



## CDC Newsroom

# Transcript: Health Workers Face a Mental Health Crisis

### Press Briefing Transcript

Tuesday, October 24, 2023

- [Audio recording](#)  [MP3 – 5 MB]

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0:00 / 31:59

**Operator:** Welcome and thank you for standing by. At this time all participants are in listen-only mode until the question-and-answer session of today's conference. At that time, you may press star one on your phone to ask a question. I would like to inform all parties that Today's conference is being recorded. If you have any objections, you may disconnect at this time. I would now like to turn the conference over to Mr. Benjamin Haynes. Thank you, you may begin.

**Benjamin Haynes, Director of Media Relations, CDC:**

Thank you, Sheila. And thank you all for joining us today as we release a new CDC Vital Signs. We are joined by Dr. Deborah Houry, CDC's Chief Medical Officer, and Dr. L. Casey Chosewood, Director of the Office for Total Worker Health in CDC's National Institute for Occupational Safety and Health. Dr. Chosewood is also the senior author of today's Vital Signs report. This briefing is embargoed until 1pm When our Vital Signs is live on the CDC website. I will now turn the call over to Dr. Houry.

**Debra Houry, M.D., Chief Medical Officer, CDC:**

Good afternoon, everyone. Thank you for joining us today. This month's CDC Vital Signs highlights the urgent need to address the mental health of our nation's health workers. CDC's Vital Signs report spotlights serious health threats like mental health issues, and the science-based actions that can be taken to address health worker mental health.

Health workers, including clinicians, as well as mental health, public health, long term care professionals, and those and other support roles have long faced challenges to their well-being and mental health. Workers and health related professions have historically faced long work hours, often with unpredictable or rotating schedules, or like what I experienced as an emergency physician, working overnights and on holidays.

Caring for people who are sick can also be intensely stressful and emotional. Exposure to human suffering takes an immense toll on this vital workforce. Although you do everything you can to save a life, I still remember some of the tough patient cases I had, where I gave the bad news about an advanced cancer diagnosis to a working spouse or the time I was unable to resuscitate the young toddler after a car crash. After a shift like this, I would have to put on a good front and take care of my own family. And in doing this, I didn't always pay enough attention to my own wellness needs.

The COVID-19 pandemic only intensified many health workers' long-standing challenges and contributed to new and worsening concerns including compassion, fatigue, depression, anxiety, substance use disorders and suicidal thoughts. Burnout among these workers has reached crisis levels.

While usually health workers care diligently for others in their time of need, it is now our nation's health workers who are suffering, and we must act.

CDC's National Institute for Occupational Safety and Health, also known as NIOSH, is actively working to help address this issue through the new health worker mental health initiatives. One goal of the initiative is to raise awareness of health workers' mental health issues, particularly focusing on the role that work conditions play and what employers can do.

As part of this initiative, this fall, NIOSH will be launching a national campaign for hospital leaders focusing on providing them resources to help them think differently about how to identify and remove barriers to health worker well-being. The data presented in today's Vital Signs report further support the imperative given in the US Surgeon General's 2022 report addressing health worker burnout, which emphasized the need for action to create a system where health workers can thrive.

Today's Vital Signs report is one of the many critical research projects focused on health workers to learn more about their mental health needs and what strategies can address those needs to optimize their well-being. Now I'll turn it over to Dr. Casey Chosewood, who will highlight the findings of today's Vital Signs report.

**Casey Chosewood, MD, MPH, Director and Senior Medical Officer, Office for Total Worker Health – National Institute for Occupational Safety and Health:**

Thank you very much, Dr. Houry. Today's Vital Signs shows that our nation's health workers continue to face a mental health crisis. The number of days US health workers reported their mental health was not good in the past 30 days increased more than other workers between 2018 and 2022, the timespan before and after the start of the COVID-19 pandemic.

Health workers were also more likely than other workers to report negative changes in their working conditions during this time. Notably, health workers reported the largest increase in being harassed at work compared to other workers. And sadly, this report points out that health workers who reported being harassed were more likely to report symptoms of anxiety, depression and burnout compared to health workers who did not report being harassed.

Specifically, the analysis showed that 46% or nearly half of all health workers reported often feeling burned out in 2022 and increased from 32% in 2018. Additionally, more than double the number of health workers reported harassment at work and 2022. Compared to 2018. Intentions by health workers to change jobs also increased with 44%. In 2022, reporting they were likely or very likely to look for a new job in the next year. In comparison, other worker groups reported a decrease in Job turnover intention.

But our analysis also showed places where there is hope that we can improve the outlook for this workforce. Importantly, the Vital Signs report noted that poor mental health outcomes are less common when working conditions are positive, and where health workers have the potential to thrive. Supportive work environments had a positive impact on health workers. For example, the data show that depression symptoms were half when health workers could take part in workplace decisions.

The bottom line is this, we must take the research we have an act. data such as those presented in this Vital Signs report are giving us crucial and concerning information. To label our current and long-standing challenge a "crisis" is an understatement. Many of our nation's health care systems are at their breaking point, staffing crises, lack of supportive leadership, long hours of work and excessive demands and flexibilities in our nation's health systems, all must be addressed.

We're calling on employers to take this information to heart and take immediate preventive actions. We know from previous research that organizational system wide interventions are more effective than individually focused intervention approaches or those that rely on the worker to take the initiative to address their own mental health concerns. We don't just want to treat workers who are suffering, we want to prevent that harm to all workers in the first place. The ultimate goal is to build a sustainable infrastructure for future generations of health

workers that optimizes the culture of healthcare settings. In accomplishing these goals, we expect to have a positive impact on multiple organizational and employee outcomes. Central among these is workforce retention. Patients in our communities, really all of us will fare better as well, when our health workers are thriving.

While this Vital Signs report outlines some ways that employers can modify working conditions to build trust and increase supervisory support. For example, they can allow health workers to participate in decision making, on how the work is done, and what aspects of the work should be targeted for improvement. This builds trust in management, supervisors compliance assistance with accomplishing job tasks and assert workers have enough time to complete their work. Supervisors also play an important role in supporting work life fit. Employers should also carefully monitor staffing needs and pay attention to harassment reports. Designing work and policies to support workers can help workers feel safe and protect their mental health. It's important for healthcare leaders to know that solutions don't necessarily require a major financial investment.

For example, inviting cross level employee participation and input doesn't have to cost a lot in terms of financial resources. But it may require a shift in thinking for leadership. Health Workers dedicate themselves to caring for us, our families and our communities, and they are pouring from an empty cup. By improving work conditions and work design, we can have a positive impact on health worker wellbeing and mental health and retain a critical asset to the nation's health system and public health. And we can all support health workers by expressing our appreciation for their essential work and treating them with understanding and respect. I will now open it up for questions.

Thank you, Sheila, we are ready for questions.

**Operator/Q&A section (not edited):**

Thank you. We will now begin the question and answer session. If you would like to ask a question please press star one. unmute your phone and record your name clearly. Your name is required to introduce your question. If you need to withdraw your question, press star two. Again to ask a question please press star one. It will take a few moments for questions to come through. Please stand by our first question It'll come from Karen Lendeman, with Vox. Your line is open. Hi, thanks

so much for taking my question and for holding this briefing in this important work. My question is kind of simple sort of what is the best way to communicate and measure or I should say, measure and communicate mental health and health care workers? You know, there are lots of studies out there that look at the percent diagnosed with a reporting depression, either clinical or colloquial. percent reporting burnout contemplating suicide, I just wonder what you all feel is the most valuable way to measure and communicate these mental health challenges? And what measure are you using in this report? i You just mentioned sort of the number of bad days compared with other workers. But I wonder if there are any other measures that you're using and that you think are valuable? Thank you.

Yep, thanks for that question. Very important one. As you mentioned, this survey used the National Opinion Research Center's General Social Survey, specifically the quality of work life module. And it was augmented this round to specifically delve deeper into these challenges in health care workers and asked more about specific questions about their quality of life at work, and some of the challenges they were facing. But we recommend a new tool that NIOSH our own institute has developed to better measure worker wellbeing, and it's called the NIOSH worker wellbeing questionnaire. And it's really the first of its kind measure to look at many aspects of worker wellbeing, including their physical health, the workplace climate, their interactions with peers, co-workers and managers. It's a very simple 15-minute 68 items survey that gives organizations a lot of very valuable information, we would recommend that as a very good starting place to measure the well-being of health workers in any environment.

Next question, please.

Our next question will come from Alexander 10. Was CBS. You may proceed.

Thanks for taking my question. You know, as you guys talked about, this is obviously not a brand new issue. This is an issue that's been talked about before, even before the COVID 19 pandemic. I'm wondering if you could address a little bit more about why you think this wasn't resolved going into the COVID 19 pandemic, as well as kind of the history of when you think this crisis started.

Thanks.

Thank you for that question. You know, I think, as you mentioned, the system going on before the pandemic, I think when you look at many of the stressors that healthcare workers face, I often had to remind myself that I didn't know what type of day everybody was having when they came in to see me in the emergency department, somebody could be in severe pain, just experience loss of a loved one, wrestling with so many different issues or suffering with drug use. And I would do my best to take care of them and to really buffer, you know, what I was feeling and then go about taking care of the next patient. So I think over time, that can cause really a toll on your well being and mental health. You add to that things like COVID-19, to where you have a new virus, before we had vaccines, the stress on the healthcare system just really pushed it to the brink, and to the really the tipping point and did not allow for that time off for health workers a time for them to think mental health. And many were even in the early pandemic worried about harm to their own families because of their exposures. So I think that pushed us even further. And that's why I think the NIOSH report is so important because it sounds that alarm on awareness that it was happening pre pandemic, it worsens. We have to do something about this. We can't wait any longer.

Yeah, I couldn't agree more. Deb. And you know, I'll just mentioned that some have said healthcare sort of late to this idea of creating better work environments. Many workers after the pandemic, really demand it better, you know, better commutes better telework opportunities, better quality of the work, life fit, if you will, and healthcare in general has been late to that sort of movement. And I think it's because many felt that healthcare workers were sort of immune to some of these challenges were immunized against them. You know, they're incredibly resilient as workforce but at the end of the day, health workers are human. And they're telling us as we listen to their stories, that they really can't do any more, and that we must address the system. The long standing systemic issues that have been at play here at healthcare workers really see their work as a calling as well. So they're some of them last to complain. But it's time for us to really bring important attention to this to this critical issue. Next question.

Thank you. Our next question will come from P and one within PR Your line is open. Hey, thanks for taking my call. I'm wondering if you could talk a little bit more about the system wide interventions that you think would be effective here? And also, who those would be targeting to help. I mean, you know, we're hearing about health care workers striking leaving the field. So can you be more specific about the interventions that could help and also like what level of burned out worker they could retain?

Yeah, I'll give that one a start, and then pass it over to Deb, for her thoughts as well. But clearly, there is a role for more participation by workers in the decisions that are being made in their work environment, we really need to have more voice more agency more role in day to day decision making at that first line level, leaders also must take a very strong role in being accountable and responsible for the safety, health and well being of their workers. We need to do a better job of increasing training for supervisors and managers, increasing flexibility, modeling and encouraging people to take time off, assuring adequate staffing, building labor management, cooperation efforts, all of these things really go a long way to helping create a better workplace environment. Deb, would you like to add anything?

The only thing I would just add is that where we can when we look at the credentialing and licensing to really remove a lot of the stigmatizing questions around seeking mental health and substance use treatment. Certainly, we want all of our patients to be protected. But we also need our providers to feel safe and seeking care. And we don't want them to be dissuaded from seeking care. And so along those lines, too, when you have work wellness programs, realizing most providers can't do nine to five, and so having, you know flexible opportunities for them to seek that care as well.

Yeah, there tends to be quite a bit of stigma still associated with admitting that you have depression or seeking help. As a health worker, again, you're supposed to sort of be above those concerns. But in truth, obviously, it's a critical issue that people feel comfortable getting the help they need. And the other thing from the report that's critical here is that harassment in healthcare settings, was really epidemic. And organizations really have the responsibility to create safer, healthier environments from zero tolerance of harassment to the extent that's possible, increasing training and resources for people who experience harassment, making sure that staff development issues are responsive to these challenges, and certainly taking harassment complaints seriously and acting upon them, and being transparent to staff when claims of harassment and acts of harassment actually do occur.

Next question, please.

Thank you. Next, we will hear from Sandhya Rahman was CQ roll call. You may proceed.

Hi, thanks for doing this call. I had two quick things. I was curious if any hospitals other bigger health care facilities, it's kind of communicated that they're eager to kind of adopt some of the tools and frameworks that you've outlined. And then just also wanted to clarify one of the press releases that noon embargo and the other said 1pm. And I just wanted to make sure either way, which one that was thanks.

I'll jump in on the embargo question the embargo will lift at 1pm. Eastern.

Yeah, our impact wellbeing campaign, which is really our sort of organized approach to really sound the alarm, get the word out about these challenges, it's going to be open to all health systems large and small. And we have been listening to a number of health systems around the country in developing this because we want it to be specifically responsive to their needs. The goals of the impact wellbeing campaign are really to move beyond resilience, just telling people, Hey, just toughen up, just pull yourself up by your own bootstraps and get through these challenges, really to move from that to systemic change, to find ways to improve healthcare worker wellbeing, systemically, really focused on practical solutions that are easy to implement. And they're not sort of an out of the box once and done campaign, but a commitment to long term systemic change. We also want to make sure that people are safe and seeking healthcare that's going to be an important part of the campaign, managing some of that stigma, and then sort of normalizing help seeking. One of those examples is the removal of intense, intense, intrusive, rather questions on applications and licensures. So we're encouraging health systems of all sizes. We know some are very motivated. We're working with our labor partners with a number of organizations around the country the AIHA A and A others to to move the campaign for Word.

Next question, please.

Thank you. Our next question will come from Kobee Vance. With Mississippi Public Broadcasting, your line is open.

Thank you. Were there any regional trends that y'all noticed while doing this research? And to expand on that question, were there any correlations between areas that have worse health outcomes either from the pandemic or other common health issues?

Yeah, our study did not look at regional differences, those analyses would be possible given the data that we have, but they've not been done to date. We do in general see differences though in health organizations, lower paid health care workers, those without maybe as much say or decision making roles and organizations oftentimes report having less support, less options for seeking care, they may have less resources to seek care. So across wages and staff roles in organizations, we do see differences. Oftentimes, health effects are magnified in folks who have lower wages. But this particular analysis did not look at regional differences, and did not really compare these outcomes related to the impact of the pandemic.

Next question, please.

Our next question comes from Stephanie Ines with the Arizona Republic, your line is open.

Hi, thanks for taking my question. I wondered if there is any, whether you looked at it, or whether part of the systemic change has to do with, hey, equity, I know that with some of the health care worker walkouts, there was some dissatisfaction with large executive salaries, versus what healthcare workers were earning and the racist they were getting. And I wanted to know if that was any part of this.

Thank you for that question. Our study did not examine the impact of some of these mental health outcomes related to wages or rises or falls in wages. However, we do know that wages are an important component of satisfaction with the job we have, when folks earn more money. It's sort of a simple way that all boats rise, if you will, health outcomes, improve people's satisfaction with their work improves their choices in life improve their ability to work less and do more health sustaining activities improved. So wages are an important predictor overall, have increased wellbeing and increased satisfaction with our working lives. But this particular study did not look at wages. We do know that hospitals that were concerned about the expenses related to staffing, and one message that we would have for these leaders, is that turnover is extremely expensive. Investing in safeguarding and protecting shepherding the workforce you have now is a critical economic advantage to you. The more staff you can keep, the happier they are, the better your bottom line will be, as well as their well being and patient satisfaction as well.

This is a doctor how you know, I agree with everything Doctor chose would said the only thing I would just add is when you look at happiness across healthcare workers from 2018 2022 that actually remain fairly stable. And I think that means despite all the challenges, being in the healthcare field is such a calling and a noble field and rewarding. And so I think despite all of these challenges, that still gives all of us hope, and can balance out some of these stressors.

Next question, please.

Our next question will come from Joyce Frieden with MedPage. Today, your line is open.

Hi, thanks for taking my questions sort of a relates to an earlier question someone asked about regional differences. I'm wondering, the study said that they didn't take industry occupational work setting into mind but I'm wondering just anecdotally or if you have any thoughts on whether the burnout and some of the stressors are different depending on the type of health care work you do. I know you touched upon this a little bit with low wage workers and the setting that you do it in like Doctor How are you mentioned, being an emergency department doctor and that that does seem like one of maybe one of the higher stress? specialties?

Yeah, I'll lead off and then pass it over to Dr. Houry to add additional thoughts if if she would like we We do know that some jobs in healthcare are more challenging than others. Those that tend to be most challenging are those that have longer hours. So 12 hour shift workers generally have more challenges than those who work eight hour shifts. Folks who have little or no flexibility in their work have poor outcomes, when there's forced overtime, for example, or very little choice. And when you take time off, when there's very little recovery time between shifts, all of those can increase poor health outcomes, including mental health outcomes. So lack of flexibility, increased demands long hours of work, the fatigue, oftentimes burnout are is a result of many of that constellation of chronic a constant or chronic stress, those tend to increase these poor outcomes, and they are more common in certain health care jobs than others. As I mentioned earlier, to having less voice less agency, let's say in the conditions of your work, usually translating to lower wage workers is also a risk. Dr. Houry.

The only thing I would add is that when you not within healthcare workers, but when you look at health care workers versus other essential workers, I think to me, that's what was so striking about the findings of this study were that nearly half of health workers intended to look for a new job and 2022. Whereas we saw with other essential workers, there wasn't that change. So I think that this speaks to the uniqueness of the healthcare setting, as it really struck health care workers hard.

Next question, please.

Our next question will come from Carrie Evans with Reliance media, your line is open.

Yes. Can you clarify this harassment? You're referring to? I've seen, by the way you're describing it it's worker to work or not involving patients, but are we including sexual harassment? Or can you clarify or maybe an example what kind of harassment you're talking about?

Sure, harassment really is sort of a constellation of negative exposures, negative work experiences. So it could be, you know, anger between patients and staff, it could be between co workers themselves. Bullying, negative comments, really, you know, unfortunate interactions between people all would represent forms of harassment. And for the purposes of this study, it not only included those interactions between workers, but also potentially from family members, to workers, or from patients to workers. So the, for the purposes of this questionnaire, the, all of those things that you mentioned, would be included, and it would be more than just in between workers themselves. Okay. One thing I think we saw this, when you hear about public health workers, and many of them received the threats of violence, you know, which was very different from any of our local and state health departments to get these threats of violence during the COVID 19 pandemic. And like Dr. Chosewood said, in the healthcare setting, it could be you know, threats of violence from patients, family members, you know, upset about a long wait, just those frustrations, but it increased it nearly doubled during this time.

I see. Just one quick follow up on saw suicidal ideation was referenced in here. But did you specifically ask any of the burnout workers whether they were having suicidal ideation

this particular survey that question was not asked, we do ask about anxiety, depression, burnout, and harassment, which we all know have connections to suicide risk. There are though recent reports released by CDC that do examined suicide risk and health workers. And unfortunately, those risks are elevated. So we know that you know that these are not just mental health complaints, but actually, suicidality increased as well.

Let's take one more question.

Thank you. Our last question will come from Steven Johnson with US News and World Report. Your line is open.

Hi, thank you for taking my question. I was wondering if you had any estimate, I know that you measured in terms of the percentage of health workers who said that they were looking for a new that they intend to look for a new job. Do you have any idea as to how many health workers intend to leave the profession altogether?

Yeah, you're right. This study did look at it. intention to leave and and nearly half of workers intended within the next year to find another job that does, as you mentioned, it really doesn't say if they intended to leave the profession altogether. Our anecdotal input throughout many of the interviews that we've had in formulating the impacts will be in campaign that that launches next week, is that indeed, some are not just jumping from hospital to hospital, but that they are quite concerned about the system in general, and that if they have those options or have interest, they would leave the profession altogether. People retiring earlier than they would have intended to do otherwise, because of difficult working conditions also reported or folks who considered a job in health care, but are discouraged from going into health care from those you know, family members or friends who are in the system and saying, No, this is not what you want to do. So clearly, this reiterates the need to sound the alarm that the focus needs to be on long term systemic fixes. We believe that there are positive ways forward here. Not every health care worker we surveyed have the same outcome, some did much better than others, those that had supportive work environments, those that trusted management, those that have supports to work productively, those that did have say an agency they succeeded more. That's the message we need to get out to all health systems today. Thank you.

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