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Three in five physicians reported at least one manifestation of burnout during the height of the Omicron wave that struck the U.S. during the winter of 2021–2022, pushing physician burnout rates to an all-time high and demonstrating more than ever the need for a renewed national commitment to bolster the physicians and other health professionals who have worked so tirelessly to save countless lives during the COVID-19 pandemic.

Between Dec. 9, 2021, and Jan. 24, 2022, nearly 2,500 U.S. physicians responded to a survey by researchers from the AMA, the Mayo Clinic, Stanford University School of Medicine and the University of Colorado School of Medicine. The researchers found that, overall, 62.8% of physicians had at least one manifestation of burnout in 2021, compared with 38.2% in 2020, 43.9% in 2017, 54.4% in 2014 and 45.5% in 2011. These trends were consistent across nearly all specialties.

Published in *Mayo Clinic Proceedings*, the study, “Changes in Burnout and Satisfaction With Work-Life Integration in Physicians Over the First 2 Years of the COVID-19 Pandemic,” also found that satisfaction with work-life integration dropped from 46.1% in 2020 to 30.2% in 2021. Meanwhile, average depression scores rose from 49.5% in 2020 to 52.5% in 2021. This modest rise in depression suggests the burnout increase is primarily due to work-related distress.

Even as early issues of insufficient personal protective equipment, increased workload, risk of infection, and lack of vaccinations and COVID-19 treatments have improved, physicians are still struggling with new challenges. There are multiple waves of new variants such as Omicron, the chronicity of the COVID-19 work burden, mistreatment of health professionals, staffing shortages, politicization of vaccination and anti-science attitudes, which have all contributed to a significant spike in the overall rate of physician burnout compared to earlier triennial surveys conducted over the last decade-plus, says the study.

Professional fulfillment scores also fell, dropping from 40% in 2020 to 22.4% last year. Consistent with these trends in professional fulfillment, 57.5% of physicians last year indicated they would choose to become a doctor again, dropping from 72.2% in 2020.
“While the worst days of the COVID-19 pandemic are hopefully behind us, there is an urgent need to attend to physicians who put everything into our nation’s response to COVID-19, too often at the expense of their own well-being,” said AMA President Jack Resneck Jr., MD. “The sober findings from the new research demand urgent action as outlined in the AMA’s Recovery Plan for America’s Physicians, which focuses on supporting physicians, removing obstacles and burdens that interfere with patient care, and prioritizing physician well-being as essential requirements to achieving national health goals.”

The AMA’s ongoing work to mitigate physician burnout, as exemplified by the Recovery Plan for America’s Physicians, strives to attack the dysfunction in health care by removing the obstacles and burdens that interfere with patient care. The AMA Physician Well-being Program offers physicians and health systems a choice of cutting-edge tools, information and resources to help rekindle a joy in medicine.

Road map for change

While this is widely recognized, large scale change is needed to address the physician burnout crisis, according to the study. Fortunately, the road map to respond has already been developed with the National Academy of Medicine (NAM) consensus report Taking Action Against Clinician Burnout: A System Approach to Professional Well-being, which called for immediate action from the health care system to combat physician burnout and improve well-being.

Earlier this year, the U.S. Surgeon General also released an advisory on addressing health worker burnout, calling for action by federal, state and local government, health care organizations, health insurers, technology companies, training programs and accrediting bodies, notes the study.

Additionally, President Biden signed the Lorna Breen Health Care Provider Protection Act, which provides federal funding for mental health education and awareness. This was created to protect the well-being of health care workers.

While this progress is encouraging, these initial actions primarily focused on personal resilience rather than addressing the system issues specified in the NAM consensus report, notes the study. Research has shown that a burnout isn’t due to a resiliency deficit—it’s a system issue.

That is why “new legislation and action that is aligned with the NAM recommendations and paired with more substantive funding will be needed to address the problem,” says the study, adding that “timely, system-level interventions implemented by government, payers, regulatory bodies and health care organizations are warranted.”
Meanwhile, AMA STEPS Forward® offers a collection of more than 70 award-winning online toolkits to help physicians and medical teams make transformative changes to their practices and covers everything from managing stress and preventing burnout to improving practice workflow.

Also developed by the AMA, the Organizational Biopsy™ (PDF) offers a set of measurement resources that assess burnout levels within medical organizations to provide metrics that can guide solutions and interventions that mitigate system-level burnout rates and improve physician well-being.

Another opportunity to help is the International Conference on Physician Health, which is a biennial meeting held this October in Orlando that brings together the AMA, British Medical Association and Canadian Medical Association to support health and well-being in the ranks of physicians and medical students.

Organizations can also participate in the AMA’s Joy in Medicine™ Health System Recognition Program, which recognizes health systems with a demonstrated commitment to pursue proven strategies that reduce work-related burnout among care teams.

Additionally, Debunking Regulatory Myths, which is a series created by the AMA, provides physicians and their care teams with resources to reduce guesswork and administrative burdens and focus on streamlining clinical workflow processes, improving patient outcomes and increasing physician satisfaction.