



Physicians Caring for Texans

Jan. 24, 2022

John J. Howard, MD
Director
National Institute for Occupational Safety and Health
Patriots Plaza 1
395 E Street, SW, Suite 9200
Washington, DC 20201

Dear Dr. Howard,

On behalf of our more than 56,000 Texas physicians and medical student members, the Texas Medical Association (TMA) writes in response to the National Institute for Occupational Safety and Health's (NIOSH) and the Centers for Disease Control and Prevention's (CDC) request for information titled, "Interventions to Prevent Work-Related Stress and Support Health Worker Mental Health" as originally [published](#) in the Sept. 27, 2021, *Federal Register*.

TMA appreciates that NIOSH and CDC are gathering comments on interventions to minimize work-associated stress, enhance stress reduction, and foster positive mental health and well-being among the nation's health care workers.

Even prior to the COVID-19 pandemic, a growing number of physicians and health professionals reported suffering from professional "burnout,"ⁱ characterized by "emotional exhaustion, depersonalization, and a sense of reduced accomplishment in day-to-day work."ⁱⁱ As the pandemic enters its third year, physician morale has declined even further, exacerbated by the multiple COVID surges, staffing shortages, and the public's unprecedented level of distrust in science, medicine, and clinical expertise. While pushback from patients on medical advice and course of treatment is nothing new, pushback from patients who simply refuse to avail themselves to scientifically proven vaccinations adds to the already-existing assaults on physicians' mental well-being.

TMA fully supports the American Medical Association's (AMA) [comments](#) in response to NIOSH and CDC. **While workplace stress and burnout display themselves in individual physicians, the root causes stem from the problems inherent in the health care system, public and private payer issues, and excessive and ever-growing administrative burdens.** Like AMA, TMA strongly urges NIOSH and CDC to focus on interventions that address the problems of the health care environment, rather than on interventions designed to help an individual physician withstand a dysfunctional care environment.

Pre-pandemic, the National Academy of Medicine (NAM) issued a report, [Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being](#), replete with recommendations on addressing burnout, including:

1. **Create positive work environments:** Transform health care work systems by creating positive work environments that prevent and reduce burnout, foster professional well-being, and support quality care.
2. **Create positive learning environments:** Transform health professions' education and training to optimize learning environments that prevent and reduce burnout and foster professional well-being.
3. **Reduce administrative burden:** Prevent and reduce the negative consequences on clinicians' professional well-being that result from laws, regulations, policies, and standards promulgated by health care policy, regulatory, and standards-setting entities, including government agencies (federal, state, and local), professional organizations, and accreditors.

4. **Enable technology solutions:** Optimize the use of health information technologies to support clinicians in providing high-quality patient care.
5. **Provide support to clinicians and learners:** Reduce the stigma and eliminate the barriers associated with obtaining the support and services needed to prevent and alleviate burnout symptoms, facilitate recovery from burnout, and foster professional well-being among learners and practicing clinicians.
6. **Invest in research:** Provide dedicated funding for research on clinician professional well-being.

Likewise, pre-pandemic the Agency for Healthcare Research and Quality (AHRQ) funded studies to better understand the individual and organizational root causes of physician burnout and to identify more effective interventions. While these studies do not account for pandemic-related factors, they nevertheless provide data-driven insights to remediate burnout. Other studies affirm the findings from AHRQ and the National Academy of Medicine (NAM), noting that physician wellness is just one component.ⁱⁱⁱ

Rather than reinvent the wheel, we strongly encourage NIOSH and CDC to look to AHRQ's and NAM's findings, which benefitted from extensive input from physicians, mental health professionals, and health researchers.

TMA policy strongly supports working with medical organizations and professional societies to pursue the reduction or elimination of the burden of federally required documentation, and we urge NIOSH and CDC to support these goals as well.

We urge you to take immediate steps to help physicians across the country, especially as we enter year three of the COVID-19 pandemic. Texas physicians are exhausted and are suffering from moral injury.

TMA appreciates the opportunity to comment on this important issue. If you have questions, please contact Robert Bennett, TMA vice president for medical economics, at robert.bennett@texmed.org.

Sincerely,



E. Linda Villarreal, MD
President
Texas Medical Association

ⁱ [Factors Related to Physician Burnout and Its Consequences: A Review \(nih.gov\)](#)

ⁱⁱ Maslach C., Jackson S.E., Leiter M.P. *Maslach Burnout Inventory Manual*. 3rd ed. Consulting Psychologists Press; Palo Alto, CA, USA: 1996

ⁱⁱⁱ [Burnout in Healthcare Workers: Prevalence, Impact and Preventative Strategies \(nih.gov\)](#)