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It’s not uncommon for patients, their families and their visitors to mistreat and discriminate against physicians. Those actions are contributing to the burnout that physicians are feeling, says a study published in *JAMA Network Open™*.

Nearly 30% of the 6,512 physicians surveyed noted they were subjected to ethnically offensive remarks in the past year while 28.7% said they experienced offensive sexist remarks. About 20% of physicians also reported being targeted by unwanted sexual advances, according to the study, “Physicians’ Experiences With Mistreatment and Discrimination by Patients, Families and Visitors and Association with Burnout.”

As the score for mistreatment and discrimination increased, the risk of burnout rose by 27% to 120%. These experiences at work are taking a toll on physicians.

“Findings from this study suggest that organizational efforts to mitigate the risk of burnout among physicians should include strategies that appropriately deal with and reduce mistreatment and discrimination,” wrote the study’s authors, who include AMA leaders and AMA members.

Reducing physician burnout is a critical component of the AMA Recovery Plan for America’s Physicians. You took care of the nation. It’s time for the nation to take care of you. It’s time to rebuild. And the AMA is ready.

Far too many American physicians experience burnout. That’s why the AMA develops resources that prioritize well-being and highlight workflow changes so physicians can focus on what matters—patient care.

Learn how AMA guidelines offer a path to prevent discrimination in medicine.
Many are being mistreated

Data from the study shows that female physicians and doctors from historically marginalized racial and ethnic groups are particularly prone to mistreatment and discrimination. For example, 34.7% of women physicians had been subjected to racially or ethnically offensive remarks from patients, their families and their visitors once or more in the past year.

Additionally, 55.8% of Black physicians as well as 55.4% of Asian, Native Hawaiian or Pacific Islander doctors experienced mistreatment. More than half of Indigenous or other physicians were also subjected to racially or ethnically offensive remarks. This was compared with 22% of white physicians.

Female physicians were also more likely to face offensive sexist remarks or unwanted sexual advances by patients, families or visitors one or more times in the past year. Among all female physician respondents, 51% reported experiencing offensive sexist remarks compared to 15.1% of their male colleagues. Among all female physician respondents, 29.6% also reported unwanted sexual advances compared with only 15% of their male colleagues and 20.5% of all other physicians.

And while about one in five physicians in the past year experienced a patient or their family refusing to allow them to provide care because of the doctor’s personal attributes, female physicians and physicians from historically marginalized racial and ethnic groups were more likely to experience this behavior than their male peers and white peers. This included 27.5% of female physicians, more than 40% of Black male physicians and Indigenous female physicians, compared with 17.9% of white doctors.

An earlier AMA-sponsored study, “Experiences of Racially and Ethnically Minoritized and Marginalized Physicians in the U.S. During the COVID-19 Pandemic” (PDF) details the results of a web-based, 12-question survey conducted in the summer of 2020 that nearly 750 physicians took part in.

Read more about how COVID-19 has hit physicians hard—some more than others.

The impact on burnout

Researchers found that as a physician’s experiences of mistreatment increased from never to several times a week, their emotional exhaustion score increased by an average of 14 points while their depersonalization score increased by an average of eight points.

That’s significant, the authors said, because previous research has shown that each one-point increase in emotional exhaustion is associated with 11% higher odds of a physician believing that they
have recently committed a major medical error and having experienced suicidal ideation. And each one-point increase in depersonalization is associated with 5% higher odds of a physician believing they have recently committed a major medical error and 7% higher odds of a physician recently experiencing suicidal ideation.

In addition, the findings indicate that after controlling for experiences of mistreatment the prevalence of burnout among female physicians is not higher when compared with male physicians. Previous studies have suggested female physicians had a higher prevalence of burnout. However, when study authors factored in experiences of mistreatment and discrimination by patients, female physicians were not at higher risk for burnout.

“Having such negative experiences was independently associated with burnout in both female and male physicians, but female physicians were more likely to experience … mistreatment and discrimination,” the study says.

Learn about the AMA Center for Health Equity and the AMA’s strategic plan to embed racial justice and advance health equity