

# Doctors hit hardest by pandemic at higher risk of burnout

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At the national level, the overall rate of physician burnout—comprised of emotional exhaustion and depersonalization scores—improved during the early days of the COVID-19 pandemic (fall 2020) compared to earlier time points in 2011, 2014 and 2017, according to a new triennial study.

Despite these global findings, experiences during the early days of the pandemic were diverse and varied widely based on specialty, personal COVID-19 experiences, and geography. The survey administration occurred prior to the first wave of the pandemic for many areas of the country and may not reflect physicians' experiences.

More than 7,500 physicians responded to a survey conducted by researchers from the AMA, the Mayo Clinic and Stanford University School of Medicine. The study found that, overall, 38.2% of U.S. physicians exhibited at least one symptom of burnout in 2020, compared with 43.9% in 2017, 54.4% in 2014 and 45.5% in 2011.

Despite the overall trend, burnout did not improve for physicians specializing emergency medicine, hospital medicine, infectious disease, or critical care and increased among physicians who had to deliver care without adequate personal protective equipment (PPE) or whose practice suffered disruptive economic consequences from COVID.

Published in *Mayo Clinic Proceedings*, the study, "Changes in Burnout and Satisfaction With Work-Life Integration in Physicians and the General US Working Population Between 2011 and 2020," found physicians remained at a 40% higher risk of occupational burnout than workers in other fields.

## Pandemic's toll seen in early months

Now in its third year, the COVID-19 pandemic has depleted and frustrated many physicians and other health professionals. The survey shows that even in the pandemic's relatively early days, its impact

was being felt.

About 55% of the physicians surveyed said they directly cared for a patient with COVID-19, while 30.6% had delivered care without PPE. And nearly 40% reported their practice suffered disruptive economic consequences from COVID-19, while 5.3% personally experienced SARS-CoV-2 infection. These COVID-19 experiences were strongly related to burnout.

The survey results also indicated that the impact of the pandemic has varied widely by specialty. Some pandemic experiences—such as having provided care without adequate PPE or treating patients with COVID-19—were more common among certain specialties. Other experiences, such as suffering disruptive economic consequences due to COVID-19, were more prevalent among others.

According to the study, providing care with inadequate PPE, having personally contracted COVID and suffering economically due to the pandemic were independently associated with a higher risk of burnout.

Learn about six ways to combat physician stress during COVID-19 pandemic.

## Differences by physician specialty

Since 2017, changes in emotional exhaustion, depersonalization and burnout differed by physician specialty. For specialties that were expected to be hit hardest by COVID-19—emergency medicine, critical care, hospital medicine and infectious disease—there was no change in average scores of emotional exhaustion and depersonalization.

In contrast, the burnout rate for all other specialties experienced an overall improvement in 2020 (37.2%) compared with 2017 (43.2%).

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.

## National efforts underway

Some may attribute the overall improvement in physician burnout to changes in care delivery during the early days of the pandemic such as heightened meaning and purpose in work, the ability to deliver

care virtually, relaxed documentation-and-regulatory requirements, better team-based care, and, for some specialties, a transient decrease in workload. But there are other explanations, according to the experts behind the study.

For nearly a decade, there has been widespread recognition of physician burnout and occupational distress, motivating health systems to address this problem. The National Academy of Medicine also launched its action collaborative in 2017 and offered six system-level changes to beat physician burnout in 2019. Many organizations began to implement those system-level changes.

The pandemic ignited a fire under many organizations by opening leaders' eyes to the essential role of the well-being of physicians and other health professionals in their ability to care for their community, says the study. Great attention to the problem and system interventions to address it are a critical step to making progress.

This data from the early days of the pandemic before all areas of the country had experienced their first wave of infection likely does not reflect current experience 18 months later. But the study's investigators collected additional data between December 2021 and January 2022 to provide updated information on trends in physician distress relative to the last decade.

Learn more about the resources health systems need to improve well-being.