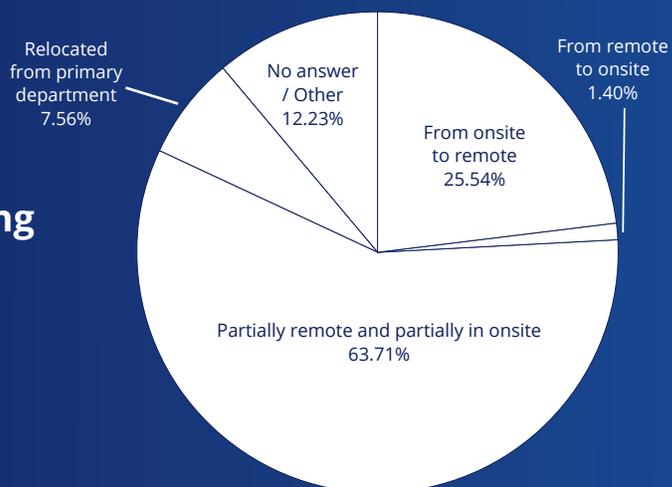
## Change in work setting among residents and fellows

Relocated from primary department
7.54%

From onsite to remote
7.80%

No answer / Other
11.38%

From remote to onsite
3.41%

Partially remote and partially in onsite
69.86%

## Change in work setting among medical students

Relocatd from primary department
1.60%

From remote to onsite
3.97%

Partially remote and partially in onsite
38.35%

From onsite to remote
52.50%
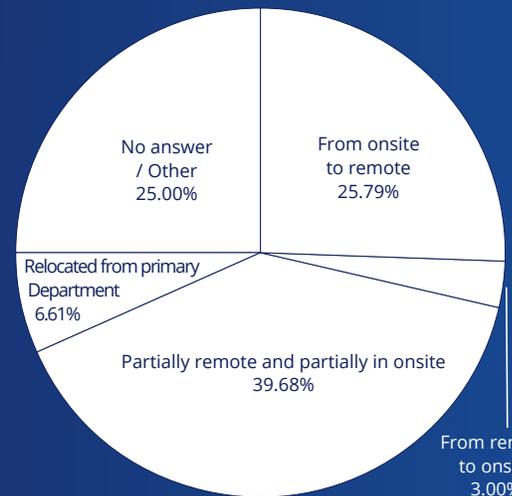
No Answer / Other
3.58%

## Change in work setting among pharmacists

No answer / Other
25.00%

From onsite to remote
25.79%

Relocated from primary Department
6.61%

Partially remote and partially in onsite
39.68%

From remote to onsite
3.00%

## Change in work setting among general healthcare employees

Relocated from primary department
6.13%

No answer / Other
14.16%

From onsite to remote
43.42%

Partially remote and partially in onsite
34.13%

From remote to onsite
2.16%

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## Validation Articles

Through years of research and a rigorous multi-step validation process, the Well-Being Index was developed by Lotte Dyrbye, MD, MHPE, and Tait Shanafelt, MD at Mayo Clinic to accurately measure six dimensions of distress and well-being in just nine questions. Since then, the Well-Being Index has been validated by various publications and used in numerous studies focusing on staff well-being and interventions to reduce distress.

Visit **www.mywellbeingindex.org** to learn more about how the tool was invented and to read the Well-Being Index validation articles.

## Well-Being Index Insights

Since its development at Mayo Clinic, the Well-Being Index has helped individuals and organizations measure well-being and collect the data needed to pinpoint the causes of distress. Through the Well-Being Index Insights, meaningful analysis of this anonymous data and high-level trends on healthcare worker wellness are made available to all.

As the COVID-19 virus continues to impact the lives of medical professionals, the Well-Being Index will analyze and compile the data into additional special reports like this one to increase understanding of the pandemic's complex effects on well-being within the healthcare industry.

To view all Well-Being Index Insights reporting visit:

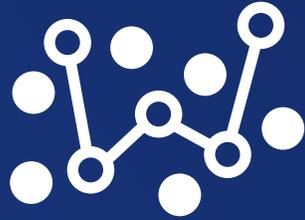**www.mywellbeingindex.org/insights**

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## Use the Well-Being Index at your institution

For more information about implementing the Well-Being Index at your organization, contact a Well-Being Index expert or take a free demo of the tool at **www.mywellbeingindex.org**.

Together, we can **Go Beyond Burnout.**

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