Addressing the rapid rise in physician burnout revealed by a new study with Christine Sinsky, MD

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Featured topic and speakers

In today’s AMA Update, we dive into new research findings from a recent study on physician burnout with Christine Sinsky, MD, the AMA’s vice president of professional satisfaction. Dr. Sinsky is one of the authors on the study that was published in the Mayo Clinic Proceedings last month. AMA Chief Experience Officer Todd Unger hosts.

Find more information and access the study by the AMA, Mayo Clinic and Stanford Medicine.

Learn how the AMA is #FightingForDocs and access resources from the AMA Recovery Plan for America’s Physicians.

Speaker

- Christine Sinsky, MD, vice president, professional satisfaction, AMA

Transcript

Unger: Hello and welcome to the AMA Update video and podcast. Today we’re talking about new research on physician burnout with Dr. Christine Sinsky, the AMA’s vice president of professional
satisfaction, in Madison, Wisconsin. I’m Todd Unger, AMA’s chief experience officer in Chicago. Dr. Sinsky, welcome back.

**Dr. Sinsky:** Hi, Todd. Hey, it’s great to be back. Thank you.

**Unger:** Dr. Sinsky, you’re one of the authors of a new study on physician burnout that was published in the Mayo Clinic Proceedings last month. Before we dive into the findings, why don’t we just start with a discussion about what you were trying to answer in this research.

**Dr. Sinsky:** Sure. Happy to, Todd. We’ve been tracking burnout in a partnership between the AMA, Stanford and Mayo since 2011. And we do it every three years. And the last time we checked happened to be about nine months into the pandemic.

And at that time, we found that, unexpectedly, burnout rates among physicians had lowered to the lowest they’ve been over that entire time that we’ve been tracking—down to 38%. But we thought, you know, by the end of the second year of the pandemic, the rest of the country has moved on but the medical professionals are really still in the thick of it. And we wondered where things would be. So that’s why we did this fourth survey off-cycle, if you will, kind of a mid-cycle survey to see where things were.

**Unger:** It’s kind of interesting because maybe there was like a little lag. Because it’s certainly different now. Why don’t you walk us a little bit through the top-level findings of the latest study.

**Dr. Sinsky:** Sure. Well, the most important findings were that was a dramatic spike in the rate of physician burnout. It had gone from 38%—which one could argue is still much higher than we would like—to 63%. And that’s the highest we’ve ever seen it since the time that we’ve begun tracking this. So think of that—two out of every three physicians is experiencing some sign of burnout. That’s a very large percentage.

The other finding that is worth highlighting is that there was a corresponding drop in professional satisfaction, in career satisfaction. And that dropped to the lowest it’s been. And it had been about 43% a few years ago. Now it’s 30%. So only one in three physicians feels professionally satisfied. And our work is so inherently meaningful that if a third of our physicians don’t feel fulfilled, you have to know that something is going wrong in that external environment in which we’re working.

**Unger:** 63%. That is a big number and a big jump. Can you give us some more perspective on how significant the differences are that we’re seeing?

**Dr. Sinsky:** Well, we know that when physicians are burned out there are consequences, not just for the individual physician, important as that is, but also for the health system and for the health of the patient. So our care is better of patients when we don’t feel burned out. We make fewer mistakes.
when we don't feel burned out.

When we're burned out, they are quality issues. Cost of care is greater when we're burned out. And professional liability is more. It really helps—when physicians are not burned out, it helps us achieve the quadruple aim of better care for individuals, better health for the population, lower cost and professional well-being. And so if two-thirds of us are feeling burned out, that really is a barrier to getting to the other goals that we seek.

**Unger:** One interesting finding—this is the biggest increase of emotional exhaustion that you've seen anywhere in the literature. Can you talk about that?

**Dr. Sinsky:** Right. So burnout was a pressing problem even before the pandemic. But this spike in burnout rates in the second year of the pandemic, it has to be a mix of both old issues and new factors. So some of the old factors are administrative burdens—the technology not being fully aligned with the work, with physicians spending their days doing work that might not require their full level of training and the things that do require our full level of training getting pushed to the margin or being done on our own personal time.

But then there's this additional element. And I think it has a lot to do with the introduction of politics into medical care and that that has been a big strain for physicians. In the first year, physicians and others were the heroes. Right? People were banging pots for them at shift change.

And now, physicians and others are really engaged often in really difficult conversations with patients who may not believe in the science of COVID, who don't believe in the treatments that are offered or that aren't offered. And so, I think that politicization of medical care has added a new dimension of stress.

**Unger:** How do you know what's driving this? And whether—I mean this is obviously a tremendous burden for all people—how do you know that this is related to work when you look at the scores like this?

**Dr. Sinsky:** Yes. Yes. Well, a couple of things. We know, for example, that physicians have much higher rates of resiliency—higher levels of resiliency than the general population. We've studied that. And there's a significant, higher level of resilience among physicians. And so we know that these high rates of burnout are not related to some deficiency within the makeup of the physicians in our health care system.

We also know that depression and burnout are very different constructs. That depression is a mental illness and it has a lot of complicated contributing factors. Whereas burnout is an occupational distress syndrome.
And in our most recent study, we found a small increase in depression among physicians. We did not find a huge increase—nothing that compared with the increase in burnout. And that, too, provides—it underlines the fact that mental illness and burnout are completely separate constructs.

**Unger:** How do you think that this study differs from other studies, previous studies that we've seen on burnout?

**Dr. Sinsky:** Right. Well, one of the strengths of this study that we do—the AMA, Stanford and Mayo—is that we use very rigorous methodology. And so our sample is drawn from our AMA Masterfile, which is a nearly complete registry, if you will, of physicians in the U.S. And we do this in a rigorous way so that it is a nationally representative survey of physicians. And we have used the same methodology now in each of these five surveys over that period of time, from 2011 to the present.

Other surveys have been done—is convenient samples. They may pay a sample of physicians to be available to answer surveys. And those surveys give some insight but they don't have the rigor that this particular longitudinal series of studies does have.

**Unger:** Obviously, this is a pretty dramatic set of findings. How do you expect this to impact the U.S. health care system in the months and years ahead?

**Dr. Sinsky:** Right. Well, we are really fortunate to have activity happening at many levels within the U.S. health care system. At the AMA, we use this data to inform our priorities. And so we use this—we invest a great deal every year at the AMA in addressing physician well-being, burnout. And we use the results of these studies to help us.

And our overall goal is to help to improve the conditions where joy, purpose and meaning work are possible for physicians and their teams because we believe that's how we can contribute to another goal of the AMA and that is improving the health of the nation. So that's one way. Another way is this data influences organizations, such as the National Academy of Medicine, which has a multiyear investment in improving clinician well-being.

And then, thirdly, individual institutions look at this and they realize that this is a national problem. It's also a local problem. And at the AMA, we offer institutions surveying ability to—we help them survey their physicians and other health professionals so that they understand what their burnout rates are locally and what some of the local drivers are for that.

**Unger:** Dr. Sinsky, addressing and reducing physician burnout, obviously a very key initiative for the AMA and has been made part, a key pillar, of what is now called the AMA Recovery Plan for America's Physicians. Can you talk a little bit more about what the AMA is doing to reduce burnout and why it's so critical to physicians right now?
**Dr. Sinsky:** Right. Right. Well, let's even start by thinking about the physician workforce. It's been estimated that there will be 100,000 physician shortage in the next 10 years or so. And burnout is one of the reasons that physicians leave the profession prematurely. In fact, you are twice as likely to leave your organization if you've experienced burnout versus not.

So that by investing resources, as we are at the AMA, and helping individual physicians in helping organizations, the clinics or health systems that they work in reduce burnout, we're helping to maintain that physician work supply. And so what do we do?

We have over 75 toolkits that teach individual physicians, or practice managers, or institutional leaders, how to improve practice efficiency, which is actually one of the biggest drivers of professional fulfillment, because if you can do your work more efficiently that means you have more time to do the important work of relationship building with the patient. And you have more time to go home earlier and be home with your family or have your personal life.

So being efficient is a really important aspect of doing the right work for patients. And we have many, many resources, toolkits, podcasts, webinars in that area. We also have many resources in terms of helping to improve organizational culture—how to have better communication between leaders and physicians, how to build team culture. And so we have resources across all of those dimensions.

We sponsor the International Conference on Physician Health with the British and Canadian Medical Associations. And we'll be meeting later this week with our colleagues from across the world to share information and research. And then we sponsor an American conference on physician health every other year as well.

And then finally, Todd, one other thing that we do is that we do help organizations pull back the curtain and see what's happening in their organization. Because we do have an instrument—we call it the organizational biopsy—that helps an organization understand what are the issues around practice efficiency? What are the issues around organizational culture that are impacting them locally? And then we help them tailor their interventions to the findings at their institution.

**Unger:** Now, you mentioned this issue around personal resiliency and that physicians have a high degree of that. You also talked about practice efficiency, culture. I think one of the interesting things about your work has been the highlight around systemic drivers of burnout. Do you want to talk a little bit about that?

**Dr. Sinsky:** Well, you know, it is so true that while burnout manifests in individuals, it originates in systems. And so if we start our work on burnout by saying to individuals, "You just have to try harder," I think we've we've started off on the wrong foot and we're just not going to be successful. That's like blaming the canary in the coal mine for not breathing hard enough or trying hard enough.
But what we really have this opportunity to do is to look at the environments where physicians and their teams work and find ways to unleash that latent professionalism, to find ways to increase the opportunities for people to live up to their aspirations. And I believe we do that by removing a lot of the sludge—a lot of the unnecessary administrative burdens that are slowing people down—reducing the number of clicks in the EHR, reducing the number of prior authorizations that are required or the process for prior authorization.

And so they're just many things at the very detailed level that will help fix the environment. Because we need to fix the workplace rather than focusing on fixing the worker. The worker isn't broken. It's really the environment that's been broken.

**Unger:** Dr. Sinsky, just in closing, if physicians and health care leaders take away one thing from this study, what should it be?

**Dr. Sinsky:** Well, I think the most important thing to take away is that burnout has been on the rise. And yet it doesn't have to be that way—that we can make a big difference. And so, with burnout being so high, I think we can say we've got an opportunity that we've never had before to make a really big difference in the lives of physicians, other health care workers and, by extension, then in the lives of their patients.

**Unger:** Dr. Sinsky, thank you so much and to your co-authors for this important piece of research. You can also learn more about the AMA's efforts to reduce physician burnout at ama-assn.org/recovery. We'll be back soon with another AMA update. You can find all our videos and podcasts at ama-assn.org/podcasts. Thanks for joining us today. And please take care.

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