Q&A: Uncovering how burnout affects doctors at different life stages

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During her career, AMA member Kim Templeton, MD, has seen the issues that physicians are facing at all stages of their careers. More specifically, Dr. Templeton has conducted research on the issues that women physicians face in terms of burnout. And while all physicians are at risk for burnout, the research is showing that some doctors are at higher risk than others.

“Some studies that address physician burnout single out characteristics of physicians who have higher rates of burnout—those characteristics can include age, gender or race,” said Dr. Templeton, professor and vice chair of diversity in the orthopaedic surgery department and associate dean for continuing medical education at the University of Kansas Medical Center and past-president of the American Medical Women’s Association (AMWA). “These studies indicate that some populations may be at higher risk of developing burnout, but it doesn’t mean that those are personal characteristics that inherently increase that risk. Identifying those at greater risk of developing burnout indicates that some physicians are working in environments that cannot—or are not—addressing what they need to succeed in their careers or in which they are facing microaggressions or biases.”

“Several individual interventions have been discussed to address burnout. Those can help with symptoms, but they don’t address the causes of burnout,” she said. “If we want to affect real change, that means addressing the systemic drivers of burnout.”

Reducing physician burnout is a critical component of the AMA Recovery Plan for America’s Physicians.

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.


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In an interview with the AMA, Dr. Templeton discussed physician burnout, well-being and gender equity in medicine. Listen to more of this conversation on Apple Podcasts, Spotify or anywhere podcasts are available.

**AMA:** What were the two resolutions related to burnout that you worked on that were adopted at the 2022 AMA Annual Meeting?

**Dr. Templeton:** One of the resolutions—and this one is the one that came from the American Medical Women’s Association—requested that our AMA work with The Joint Commission, the Centers for Medicare and Medicaid Service (CMS) and other hospital accrediting bodies to assure that physician well-being is a component of standards for hospital certification. In addition, part of this focus on well-being should include removal of intrusive questions regarding clinician physical or mental health or related treatments on renewal or initial hospital credentialing applications.

The goal of this is for hospitals to continue their focus on physician and other clinician well-being, but in moving forward, to have this also demonstrated very concretely, at least in part, by the removal of intrusive questions about health or health history on credentialing applications. Removal of these questions is intended to serve as a motivation for physicians to seek the help that they need or at least to remove a barrier to seeking help and to address the stigma related to physician health. This change in wording is similar to what has been—and is being done—with state medical board licensure applications.

The other resolution—and I appreciate the help of the AMA Organized Medical Staff Section in working through this and bringing this to the House of Delegates—was focused on a similar issue but focused on the American Board of Medical Specialties (ABMS). This resolution asks that our AMA work with the ABMS and its constituent boards to assure that physician well-being is a primary concern of the ABMS and their boards, and that this focus on physician well-being be demonstrated, at least in part, by removal of intrusive questions regarding physician physical and mental health or related treatments on board certification applications. If we can work in concert and remove all stigmatizing questions related to health, [and] then let physicians know what that means, ideally physicians should feel encouraged and supported to seek the help that they need, and eventually stigma around this issue will be a thing of the past. With what we're seeing during the pandemic with increasing rates of burnout and worsened physician well-being, if we're going to effect change—now is the time.

**AMA:** What obstacles do you see in trying to improving rates of physician well-being?

**Dr. Templeton:** Some people are getting burned out on burnout. We keep talking about burnout, but it’s not going away—and with the ramifications of the pandemic seems to be getting worse. We need to broaden the discussion so that people can see that it’s not an issue with an individual physician, but it reflects systemic issues within health care. Effecting change has the potential for widespread
ramifications throughout the field, from supporting physicians currently in practice to continuing to improve diversity in medicine by assuring that students from all backgrounds can see themselves in this field. For example, we continue to face a physician shortage that's likely going to continue to get worse as a result of the pandemic and increased physician attrition. There's discussion of getting the country back to where we were prior to the pandemic. However, at least for medicine, the status quo really isn't sufficient.

Physicians left the health care field prior to the pandemic. The forces driving that were only magnified over the past two and a half years, especially for women. If we don’t do something, we’re going to continue to lose physicians. We can and have to do better.

**AMA:** One of the initiatives you spearheaded as president of AMWA was physician well-being and reentry. How does this help address the physician shortage?

**Dr. Templeton:** In addition to addressing physician well-being and related attrition, reentry is another way to try to address the physician shortage. I appreciate all of the work that our AMA has done in the area of reentry. Reentry is a process that occurs when a physician voluntarily leaves the active practice of medicine, not one who is asked to leave.

The length of time out of the active practice of medicine after which a physician would need a reentry plan varies state by state, but the average is a little over two years. If you're out of active practice a little over two years in most states, you likely will need some additional evaluation or intervention before you're given an active license. However, the process to reenter can be somewhat obscure.

This is something that I started working on through AMWA because I see this to some degree as a woman physician issue, as a lot of physicians who leave are young women who take time off to have children and raise their families. And then once the children are in school, these physicians want to come back to work.

I saw this firsthand during my tenure on the Kansas State Board of Healing Arts, where we would have women that had taken off four or five years from practice, their young children were now in school, and they wanted to go back to practice and didn't realize that they had to do more than just come to their state medical board and apply for a license. There is actually a more complicated process to do so in order to protect patients and the public. However, it's something that isn't really discussed all that much.

A couple of things that I've done in this area: I worked with our state medical board in Kansas to develop a reentry-to-practice licensure category. The regulations related to that have just been adopted. This category allows for the same public protections while having any needed remediation or mentoring not seen as a license limitation. I have discussed this at AMWA, and hopefully other states can start adopting something similar.
We’re also trying to raise awareness of reentry as through AMWA. Because most students and physicians don’t realize that they can’t leave practice and come back at any time, our message through AMWA is to plan ahead. If you’re going to take time off, unless it’s for an acute illness or injury that leads to an extended time off, then plan ahead for your return to practice as carefully as you plan for that time off. You may think that you will never come back to medicine, but you don’t want to shut that door.

The hope is if we can improve physician well-being, reduce physician attrition, have physicians to encourage the next generation of physicians—but then if they want to take time off, have a way for them to come back—we can hopefully help to address the physician shortage issue.

AMA: What is the impact on gender equity in medicine?

Dr. Templeton: It gets back to physicians feeling seen, heard and valued and that they belong in their workplace and in the field. But to do that, health care systems need to ask physicians … what impacts them and what solutions would work—rather than assuming something is going to be beneficial. For example, we need to continue to improve parental leave and available childcare. However, that doesn’t completely solve the issues for women who are dealing with societal, gendered expectations of their roles outside of the workplace for the entirety of their careers.

In our study of senior women physicians—which would not have happened without the awesome work of the AMA Senior Physicians Section—we found that 20% of women physicians over the age of 60 were still a caretaker for someone in their family. It was no longer the small children they cared for earlier in their career, but was grandchildren, aging parents, aging spouses. As women progress through their careers, there’s this idea that there’s this golden period of: “Once I get my career started and my kids are in school, everything is going to work out and there will be less stress.”

I hate to burst their bubble, but while their responsibilities may not be the same—they’re still there. This means that rather than having only parental leave, we need to expand this to career-long family leave so that we can support women throughout the entirety of their careers. And this would go for men too, who have responsibilities outside of the workplace. So hopefully with this approach of engaging physicians in identifying the problems and designing solutions, we can keep and continue to attract more women and more people who are otherwise underrepresented in medicine into medical careers. In our senior physician study, we also found that senior women physicians were still the subjects of harassment, but it wasn’t just based on gender, it was also based on age, at both ends of the age spectrum. … We know that biases and harassment are factors that can impact well-being, but we need to better understand how microaggressions, biases and harassment impact the well-being of gender and racial or ethnic minoritized groups within medicine, especially looking at issues with intersectionality.

To help physicians from all backgrounds thrive and remain in their careers, we need to better understand what they’re facing in the workplace and what leadership can do to try to address these...
challenges. And that in turn is going to improve well-being, increase diversity within medicine, and assure that we have a sufficient number of physicians to care for patients now and in the future.