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Physicians' Heroism During COVID-19

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Synonyms

Emotional exhaustion; Physician burnout; Physician trauma

Definition

Physicians and other healthcare personnel experienced unprecedented rates of mental health breakdowns and burnout during the 2020–2021 COVID-19 pandemic. This crisis illuminated physicians' heroism and how this label contributes to their compromised well-being.

The seriousness of physician burnout and mental illness is reflected in statistics showing that physician suicide rates in the United States are currently the highest of any profession and twice that of the general population (Danhauer et al. 2020). Additionally, the Association of American Medical Colleges (2020) estimate that, by 2032, the United States will have a deficit of physicians (from 46,900 to 122,000) across all specialties. Prior to COVID-19, this was driven by a rapidly aging population, a stagnant rate of new physicians, and an alarming rate of turnover. Problems with burnout have been compounded in light of COVID-19, which has led many doctors to retire early or change professions (Abelson 2020). During the early days of the pandemic, the public witnessed stark deficiencies in resources (e.g., a lack of personal protective equipment [PPE] and ventilators) and practices (e.g., overwhelmed emergency rooms and long hours). Rather than the tools needed to carry out their work, physicians were largely offered symbolic (rather than material or policy-based) support.

In this entry, we highlight and interrogate the public celebrations of physicians, during the COVID-19 pandemic, as "heroes" in light of ongoing threats to their work quality and personal well-being. Rather than supernatural beings (as is suggested by the hero frame), physicians are employees who – under normal circumstances – attempt to carry out their work despite limited resources, rigid schedules, and recurring trauma.

Not All Heroes Wear Capes

During the beginning of the COVID-19 pandemic, the global conversation placed the label of "hero" on the professions of physicians and healthcare workers. Historically, the view of physicians has waned between being characterized as "quacks," inept individuals focusing more on financial gain than the well-being of their patients, to the more recent view of the profession as heroic

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that emerged in the nineteenth century and continues today (McLellan 1996). Despite the general lack of consensus to the meaning of the word *hero*, scholars have created typologies to describe heroism that depict how a given type of hero is perceived and treated (Allison et al. 2017; Franco et al. 2018). The type of heroism typically ascribed to physicians is one that is duty bound, much like military members, and associated with the risk of physical harm or even death. The issue that arises from this labeling is the expectation of sacrifice and implications of moral failings should the hero not accept this willingly. This labeling was in stark contrast to medical workers perceptions of just trying to do their jobs and wanting sufficient support. It is important to note that many heroes do not self-identify with this label but rather it is foisted upon them by others (Allison and Beggan 2022).

In the early days of the pandemic, everyday citizens wanted to show their support for medical heroes. Their intentions were wholesome. They felt helpless knowing the sacrifices being made by these individuals without adequate protection and resources. As seen in Table 1, across the United States individuals and communities engaged in acts of support, though most can be viewed as being merely symbolic. While this movement had wonderful intentions, and certainly served a cathartic function for the people at home howling or singing or banging their pots and pans together, it did little to help the physicians working in dangerous and overwhelming conditions.

Although it was more helpful than singing, efforts to donate personal protective equipment (PPE) to healthcare workers (Diaz and Taylor 2020) had only a modest impact at best in addressing the challenges they faced. And these efforts ignored the preexisting levels of burnout that physicians faced before COVID-19. Thus, while hospitals and other organizations were erecting billboards and signs to salute the heroism of doctors and other healthcare workers, such as in Fig. 3, their already dysfunctional working conditions deteriorated to intolerable (Abelson 2020). The American Medical Association acknowledged this severity of the problem and underscored how physicians' basic needs were not being met (Berg 2020):

Physicians' Heroism During COVID-19, Table 1 Public acts of support for physicians during the COVID-19 pandemic

	Description
#Solidarityat8 (Scheier 2020)	In March a hashtag surfaced called #Solidarityat8 that was used to encourage people to go outside every night at 8 pm and cheer, shout, clap, honk their horns, ring bells, or turn on lights to show support for frontline healthcare workers and other essential workers. The Twitter feed for #Solidarityat8 shows people dancing for them, singing for them, showing their appreciation with words, photos, and video. By April, #Solidarityat8 had even given birth to howling as a way to honor doctors and other first responders. See Fig. 1 in appendix.
Kansas Farmer (Spector 2020)	In a now viral story, a farmer in Kansas sent an N95 mask to New York Governor Andrew Cuomo to help protect a nurse or doctor. Along with the masks, he wrote a letter with his request. See Fig. 2 in appendix.
Billboard	Billboards with the message "Not all superheroes wear capes" sprang up throughout the San Francisco Bay area as a tribute to frontline workers. See Fig. 3 in appendix.

> In times of crisis and stress, sometimes basic needs go out the window, including food, water, safety and sleep. For example, when physicians work 14- or 16-hour days they may not think about these basic needs. . ..

Additionally:

> There is a common fear of acquiring COVID-19 and giving it to family members, loved ones or colleagues. . .a lot of physicians are unsure about "what is required and doing things that are not easy to understand, and the consequences of not getting it right feel pretty severe."

Among the suggestions made to address these stressors was to watch the number of hours worked and to focus on mental health resources – although how to do so was unclear.

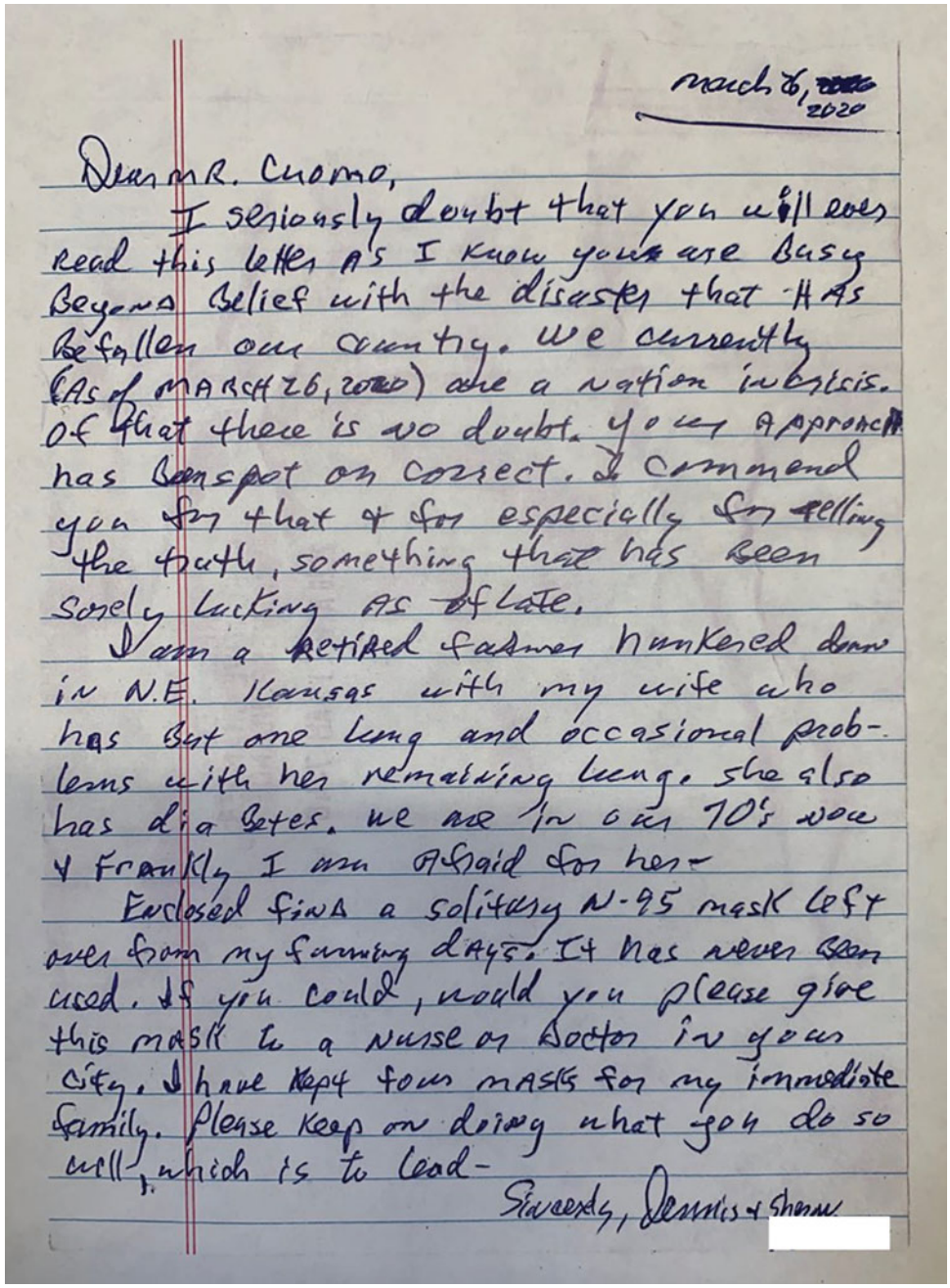
A local Austin, Texas news station (KVUE) ran a story featuring Dr. Natasha Kathuria who likened her experience to a war and explained that the lack of PPE was untenable: "If we can't

Physicians' Heroism During COVID-19, Fig. 1 #Solidarityat8 Hashtag

protect ourselves, there's no way we can (treat patients) – it's like sending our army out to fight with no guns and saying 'Good luck!'" (Marut 2020). Dr. Kathuria's interview showed her visibly distraught and begging for help to do her job. Physicians' poor working conditions contributed to acute trauma (because of the daily fear for their lives they described) as well as cumulative trauma (given how long the pandemic lasted). Both this acute and cumulative trauma exacerbated the already existing issue of high burnout in the field of medicine. While most individuals experienced the horror of the pandemic from a personal perspective, physcians faced the loss of millions of lives worldwide as part of their professional landscape as well.

Physician Burnout and Recovery During COVID-19

Burnout has been identified as a significant issue in healthcare workers, particularly in physicians. According to Maslach and Jackson (1981), "Burnout is a syndrome of emotional exhaustion and cynicism that occurs frequently among individuals who do 'people-work' of some kind" (p. 99). National studies have indicated that both physicians-in-training and practicing physicians report higher levels in all dimensions of burnout when compared to their non-physician counterparts (Dyrbye et al. 2014), with specialties such as emergency medicine, general internal medicine, and neurology reporting the highest frequency of burn-



March 26, 2020

Dear MR. Cuomo,

I seriously doubt that you will ever read this letter as I know you are busy beyond belief with the disaster that has befallen our country. We currently (As of MARCH 26, 2020) are a nation in crisis. Of that there is no doubt. Your approach has been spot on correct. I commend you for that & for especially for telling the truth, something that has been sorely lacking as of late.

I am a retired farmer hunkered down in N.E. Kansas with my wife who has but one lung and occasional problems with her remaining lung. She also has diabetes. We are in our 70's now & Frankly I am afraid for her-

Enclosed find a solitary N-95 mask left over from my farming days. It has never been used. If you could, would you please give this mask to a nurse or Doctor in your city. I have kept four masks for my immediate family. Please keep on doing what you do so well, which is to lead-

Sincerely, Dennis & Shawn [redacted]

Physicians' Heroism During COVID-19, Fig. 2 Letter from Kansas Farmer donating an N-95 mask to a Nurse or Doctor in New York

out (West et al. 2018). In addition to increasing the likelihood of voluntary departure, burnout has been associated with reduction in patient satisfaction, greater likelihood of malpractice lawsuits, longer patient recovery times, mental and physical health issues for physicians, and reduced work satisfaction among various other issues (Hamidi et al. 2018; West et al. 2018). Results of a survey

Physicians' Heroism During COVID-19, Fig. 3 Not all Superheroes Wear Capes Billboard

conducted on behalf of The Physicians Foundation in 2018 found that 78% of the 8,774 physicians who responded indicated that they sometimes, often, or always experience feelings of burnout (The Physicians Foundation 2018).

Of particular relevance to pandemic-era burnout, Abedini et al. (2018) describe two types of burnout: *circumstantial* and *existential*. Circumstantial burnout comes from "self-limited circumstances and environmental triggers" (p. 26). It can

be addressed through practices such as nurturing personal lives, resolving workplaces challenges, and taking time off work. Among the three means of resolving circumstantial burnout, none were available to physicians during the early days of the pandemic. First, the human toll and fear associated with COVID-19 as well as shelter-in-place mandates and closures of many public spaces (i.e., restaurants, bars, movie theatres, recreational facilities) made it challenging for physicians to nurture their personal lives. Second, the lack of PPE and ventilators made it difficult to resolve workplace challenges. Third, taking time off work was not easy because of the rise in patients needing to be seen.

Existential burnout, on the other hand, stems from a loss of meaning in medicine and an uncertain professional role. It requires other methods of resolution including recognition of burnout, forming connections with others in their workplace, finding meaning in medicine, feeling validated, forming a professional identity, clarifying professional roles, and focusing on career development. It would be comforting to imagine that the hero narrative allowed doctors to find the validation, meaning, and identity formation they needed to resolve existential burnout caused by the COVID-19 crisis. However, the toll of the trauma and the lack of recovery were more highly documented than any stories of how being called a hero helped them to cope. To the contrary, Dr. Lorna M. Breen, the medical director of New York Presbyterian Allen, one of Manhattan's hardest hit hospitals, died by suicide while home recuperating from COVID-19 because of the work conditions she faced (Watkins et al. 2020).

> (Her father) said his daughter had contracted the coronavirus but had gone back to work after recuperating for about a week and a half. The hospital sent her home again, before her family intervened to bring her to Charlottesville, he said. . ..
>
> Dr. Breen, 49, did not have a history of mental illness, her father said. But he said that when he last spoke with her, she seemed detached, and he could tell something was wrong. She had described to him an onslaught of patients who were dying before they could even be taken out of ambulances.
>
> "She was truly in the trenches of the front line," he said.
>
> He added: "Make sure she's praised as a hero, because she was. She's a casualty just as much as anyone else who has died."
>
> In a statement, New York-Presbyterian/Columbia used that language to describe her. "Dr. Breen is a hero who brought the highest ideals of medicine to the challenging front lines of the emergency department," the statement said.

Note that the war metaphor (that ran on a local radio station) resurfaced in this story and the hero metaphor was prominent and embraced. Our argument is not that their work was not heroic, but that sometimes this metaphor is invoked by institutions to sidestep the issue of personal safety and recovery. Key to war metaphors is a short-term time frame wherein individuals must continue, without relief, until the enemy retreats. There is also the moral implication that if the hero (physician) doesn't continue to fight, make sacrifices, and overcome the obstacles they face, they are in part responsible for suffering endured by the general population (Allison and Beggan 2022).

By all accounts, Dr. Breen was engaged in the routine recovery behaviors touted as solutions in the resilience literature. The story of her death made it clear to anyone who was paying attention that she had all the personal and social tools to thrive in her chosen profession, but that the insurmountable institutional structures she faced were too high. This hero narrative placed the onus of solving the issue of burnout squarely on the individual rather than on the medical and governmental institutions that did not provide adequate support and created a culture that permeated burnout.

References

Abedini, N., S.W. Stack, J.L. Goodman, and K.P. Steinberg. 2018. "It's not just time off": A framework for understanding factors promoting recovery from burnout among internal medicine residents. *Journal of Graduate Medical Education* 10 (1): 26–32. https://doi.org/10.4300/JGME-D-17-00440.1.

Abelson, R. 2020. Doctors are calling it quits under stress of the pandemic. *The New York Times*, November 15. https://www.nytimes.com/2020/11/15/health/Covid-doctors-nurses-quitting.html

Allison, S.T., and J.K. Beggan. 2022. The dynamic negotiated exchange model of heroism and heroic

leadership: Lessons from the COVID-19 pandemic. *Interdisciplinary Journal of Leadership Studies* 1: 15–31.

Allison, S.T., G.R. Goethals, and R.M. Kramer. 2017. Setting the scene: The rise and coalescence of heroism science. In *Handbook of heroism and heroic leadership*, ed. S.T. Allison, G.R. Goethals, and R.M. Kramer. New York: Routledge.

Association of American Medical Colleges. 2020. New AAMC report confirms growing physician shortage [Press Release]. Retrieved from https://www.aamc.org/news-insights/press-releases/new-aamc-report-confirms-growing-physician-shortage

Berg, S. 2020, March 20. *6 ways to address physician stress during COVID-19 pandemic*. American Medical Association. Retrieved from https://www.ama-assn.org/delivering-care/public-health/6-ways-address-physician-stress-during-covid-19-pandemic

Danhauer, S.C., K. Files, and J.A. Freischlag. 2020. Physician suicide – Reflections on relevance and resilience. *JAMA Surgery* 155 (8): 721–722.

Diaz, J., and D.B. Taylor. 2020. How to donate your N95 masks to New York doctors. *The New York Times*, April 1. https://www.nytimes.com/2020/04/01/nyregion/donate-masks-coronavirus.html

Dyrbye, L.N., C.P. West, D. Satele, S. Boone, L. Tan, J. Sloan, and T.D. Shanafelt. 2014. Burnout among US medical students, residents, and early career physicians relative to the general US population. *Academic Medicine* 89 (3): 443–451.

Franco, Z.E., S.T. Allison, E.L. Kinsella, A. Kohen, M. Langdon, and P.G. Zimbardo. 2018. Heroism research: A review of theories, methods, challenges, and trends. *Journal of Humanistic Psychology* 58 (4): 382–396.

Hamidi, M.S., B. Bohman, C. Sandborg, R. Smith-Coggins, P. de Vries, M.S. Albert, . . . M.T. Trockel. 2018. Estimating institutional physician turnover attributable to self-reported burnout and associated financial burden: A case study. *BMC Health Services Research* 18: 1–8. https://doi.org/10.1186/s12913-018-3663-z.

Marut, M. 2020, March 20. *"We are in a war": Austin doctors running out of protective equipment to treat coronavirus patients*. kvue.com. Retrieved from https://www.kvue.com/article/news/health/coronavirus/coronavirus-doctors-masks-austin-protective-equipment-goggles/269-a803b7ac-1ab0-4a6a-bfb8-af8b08d72028

Maslach, C., and S.E. Jackson. 1981. The measurement of experienced burnout. *Journal of Occupational Behavior* 2 (1): 99–113. https://www.jstor.org/stable/3000281

McLellan, M.F. 1996. Images of physicians in literature: From quacks to heroes. *The Lancet* 348 (9025): 458–460.

Scheier, R. 2020, April 4. *Coronavirus has people howling at the moon.* Retrieved from https://www.latimes.com/california/story/2020-04-04/coronavirus-has-people-howling-at-the-moon

Spector, J. 2020, May 6. *Kansas farmer who donated mask to Gov. Cuomo gets college degree*. Retrieved from https://www.usatoday.com/story/news/nation/2020/05/06/kansas-farmer-who-donated-mask-gov-cuomo-gets-college-degree/5174679002/

The Physicians Foundation. 2018. *2018 survey of America's physicians: Practice patterns and perspectives.* Retrieved from https://physiciansfoundation.org/wp-content/uploads/2018/09/physicians-survey-results-final-2018.pdf

Watkins, A., M. Rothfeld, W.K. Rashbaum, and B.M. Rosenthal. 2020, April 27. Top E.R. doctor who treated coronavirus patients dies by suicide. *The New York Times*. https://www.nytimes.com/2020/04/27/nyregion/new-york-city-doctor-suicide-coronavirus.html

West, C.P., L.N. Dyrbye, and T.D. Shanafelt. 2018. Physician burnout: Contributors, consequences and solutions. *Journal of Internal Medicine* 283: 516–529. https://doi.org/10.1111/joim.12752.