Physician Burnout: It Just Keeps Getting Worse
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Burnout and Happiness in Physicians: 2013 vs 2015

A national survey published in the Archives of Internal Medicine in 2012 reported that US physicians suffer more burnout than other American workers.¹ This year, in the Medscape Physician Lifestyle Report, 46% of all physicians responded that they had burnout, which is a substantial increase since the Medscape 2013 Lifestyle Report, in which burnout was reported in slightly under 40% of respondents. Burnout is commonly defined as loss of enthusiasm for work, feelings of cynicism, and a low sense of personal accomplishment. There have been questions about the use of these criteria, however. Some studies have suggested that a low sense of personal accomplishment is not associated with burnout, at least in men.²,³ In other research, simply including the statements "I feel burned out from my work" and "I have become more callous toward people since I took this job" appears to be a valid method for measuring burnout.⁴,⁵ Given the uncertainty in defining and measuring burnout, the criteria used in the Medscape survey to assess burnout in our physician members provide useful information on the current state of physician morale, which, unfortunately, is low.

The Most and Least Burned-Out Physicians

An editorial published in the Journal of General Internal Medicine reported burnout rates ranging from 30% to 65% across specialties, with the highest rates incurred by physicians at the front line of care, such as emergency medicine and primary care.⁶ The 2015 Medscape survey results reflect this same pattern, with the highest burnout rates found in critical care (53%) and emergency medicine (52%), and with half of all family physicians, internists, and general surgeons reporting burnout. Of even more concern, among internists and family physicians who responded to the Medscape survey, burnout rates rose from about 43% in 2013 to 50% in both groups, an absolute increase of 7% but a 16% rise in incidence in just 2 years. In last year's Medscape Physician Compensation Report, family physicians and internists were two of the specialties most likely to say they would choose medicine again—but also two of the specialties most likely to say they would not choose their own specialty again.

Other research has shown that the prevalence of burnout in primary care physicians (PCPs) has increased over the previous decade not only in the United States but in Europe as well.⁷ The least burned-out physicians according to our survey are dermatologists (37%), psychiatrists (38%), and pathologists (39%) (Figure 1).
Physicians and Happiness

In this year’s survey, the lowest happiness scores at work belonged to radiologists (4.46) and, as expected, those on the front line of care: internists and emergency medicine physicians (both 4.50) and family physicians (4.52). Dermatologists (4.95) and ophthalmologists (4.85) had the highest scores for happiness at work (Figure 2).
Happiness at work, by physician specialty.

Consequences of Burnout

Burnout has been shown to negatively affect patient care.\cite{8} Physician suicide rates are higher than in the general population,\cite{9,10} and a study of medical students also suggested an association between burnout and suicidal ideation.\cite{11} In the Medscape survey, fully half of physicians on the front line of care told us they were burned out; approximately 10% of those burned-out physicians ranked the severity of their burnout at 6 or 7 on scale of 1 ("does not interfere with my life") to 7 ("so severe that I'm thinking of leaving medicine") (Figure 3). The high percentages among urologists and plastic surgeons deserve further investigation.
Percentage of burned-out physicians with highest severity scores (6 and 7). Based on a scale of 1 ("does not interfere with my life") to 7 ("so severe that I'm thinking of leaving medicine").

**Causes of Burnout: 2013 vs 2015**

Physicians who responded to the 2013 and 2015 Medscape surveys were given a list of possible burnout causes and asked to rank them in importance. The list was the same in both years, with physicians ranking these factors on a scale of 1 ("not at all important") to 7 ("extremely important"). Figure 4 shows the list of causes and the overall ranking in importance from this year's survey.
Causes of physician burnout.

Too many bureaucratic tasks. In both years, "too many bureaucratic tasks" ranked first. Bureaucratic pressures and loss of autonomy are well-researched causes of stress in physicians.\textsuperscript{[12]} It is worth quoting Robert M. Wah, president of the American Medical Association: "Physicians want to provide our patients with the best care possible, but today there are confusing, misaligned and burdensome regulatory programs that take away critical time physicians could be spending to provide high-quality care for their patients."\textsuperscript{[13]}

Too many hours at work. "Spending too many hours at work" was listed as the second most important cause. In a 2007 study of ob/gyns, the strongest predictor of work-life balance and burnout was having control over their schedule and the hours they worked.\textsuperscript{[14]} A 2014 survey from the Physicians Foundation found that 81% of physicians were overextended or at full capacity, and only 19% had time to see more patients.\textsuperscript{[15]} In the same survey, 44% planned to reduce patient access to their service, either by cutting back on new patients, going part-time, or quitting clinical practice altogether. It should be noted, however, that this percentage is slightly lower than that found in the Foundation's 2008 survey, in which 49% planned to reduce patient load.

Insufficient income. "Income not high enough" as a cause of burnout increased from fifth place in 2013 to third this year, and income for most physicians is not likely to get better any time soon. The Affordable Care Act (ACA) had bumped up Medicaid rates by 40% or more through 2014, but these are expected to return to the previous base level (except in some states that will use their own funds to maintain the higher fees). The American Medical Association has also recently warned that the "regulatory tsunami" facing US physicians could cut Medicare payments by more than 13% by the end of the decade.\textsuperscript{[16]} Worse, this year more than a quarter million physicians and other healthcare providers will be penalized 1% of their pay for failing to achieve meaningful use of their electronic health record (EHR) technology. "A physician can ace 99% of the requirements and still get penalized for flunking the remaining 1%," said Robert Wergin, MD, president of the American Academy of Family Physicians, in an interview with Medscape Medical News.\textsuperscript{[17]}

In this year's Medscape survey, physicians were asked whether they had sufficient savings and/or an unacceptable degree of debt for their stage in life. Internists, family physicians, and intensivists, who are among the most burned-out physicians, were also among the least confident in their financial status (Figure 5). Still, income—or at least a feeling of
financial security—does not guarantee a burnout-free life. Except for ophthalmologists, the five most financially secure specialties (orthopedics, urology, ophthalmology, anesthesiology, and emergency medicine) were not among the five least burned-out specialties (dermatology, psychiatry, pathology, gastroenterology, and ophthalmology). In fact, emergency medicine physicians are the second most burned-out physicians. Money may bring a certain measure of happiness, but it doesn't make up for the other key factors contributing to burnout: the bureaucratic burden and the high patient load.

![Figure 5.](http://www.medscape.com/viewarticle/838437_print)

**Physicians reporting minimal savings to unmanageable debt.**

**Increasing computerization.** It comes as little surprise that one dramatic change from 2013 to 2015 in the list of important burnout causes was "increasing computerization of practice," which rose from ninth place in 2013 to fourth this year. In a 2014 Medscape survey of physicians, 70% said that the EHR decreased their face-to-face time with patients, and 57% noted that it detracted from their ability to see patients. According to the 2014 Physicians Foundation survey, although 85% of physicians have now implemented EHRs, only 32% say they have improved practice, and 46% say they have detracted from efficiency. There are, however, indications that computerization will become less of a problem. In the Medscape survey, 81% of respondents said they are becoming more comfortable with their EHRs over time. And in the Foundation survey, responses varied dramatically by age, with 42% of those under 45 reporting that EHRs have improved quality compared with 26% over 45. Women and PCPs were also more positive about EHRs (36% and 38%, respectively) compared with men and specialists (30% and 29%, respectively).

**The impact of the ACA.** Of interest, the ACA dropped from third place in importance to fifth this year among all physicians, although differences varied by specialty. For example, dermatologists and radiologists rated it second this year. And among those in primary care, family physicians ranked it at fifth place and internists at eighth place. In the 2014 survey from the Physicians Foundation, although the majority gave the ACA a negative grade, more female physicians gave the ACA a positive one (30.7%) compared with males (22.8%), and more PCPs (30.9%) than specialists (22.4%). But even if many physicians are ranking the ACA lower this year as a direct cause of burnout, certainly its fallout has increased the impact of the other important burnout causes: bureaucratic tasks, too many hours at work, insufficient income, and increasing computerization.

**Gender and Burnout**
National surveys have reported that female physicians have a 60% higher burnout rate vs their male peers.[6] The Medscape report supports these findings, though our findings were of a lower order of magnitude. More female physicians (51%) reported burnout than males (43%), and both genders had higher rates than in the 2013 report (45% in women and 37% in men). This was not consistent among all specialists and even between the two major primary care groups. Among internists and as with most physicians, women had higher burnout rates this year than did men (55% and 47%, respectively) and both rates were higher than those reported in the 2013 survey (50% and 39%). Among family physicians this year, as with internists, more women than men reported burnout (56% and 47%). However, unlike internists, both female and male family physicians had lower burnout rates this year than in 2013 (60% and 52%). A similar trend was observed in female pediatricians, psychiatrists, and emergency medicine physicians, with women reporting higher burnout rates than men this year, though lower than in 2013. Comparing female and male burnout among specialties just for this year (Figure 6), women on the front line—critical care (61%) and emergency medicine (58%)—and in the generalist specialties of family medicine (56%), ob/gyn (55%), and internal medicine (55%) experienced rates of burnout within the top ten. Of interest, however, female urologists (67%) and orthopedists (61%) were the top two most burned out.

![Burnout by gender and specialty.](http://www.medscape.com/viewarticle/838437_print)

**Figure 6.**

Burnout by gender and specialty.

One study of European PCPs examined burnout as a process that develops over time in men and women. Using burnout criteria—defined as loss of enthusiasm for work (ie, depletion of emotional resources), depersonalization (includes negativity and cynicism), and a low sense of personal accomplishment—the researchers sought to determine whether the burnout process might be started by one of these criteria rather than another and lead to the rest.[3] The results suggested that the burnout process may differ by gender; the onset of burnout in men tended to be characterized by depersonalization, while emotional exhaustion was more likely to herald the onset of burnout in women. The authors suggested that more men with burnout first use depersonalization as a coping strategy for stressful work situations, but it isn't effective in the long run because emotional exhaustion tended to follow. Women, on the other hand, tend to cope
more than men do by emotionally focusing on stressful issues, which then leads to emotional exhaustion, followed by depersonalization. Negative interactions with people at work and with family might also affect women more than men as well. In this study, a reduced sense of personal accomplishment did not seem to be associated with burnout, at least in men.

Age and Burnout

Younger physicians (those 35 and under) also reported high levels of burnout in general (44%) and in many larger specialties (Figure 7). The highest rates were in young physicians in small specialties: urology (63%), infectious disease (61%), and nephrology (53%). Of particular concern, however, is the high rate of burnout in generalists: young ob/gyns and internists (53%) and pediatrics (47%). But there is a lower percentage of burnout (43%) in young family physicians than in internists, which warrants some examination because physicians in the two primary care groups typically responded similarly to questions in this survey. A 2015 survey published by Merritt Hawkins, a major physician recruiting organization, reported that a quarter of residents regretted their choice of medicine and said they would choose another profession if they were starting over.[19] This percentage, however, has varied widely in previous surveys from the same recruiter (29% in 2011, 18% in 2008, 8% in 2005, and 24% in 2003), so it is difficult to determine whether this year's findings represent an upward trend.[20] In the 2015 Merritt Hawkins survey, 39% of residents said they are unprepared for the business side of medicine, and 59% reported having received no formal training on employment issues such as contracts, compensation, coding, and reimbursement methods.

![Figure 7.](http://www.medscape.com/viewarticle/838437_print)

Burnout in physicians 35 years of age and younger.

Other Lifestyle Factors and Burnout

Religion

According to a 2014 Gallup Poll, 30% of Americans say that religion is largely out of date, a trend that has increased steadily since the 1950s, when only 7% held this view.[21] In our Medscape poll, instead of asking for specific religious affiliations, we wanted to know whether physicians have a spiritual belief, regardless of active participation. There were no real differences in responses from the burned-out and non–burned-out groups, but physicians on the whole are less
religious/spiritual than the general population. When asked whether they have any religious or spiritual belief, about three quarters of all physicians reported that they do (77% of non–burned-out physicians and 75% of those burned out). However, only about 62% of all non–burned-out physicians and 57% of burned-out physicians attend services. Some studies have reported that spirituality may be protective against burnout,[22-24] but the Medscape report found no association.

Politics

Instead of asking Medscape physicians whether they are Democrat, Republican, or Independent, the survey focused on whether members considered themselves liberal or conservative in fiscal and social areas. Without clear definitions of these terms, the responses are very subjective; the aim was to get a sense of political biases rather than voting habits. Fifty-seven percent of physicians claim to be socially liberal, and about two thirds are fiscally conservative, regardless of burnout status. Political views have not changed in the 2 years since the previous report. Of interest, a 2007 study of medical students found them much more likely to be liberal than conservative and also more liberal than other American young adults.[25] A 2013 Gallup poll identified 41% of the general US population as economically conservative and 30% as socially liberal, both lower percentages than those reported by physicians.[26]

Vacations

Although studies suggest that taking time off reduces stress, the United States is one of only 13 countries in the world that do not mandate vacation time. About a quarter of US workers do not have paid time off, with about half in the bottom fourth of earners and only about 10% of those in the top quarter going without paid vacations.[27] Physicians do better than other workers in taking time off, but burnout appears to affect vacation negatively. In the Medscape survey, 70% of non–burned-out physicians reported taking off more than 2 weeks a year compared with 59% of those who are burned out.

Healthy Habits

Physicians who have a healthy lifestyle are more likely to preach what they practice to their patients.[28] But do most practice good habits?

General health. In the 2015 Medscape report, physicians were asked to rate their physical health on a scale from "poor" to "excellent." The great majority rated their own health as "good" to "very good/excellent." However, to be expected, those who were burned out were less confident about their health, with 54% of burned-out physicians reporting very good to excellent health compared with 70% of their non–burned-out colleagues.

Weight. According to the most recent report from the Centers for Disease Control and Prevention (CDC), the prevalence of obesity in 2011-2012 was about 35%, a rate that has basically remained unchanged since 2003.[29] A 2013 JAMA Internal Medicine study of lifestyle behaviors in healthcare workers showed little differences in overweight or obesity between them and their patients.[30] Physicians who reported their body mass index (BMI) in the Medscape survey do better than the general public, but a significant number are overweight or obese. Among the burned-out group, 46% confessed to being overweight to obese (36% and 10%, respectively) compared with 39% of those who were not burned out (33% overweight, 6% obese). These numbers have not budged since the 2013 report.

Exercise. The most recent CDC statistics report that less than half (48%) of all adults meet the age-appropriate 2008 Physical Activity Guidelines.[31,32] The 2013 JAMA Internal Medicine study found that healthcare workers are better at some behaviors than their patients, notably in exercising within the previous 30 days.[30] Our report supported this conclusion, with 68% of non–burned-out physicians and 56% of burned-out physicians reporting exercising at least twice a week. Twelve percent of physicians who were not burned out and 17% of those who were avoided exercise altogether, which were higher rates in both groups than those reported in 2013 (5% of non–burned-out and 7% of burned-out physicians, respectively).

Marital Status

Social support is an important component for preventing burnout,[33] and although conflicting priorities between work and home contribute to burnout,[34,35] some evidence suggests that marriage may help reduce the risk.[36] In the Medscape survey, over half (53%) of physicians without partners experience burnout. When looking at specific living status, the highest rates of burnout (57%) were among those who were never married and living alone. Of interest, widows and widowers had the lowest burnout rates (37%), followed by physicians who were in a first marriage (45%) or
Reducing Burnout in Physicians

A 2014 Cochrane review reported that cognitive-behavioral training and mental and physical relaxation reduce stress in healthcare workers more than no intervention, although not more than alternative interventions, including massage, meditation, and organizational interventions (notably, changing work schedules).[37] According to a number of studies, the practice of mindfulness, specifically, appears to be a helpful approach in reducing burnout.[38-42]

In a study of PCPs,[38] mindfulness was described as "mental training that enables one to attend to aspects of experience in a nonjudgmental, nonreactive way, which in turn helps cultivate clear thinking, equanimity, compassion, and open-heartedness." After a short training period consisting of a nonresidential weekend immersion along with two short follow-up evening sessions, PCPs experienced significant reductions in burnout, depression, anxiety, and stress that were sustained at the study's conclusion 9 months post-intervention.

Being able to control work hours and schedule is increasingly being demonstrated to play an important role in reducing stress and improving career satisfaction—and, therefore, reducing burnout.[37,43,44] One pilot study focused on improving resilience in physicians so that they could help balance and prioritize work and personal life. In the study, physicians reported that learning to set limits improved their sense of well-being and productivity.[12]

Is It All Bleak?

Providing some hope, the 2014 survey from the Physicians Foundation[15] reported a positive mood among 44% of physicians, which, while clearly not a majority, was higher than the 31.8% reported in the 2012 survey. The authors believed that this increase was powered by the emergence of physicians who are younger, female, and employed and also by increasing optimism among primary care doctors. In addition, the survey found that half of physicians said they would recommend medicine to their children—up from 40% in 2008—and 44% described their feelings about the current state of medicine as positive, an increase from 32% in 2012.

Although the Medscape surveys did not bear out these same optimistic trends overall, the results did show a slight decrease in burnout among female family physicians and other generalist physicians, which might presage a slightly better future for the healthcare profession, at least for women. Are there changes in the current survey from the one published in 2013 that might shed some light on the general increase in burnout and decline in happiness for most physicians? These surveys cannot provide evidence for these differences, but the responses offer some clues.

References


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