Experiences of minoritized, marginalized physicians in U.S. during COVID-19

Summary report

The COVID-19 pandemic has taken a heavy toll on health care workers. Early in the epidemic it became clear that Black, American Indian and Indigenous, Latino/Latina/Latinx† and Hispanic and Pacific Islander communities, as well as historically marginalized and medically vulnerable populations, were disproportionately affected by COVID-19. At the same time, reports of harmful and racist experiences by minoritized and marginalized physicians, especially amongst Black and Asian doctors, were shared via social media and news articles.

The AMA conducted a web-based survey in June and July 2020 of 747 physicians from various racial and ethnic groups to explore the specific ways that the COVID-19 epidemic affected minoritized and marginalized physicians more negatively than their non-minoritized, non-marginalized counterparts.

The findings of this study are detailed in the AMA’s summary report, Experiences of racially and ethnically minoritized and marginalized physicians in the U.S. during the COVID-19 pandemic.

Key findings

The report found that the pandemic has exacerbated existing health inequities, particularly observed by Black and Asian physicians. The study also found that:

- For Black physicians the COVID-19 pandemic drove an increase in racist treatment from colleagues or patients.
- Physician burnout remains a primary concern for all physicians, and there is an observed increase in the onset of anxiety, depression and increased work burden due to COVID-19.
- The threat of COVID-19 exposure or exposing one’s family or household to COVID-19 was an ongoing concern for most physicians in the beginning of the pandemic.
- Many physicians lost confidence in the financial sustainability of their practices, despite many having received financial support from the government and the increased use of telehealth solutions for delivering patient care.
- The exponential growth of telehealth has been a positive development of the pandemic, but...
it came with many challenges that physician practices had to navigate along with uncertainty in policy and procedural changes.

Racism, inequities & the pandemic

The survey findings, if understood as a snapshot of the early days of the pandemic, highlight the several ways in which physician experiences are impacted during times of public health crises, and how these changes oftentimes disproportionally affect minoritized and marginalized physicians.

“This pandemic is exacerbating deeply seated inequities rampant throughout our health care system and bearing witness to such, day in and day out, inflicts moral injury on healthcare workers every day.” – Asian, Federally Qualified Health Center-based physician (family medicine)

Increase in interpersonal racism since onset of COVID-19

Since the onset of COVID-19, some physicians have experienced an increase in being treated with less dignity and respect by their colleagues because of their race/ethnicity.

Black physicians are the most likely to report an increase in this experience (22.9%).

Nearly one in five physicians of racially/ethnically minoritized/marginalized backgrounds report an increase in experiences of being treated with less dignity and respect by their patients due to their race since the onset of COVID-19 (18.1%).

The majority of physicians surveyed (82.3%) agreed that in the U.S. the COVID-19 pandemic has highlighted deep-seated inequities in the health care system. Black and Asian physicians are the most likely to agree with this sentiment (93.3%; 87.6%).

Lack of resources affected COVID-19 patient care

Lack of resources within the practice is more often reported to hamper physicians’ ability to test for and treat COVID-19 than lack of patient financial resources.

This was most likely among Black and Latinx physicians (37.8%; 36.6%) and least likely among physicians who identify as two or more races (26.1%).

Concerns about personal & family exposure to COVID-19

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Fear of infecting family members led some colleagues to move into hotels. I chose to stay home because I have a 2-year old. Fear of infecting family members was hard on me in March but as I got used to my decontamination regimen, I felt a bit better.

—Two or more races, hospital-based physician (internal medicine)

Nearly 93% of physicians expressed concern about personal exposure to COVID-19, and more than 95% expressed concern about exposing their family, loved ones or household to COVID-19.
Two in five physicians report an onset or increase in work overload due to the impact of COVID-19.
The increased demand on health care workers during the COVID-19 pandemic strained many workers’ schedules, leaving many to worry about how to care for their own families.
Three in 10 (29%) physicians reporting having concerns about childcare due to the impacts of COVID-19.
Physicians who identify as two or more races (33.3%) and Asian physicians (33.1%) were more likely to experience an onset of these concerns.

**Burnout & well-being**

The COVID-19 pandemic added multiple stressors for U.S. health care workers, who were already experiencing high levels of burnout, stress, anxiety and depression. More than half of physicians (51.3%) reported they were stressed and one-quarter indicated they were beginning to experience burnout (25.7%). At the time of this study, 8.5% reported being very or completely burned out.

Physicians who identify as two or more races (45%) and Black physicians (37%) report the highest rates of burnout onset or increase due to COVID-19.
One-third of physicians (34%) report that access to personalized mental health resources for physicians would improve their ability to sustain their well-being.
Just over half of all physicians report that access to financial resources for private practices and/or health centers would improve their ability to sustain their well-being. There were no significant differences across race/ethnicity.
One-third of physicians (34%) report that access to personalized mental health resources for physicians would improve their ability to sustain their well-being.
Practice sustainability & telehealth

3 in 5 physicians lost confidence in financial practice sustainability

Three in five physicians (59.6%) have lost confidence in the financial sustainability of their practice since the start of the COVID-19 pandemic. However, Latinx physicians are less likely than most others to report a drop in confidence (49.7% vs. 65.8% Two or more races; 65.6% white; 55.6% Black; 59.3% Asian).

Black, Asian, and Latinx physicians are more likely than white physicians to report that access to health equity tools that they can in fact implement would improve their practice (50.4%; 47.6%; 39.9% vs. 30.5%).

Among private practice physicians who sought federal funding, the SBA Paycheck Protection Program was the program with the highest application rate (85.9%). The vast majority of those who applied to this program were successful.

80% of physicians used telehealth, but experienced patient barriers in delivery of care

The onset of the COVID-19 pandemic drastically increased the demand for telehealth services. In the first quarter of 2020, the number of telehealth visits increased by 50% over the first quarter of 2019.29 Four out of five (80.2%) of the physicians in this study reported using telehealth to conduct patient care.

More than two-thirds of physicians (67.9%) who use telehealth report patients’ lack of ability, knowledge or resources to receive care via telehealth as a barrier. This issue is particularly common among physicians who identify as two or more races (73.9%) and Black physicians (73.5%).

Telemedicine has been a positive addition to patient care. I hope it is here to stay with reimbursement that will allow practices to last.

—Black or African American physician, solo practice physician (gastroenterology)

Conclusion
As the pandemic continues, the AMA will continue to be a trusted advocate and source of research, education and resources in support of all physicians. Given the differential experiences of minoritized and marginalized physicians, an intentional and targeted centering of equity in all efforts is crucial if we are to ensure that the health care system emerges stronger and more prepared than before the pandemic.

Download the report

Download the full report *Experiences of racially and ethnically minoritized and marginalized physicians in the U.S. during the COVID-19 pandemic* (PDF)

Additional AMA resources to explore

Learn more about health equity education on the AMA Ed Hub™ featuring CME from the AMA’s Center for Health Equity and curated education from collaborating organizations. To earn CME on the AMA’s “Prioritizing Equity” videos, visit the courses page on AMA Ed Hub™.

References & citations

Citation numbers align with the resources found in the complete report *Experiences of racially and ethnically minoritized and marginalized physicians in the U.S. during the COVID-19 pandemic* (PDF)

† We will use Latinx and Hispanic to refer to the Latino/Latina/Latinx or Hispanic community as a more gender-inclusive umbrella term.
