How physician burnout varies by specialty, gender and sexual orientation

AMA Update covers a range of health care topics affecting the lives of physicians, residents, medical students and patients. From private practice and health system leaders to scientists and public health officials, hear from the experts in medicine on COVID-19, medical education, advocacy issues, burnout, vaccines and more.

Featured topic and speakers

While burnout can impact any physician, addressing it can vary significantly by specialty, gender, sexual orientation and more. In today’s AMA Update, we're discussing ways to treat burnout with two physician leaders from the AMA Women Physicians Section and the AMA LGBTQ Advisory Committee. First, we'll hear from Dr. Lauren Peccoralo, senior associate dean of faculty well-being and development, and associate professor of internal medicine at the Icahn School of Medicine at Mount Sinai, and Associate Professor of Internal Medicine at the Icahn School of Medicine at Mount Sinai in New York. Next, we’ll meet Dr. Meredith Faggen, a community medical oncologist at Dana-Farber Cancer Institute in Boston. AMA Chief Experience Officer Todd Unger hosts.

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Speakers

- Lauren Peccoralo, senior associate dean of faculty well-being and development; associate professor of internal medicine, Icahn School of Medicine at Mount Sinai
- Meredith Faggen, community medical oncologist, Dana-Farber Cancer Institute
Transcript

Unger: Hello and welcome to the AMA Update video and podcast series. Today we have a special episode on addressing physician burnout brought to you by the AMA Women Physicians Section and the AMA LGBTQ Advisory Committee.

Our first guest is going to be Dr. Lauren Peccoralo, senior associate dean of faculty well-being and development and associate professor of internal medicine at the Icahn School of Medicine at Mount Sinai in New York. Then we'll go to Dr. Meredith Faggen, a community medical oncologist at Dana-Farber Cancer Institute in Boston.

First up, Dr. Peccoralo, thanks for joining us today.

Dr. Peccoralo: Thank you so much for having me, Todd.

Unger: You're a practicing primary care physician. But in addition to treating patients, you've also spent much of your career dedicated to the mental health of physicians and nurses. And that's important because right now, we are at an all-time high on physician burnout.

Let's just start by talking about what you see as the main contributors to burnout right now and whether you see a change that's happened over the past few years.

Dr. Peccoralo: Sure, Todd. Well, that's an interesting question. We have seen burnout increase over the past couple of years, especially during COVID. What's interesting is that what we're seeing in our own institution is a slight dip again now that COVID has kind of passed us in the crisis phase.

In terms of what's really driving burnout, before COVID, we were studying all sorts of things, particularly we saw leadership behavior, so leaders who practiced well-being-related type behaviors tended to have faculty who were less burned out and more professionally satisfied. We also see a number of other drivers, like work hours, workload, poor workplace efficiency, lack of control over schedule and less social supports.

What's interesting during COVID is that many of the previous drivers of burnout sort of expanded their reach. So for example, even before COVID, we saw the electronic health record as being a very large driver of burnout. With COVID and patients being able to access their health record and access their physicians at much higher rates, we are seeing even more burnout related to the electronic health record.

And by the same token, we see a lot more moral distress. Certainly during COVID, physicians having to make decisions due to lack of resources or challenges with patient care, especially related to...
COVID. And so those types of moral and ethical quandaries that physicians were coming upon has increased burnout as well.

And then the final thing that I'll say is a lot of mistreatment in the workplace has seemed to increase or certainly come to light. And a number of studies have demonstrated that mistreatment in the workplace is a driver of burnout, whether that's a new one or just one that's emerging in our research. We're seeing it a lot more.

**Unger:** Is that from patients, or what are you talking about there?

**Dr. Peccoralo:** Yeah, so that's a great question. We think it’s from both. It depends on which study you look at. And certainly a number of studies look specifically at patient-related mistreatment. And we're working on a study right now, a publication related to patient and visitor mistreatment of physicians and staff.

But we also can imagine that there can be discrimination by colleagues and leaders. So that too may as well contribute to burnout in our faculty and physicians.

**Unger:** Well look forward to finding out more about. On that subject of research, before and after—before and during the pandemic, there were some studies that suggested that rates of burnout are more common among women than men. True on your case and why would this be the case?

**Dr. Peccoralo:** So at face value, this is what we see. Time and time again, women seem to have higher rates of burnout than men. But when we start to dig deeper into the data, we’re seeing that there are drivers that differentially impact women versus men.

So as you can imagine, women are more likely, for example, to experience mistreatment. And so when we correct for drivers such as that, we see the difference between men and women in terms of burnout go away.

Other potential drivers that may impact women more than men are child care stress. That was another recent paper that was published, showing that may be a new driver of burnout. And similarly, we see women in certain fields being more likely to be burned out, so particularly the primary care field. So usually, when you can account for other factors, that difference does go away.

**Unger:** Now, you mentioned the EHR before. And that's one of many system-level issues that we know contributes to burnout. And I know that your hospital and the AMA are aligned in looking at that system-level layer, not at the individual resiliency level.

Talk to us a little bit about how we take an organizational approach but still make sure that we are addressing physicians’ unique needs.
Dr. Peccoralo: Thanks. Thanks, Todd, for that question. I think that's really critical. As you said, of course, it's incredibly important to think about everyone's personal well-being and personal health and their mental health. But from a sort of bird's eye view, an institutional level, we really need to think about two core factors.

One is the culture. What is the water that we're swimming in? Is it a place that breeds well-being, or is it a place that really pushes people towards their max?

And then secondly, how does the workplace function? Is it efficient? Is it effective? Do you have the resources that you need to do your job? And so we really impress upon folks that we're working with that those are the two factors we want to be really addressing.

And the way that we take into account sort of an individual or an individual group's burnout and drivers is we use our faculty well-being champion team. And we essentially have a champion for each department. And that champion runs, hopefully, a committee like-minded, committed additional faculty.

Sometimes it could be other health care workers. And they, on an annual or biannual basis, take the data that we provide to them using our survey. And they also do focus groups. They pick two or three core issues that are impacting their department.

So you can imagine a surgical department will look very different than primary care, which might look very different than anesthesia or pathology, right? So they're taking what's really driving their burnout, coming up with two to three potential solutions, planning that out, implementing those solutions and then re-evaluating it at the end of one to two years to determine, if in fact, it has had any impact on burnout or professional satisfaction or meaning in work, for example.

Unger: Now, you've said that the tragic death of Lorna Breen, who was a physician who died by suicide early in the pandemic, increased awareness and government support. We've had a chance to talk with her sister Jennifer and brother-in-law Cory and track that, the act that was eventually passed by Congress in support of physicians.

Do you think that's an example and are there others, that there's been a true sea change in addressing physician burnout in medicine? And if not, what do we need to do to get there?

Dr. Peccoralo: Well, first of all, let me just commend the Breen family for what they are doing. They are just incredible. The amount of advocacy and awareness that they have raised over this short time has been incredible.

I do think that the government is clearly aware and concerned about the crisis. And the fact that the National Academy of Medicine released their plan for health workforce well-being in October 2022 is really a testament to their desire to improve what is definitely a bad situation.
I think, as a member of the National Academy of Medicine Clinician Well-Being Action Collaborative, we are definitely taking steps to engage more and more health care institutions in this work.

I'm on the coaching team. And we're really there to help guide them through the process of measuring well-being and then coming up with potential interventions to improve it. So I think it's a wonderful next step. I think it's certainly a moving target.

As we take away stressors, we add more. And so we have to continue to think about this, continue to add to the research. Ultimately, I'm optimistic. But we have a lot of work to do.

**Unger:** Well, thank you so much Dr. Peccoralo for being here with us today and, of course, for your continued work on behalf of physicians' mental health.

We're now going to turn to Dr. Meredith Faggen for her experience and perspective. Welcome, Dr. Faggen. Thanks so much for joining us today.

**Dr. Faggen:** Thank you for having me. Happy to be here.

**Unger:** Well, you've spoken often about your own experiences as a woman physician and as a member of the LGBTQ community. What can you share from your unique perspective that will help us better understand why we tend to see higher rates of burnout in these groups?

**Dr. Faggen:** Well, I think there's just a feeling inside that we don't belong, that we're not good enough. I think being an LGBTQ physician, I've come a long way. I've been in practice for over 20 years. And it's better now. But we have to try twice as hard, I think, to feel like we are as good as, quote, everybody else, sort of the normal, quote, of physicians.

And being a woman, I think it's well-known we don't have the same opportunities. I remember I was pregnant and went on maternity leave. And that disqualified me from becoming a partner in a private practice because I didn't work enough months that year. So just having a child basically prevented me from being a lucrative partner.

So these are things that I've experienced. I think they're getting better. But these are things—these are just massive challenges that women and LGBTQ women, people face.

**Unger:** The rates not only vary by race, gender and sexual orientation, they can also vary by specialty. We've definitely seen that data. You're an oncologist, which has its own unique challenges. Take us through how all of those things kind of come together.

**Dr. Faggen:** Well, being an oncologist is very difficult. It's the most rewarding specialty for me. But you see people dying at young ages. When you start out, everyone's older than you. But as you continue to work in this career, you see people younger than you with small children passing away. And it
takes—it's a heavy emotional toll.

It really requires you to really have the ability to separate yourself from the patient but still have that amazing empathy and compassion and be with them in these very difficult moments. I think that leads to burnout. I think as an oncologist, you can't help but think, wow, life is so fragile.

Anybody can get cancer. I'm working. I'm overworked. What am I doing with my life?

**Unger:** And that emotional draw, that must be really challenging. I'm curious. You've launched an innovative pilot program to really address that and meet the bereavement needs of your team. Tell us about how that works.

**Dr. Faggen:** Yeah, so we do know, with data from the nursing population, that unaddressed grief really does lead to burnout. Obviously in an oncology clinic, a lot of our patients die. And so we know that the patients are attached to the secretary, the front desk staff, the clinic assistant drawing their blood, taking their vital signs, everybody who talks to that patient.

They come in every week. We get to know them. So when they die and they don't come in anymore, we have to acknowledge that, that human loss, that suffering and the sadness that the 22-year-old secretary out front is feeling.

And so I partnered with my physician colleague in social work to really, in real-time, process the deaths. I know a lot of places have maybe quarterly memorial services for patients. We kind of run through a list. But what we are proposing to do is have office hours where our social worker will be present once a week.

And you can go and talk to them about the patient and just share memories of them or just funny stories. At our team meetings, each doctor has a team meeting once a week where social work, the secretaries, schedulers, nurses come in.

And we say, oh, you know this person passed away over this past week. Let's talk about them, and just funny memories of them or just memories in general of this person who we've spent so much time caring for who passed away. And I think already, I've seen people just feel so much better to be not alone in that loss. And we're sharing it together.

We hope to collect data, sort of the needs and how people are feeling, and then institute the office hours, the addressing at team meetings. We're going to have quarterly meetings to just discuss the people over the last few months who've passed away and then collect more data to see if this really impacted the level of burnout, not just for physicians but everyone at the center.
Unger: And this issue we talked about in regard to your own specialty. Now, that obviously is something that a much wider audience of physicians experienced during the pandemic. Do you see any of the efforts being adopted more widely by the profession, things that you’re exploring for your own team?

Dr. Faggen: I think the mental health of physicians is finally being recognized. And the suicide rate, the depression rate, the substance abuse rate, it can’t be ignored. And again, we are people who don't like to admit our own weaknesses. And I think we're realizing that it's OK.

Unger: Absolutely. And a major reason why physician burnout is a critical part of the AMA’s Recovery Plan for America's Physicians. And I urge everyone to check out what the AMA is doing on that front at ama-assn.org/recovery.

Dr. Faggen, thanks so much for joining us today. That concludes our special episode on physician burnout. We'll be back soon with another AMA Update. Until then, you can find all our videos and podcasts at ama-assn.org/podcasts. Thanks for joining us. Please take care.

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