Burnout typically falls as a person completes higher education. But that isn’t the case for doctors because having a medical degree is a predictor for physician burnout. And while the national physician burnout rate is going in the right direction—dropping from 54.4% in 2014 to 43.9% in 2017—it remains higher than the general working population, according to a presentation by Michael A. Tutty, PhD, group vice president of the AMA’s Professional Satisfaction and Practice Sustainability, during the 2021 Federation of State Physician Health Programs’ virtual education conference and annual business meeting.

That’s because there is something unique about medicine that contributes to increased levels of exhaustion and depersonalization. It’s the burden of the EHR and the amount of “pajama time,” or work after work, that contribute to physician burnout.

To that end, solving physician burnout must go beyond individual solutions to improve resiliency. Instead, the broken health care system needs to be fixed. Here’s how.

**Physicians need more control**

Without fixing the system that plagues doctors, many have chosen to cut the number of hours worked each week. While this drop in hours can improve burnout, medicine is facing a physician shortage. But leaving the workforce or cutting back hours is not going to solve the bigger problem.
For example, if a physician’s workplace is causing burnout, she will experience lack of autonomy and control. In other words, the doctor may often feel like she doesn’t have a say in her work. And, while telling them to practice yoga may help on an individual level, it does not fix the system—it is just a Band-Aid.

The problems at the institutional and health-system levels must be fixed. But that doesn’t mean individuals don’t need mental health support or assistance. That’s where physician health programs are key to providing the confidential support they need.

Read about how reducing burnout requires commitment from the entire health system.

**COVID-19’s financial burden**

There are two physician populations during the pandemic: Those who were in early hot spots and those who did not see surges in COVID-19 cases until later. For physicians in early COVID-19 hot spots, they were working a tremendous number of hours. They were also stressed about the early shortage of personal protective equipment, contracting SARS-CoV-2 and being unsure about the best course of treatment for patients with COVID-19. It all added up.

Physicians who did not see early surges like those in New York or Washington still experienced high stress because they had already cut back their elective procedures in preparation. In turn, patient volumes and revenues went down, health systems experienced furloughs and small practices struggled to meet payroll.

Discover why health organizations should commit to fighting physician burnout.

**Achieve organizational resiliency**

Even though nearly 30% of all physicians experienced high stress related to COVID-19 and 29% had substantial levels of work overload, 46% of doctors had an enhanced sense of meaning and purpose during the pandemic. In fact, more than half felt valued by their organization.

Despite it being a crisis, organizations dove deeper into the core values of being a health professional and caring for people when they are sick. This is where building a resilient organization before, during and after a crisis is key.


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Read about four steps health systems can take to boost pandemic resiliency.

Committed to making physician burnout a thing of the past, the AMA has studied, and is currently addressing, issues causing and fueling physician burnout—including time constraints, technology and regulations—to better understand and reduce the challenges physicians face. By focusing on factors causing burnout at the system level, the AMA assesses an organization’s well-being and offers guidance and targeted solutions to support physician well-being and satisfaction.

The AMA offers resources to help physicians manage their own mental health and well-being during the COVID-19 pandemic and provides practical strategies for health system leadership to consider in support of their physicians and care teams during COVID-19.


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