Letter from the Co-Chairs

As a nation, we are at a crossroads in health care. While the overwhelming challenge of sustaining the health care workforce predates the pandemic, for almost two years, the relentless physical danger and emotional demands of treating patients suffering from COVID-19 have further strained our health care workforce and health care system like never before. Our health care workers have persisted in their altruistic mission of curing, caring, and comforting throughout the pandemic. The price they have paid has been stress, trauma, burnout, and behavioral health disorders. Recent acts of violence against them and their peers have brought many to the breaking point.

We can all agree that dedication to caring for others shouldn’t come at the cost of one’s health and well-being, but the pandemic has pushed our health care workforce to the brink of exhaustion on a wide scale. The result is that many have left the health care workforce altogether.

Today, our nation simply does not have enough clinicians to care for our country, and not enough are in the training pipeline for the future. The health care workforce shortage, an aging population, a rise in chronic diseases, and increased behavioral health conditions contribute to a national emergency. The health and well-being of doctors, nurses, and all health care workers is on an unsustainable path that demands immediate attention from health care leaders and policymakers at every level of government. If we address the health care workforce shortage and burnout crisis, we will better support our caregivers and patients.

Prior to and throughout the COVID-19 pandemic, the National Academy of Medicine (NAM) Action Collaborative on Clinician Well-Being and Resilience (Clinician Well-Being Collaborative) sustained its commitment to seeking solutions that support workforce health and well-being. We brought together clinicians, system leaders, and leading experts to address widescale challenges, including stigma, administrative burden, and other barriers to well-being in the work environment. And while many health systems made major efforts to offer programs and services to support their workforce when the COVID-19 pandemic severely aggravated the situation, we recognize that we can all do more. We urge all stakeholders to do more collectively and systematically to provide our health care workers with much-needed relief.

To mark this crucial turning point for health care in the U.S., the Clinician Well-Being Collaborative is paying particular attention to those on the frontlines of care. Specifically,
we are working urgently to develop a national plan that engages all stakeholders. We hear you and will amplify your voice. We are committed to understanding and communicating how government, academic institutions, professional organizations, and health care providers can better support workforce well-being and, ultimately, the health of the nation. To this end, the Clinician Well-Being Collaborative will convene decision-makers alongside care teams to help identify immediate collective solutions to address both supply and resiliency issues in the short and long term. The Collaborative will work with health systems to develop a coordinated, institution-wide strategy to address the acute crisis of burnout and workforce retention.

We believe that through continued, collective actions over the coming months, we can reimagine a system that enhances our ability to care for our caregivers as they do for us every day, even through the most challenging of circumstances brought about by the ongoing COVID-19 pandemic.

On behalf of the Clinician Well-Being Collaborative, we want to applaud and thank you for your commitment to this work. You continue to inspire hope in us all. There is, however, much more to be done together. We stand with you and are honored to work alongside you to make health care healthy for everyone.

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Co-Chairs, Action Collaborative on Clinician Well-Being and Resilience

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