

# Physician Sentiment Index 2021

Insights into the physician experience  
July 2021





## Introduction

Could team-based primary care, giving physicians more control over their schedules, improving information technology tools, and supporting clinicians' physical and emotional health and safety reduce physician burnout? A recent survey conducted by athenahealth suggests the answer is "yes."

The Physician Sentiment Index queried 799 physicians between October 13, 2020, and December 23, 2020, about their attitudes towards their work, their organizations, and the healthcare system; their biggest stressors; and their ability to provide quality care. Respondents practice in multiple types of settings under different compensation models and use various EHRs.

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### Some of the findings were surprising:

- While physician burnout has been a major issue for decades, a minority of respondents believe their organizations are adequately addressing it.
- Physicians working in mission-driven federally qualified health centers (FQHC) are unhappier in their jobs than their peers at independent practices and affiliated ones.
- Despite the disruption healthcare organizations endured during the pandemic, physicians report lower rates of burnout and higher satisfaction on a range of measures compared to 2018.
- Only one in five physicians believes the healthcare system is moving in a positive direction.

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### Other findings have persisted over time:

- Feelings of burnout are common, with 28% feeling burned out at least once a week.
- Administrative tasks, too little time with patients, and onerous regulatory compliance requirements are major contributors to dissatisfaction.
- Older physicians struggle more with technology.
- Female physicians are generally less satisfied than their male colleagues.

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### The survey presents a complex picture of the trials, tribulations, and also the satisfactions of medical practice in 2020. But one important take-home message is that despite their grievances, the majority of physicians still:

- Feel inspired by their work and find it meaningful
- Are able to provide top-notch care
- Have collegial professional relationships
- Would recommend their practices to others
- Do not intend to switch jobs in the near future

Based on the survey responses, here are athenahealth's recommendations for alleviating physician burnout – and the data to support them.

## Recommendation #1

## Adopt a team-based model of care.

Recent research using athenahealth EHR data found that team-based primary care — a model where physicians and other staff closely collaborate on patient care — is associated with better chronic disease outcomes. But how the model affects clinician experience is less clear. Several of this survey's findings suggest a team approach may have a positive effect on physician satisfaction. The survey highlights the qualities of team-based care that make it desirable to physicians who practice under the model.

- **Burnout is being addressed.** 55% of those who practice in team-based settings say their organization has taken steps to decrease physician burnout, compared to 31% who practice in traditional physician-centric settings. Some 38% of respondents who practice in hybrid settings — where sometimes doctors call the shots, other times the work is more collaborative — say their organizations are addressing burnout. (Note: Compared to traditional and team-based practices, hybrid practices landed somewhere in the middle across the vast majority of metrics).
- **The tools to address patients' non-medical issues are available.** 49% of team-based practitioners say their organizations are set up to help patients access help for social problems that affect health vs. only 27% of doctors in traditional settings. In hybrid settings, 31% of respondents feel equipped to address the social determinants of health, a responsibility that increasingly falls on the shoulders of physicians.
- **Doctors are recognized as team players.** 63% of team-based respondents say their organization recognizes their commitment to its success, while only 48% in traditional practices say the same. Again, those in hybrid practices land in the middle, with 52% feeling recognized.

Across a host of additional metrics, team-based care comes out on top, including degree of collaboration; excellence of clinical skills of the non-physicians in the practice; and ability to focus on patient care instead of administrative tasks.

Why do organizations that adopt team-based care seem to have more satisfied physicians? One reason could be that the approach was developed to combat physician burnout and give doctors more time doing what attracted many to medicine in the first place: interacting with patients. Because the arrangement is still relatively novel (only one out of five physicians surveyed practice in team-based settings), the leadership in these organizations may be more innovative and progressive in other ways. Additionally, teamwork and collaboration may simply make practicing medicine more enjoyable since by definition this model fosters trust and respect among colleagues. And non-physician team members may be more carefully vetted during hiring since they will work so closely with the rest of the team.

To what extent do you agree with the following statements? (Agree or Strongly Agree)	Team-based (N=211)	Hybrid (N=172)	Traditional (N=416)
My organization is set up to assist patients in getting help for social problems that affect their health.	50%	31%	27%
My clinical colleagues and I consistently collaborate on difficult cases.	73%	57%	57%
My organization recognizes my commitment to its success.	64%	52%	48%
My organization is set up to minimize the time I spend on administrative tasks, so I can focus on patient care.	40%	23%	26%
The non-physician care team members in my organization (e.g., RNs, nurse practitioners, physician assistants, medical assistants, LPNs) have excellent clinical skills.	70%	60%	55%

Source: athenahealth Physician Sentiment Index 2021

**Recommendation #2**

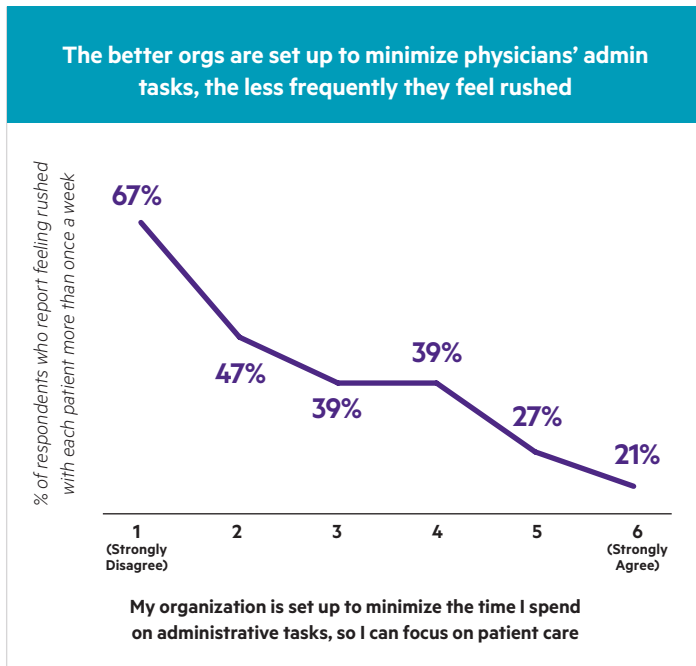
# Give physicians more control over their day and reduce “pajama time” by decreasing paperwork.

A recent athenahealth study of [telehealth adoption](#) revealed the importance of giving physicians control over their schedules. One way of granting more autonomy is by allowing them to determine visit length based on their knowledge of the patient, rather than prescribing how long appointments last. Organizations should also consider carving out time during the day for physicians to complete documentation to reduce pajama time — the hours doctors spend on completing paperwork at home.

Administrative burden has long been a major pain point for physicians, and the survey revealed that only 29% of respondents “agree” or “strongly agree” that their practice is set up to address it, making it one of the lowest-scoring items on the survey. In a typical week, physicians spend on average 74% of their time on direct patient care.

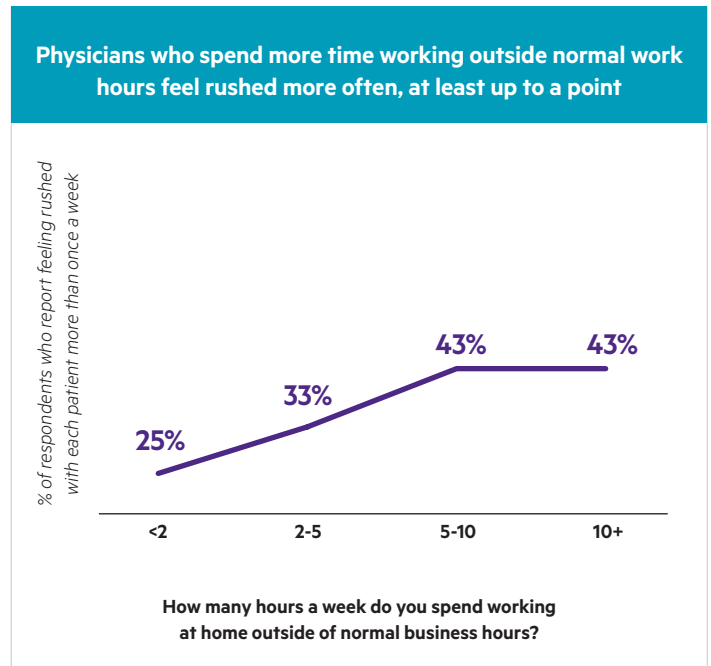
A link between how much time physicians spend catching up after hours on administrative work and feeling rushed at work also emerged: the heavier the take-home work burden, the more likely they are to feel under the gun more than once a week — while seeing patients. Specifically, 43% of those doctors who take home more than five hours of work per week feel rushed at least weekly. In contrast, only 25% of physicians who do less than two hours of work per week at home feel rushed during their clinical time.

**Give physicians more control over their time**



Source: athenahealth Physician Sentiment Index 2021

And not surprisingly, the better equipped organizations are to minimize physicians’ administrative tasks, the less frequently doctors feel rushed. Only 21% of respondents who “strongly agree” that their organizations are adept at minimizing paperwork feel pressured for time at least once a week while seeing patients. Contrast that to the 67% who “strongly disagree” that their organizations are set up to lighten their administrative load and as a result feel rushed.



Source: athenahealth Physician Sentiment Index 2021

Interestingly, frustration with take-home workloads translates into frustration with patients, according to the survey. Almost 1/3 of the respondents who are most negative about their workplace’s system for reducing administrative burden say they get frustrated at least weekly with patients for not following their recommendations. By contrast, among physicians who believe their organizations are well positioned to lighten their administrative load, only 8% get exasperated with patients.

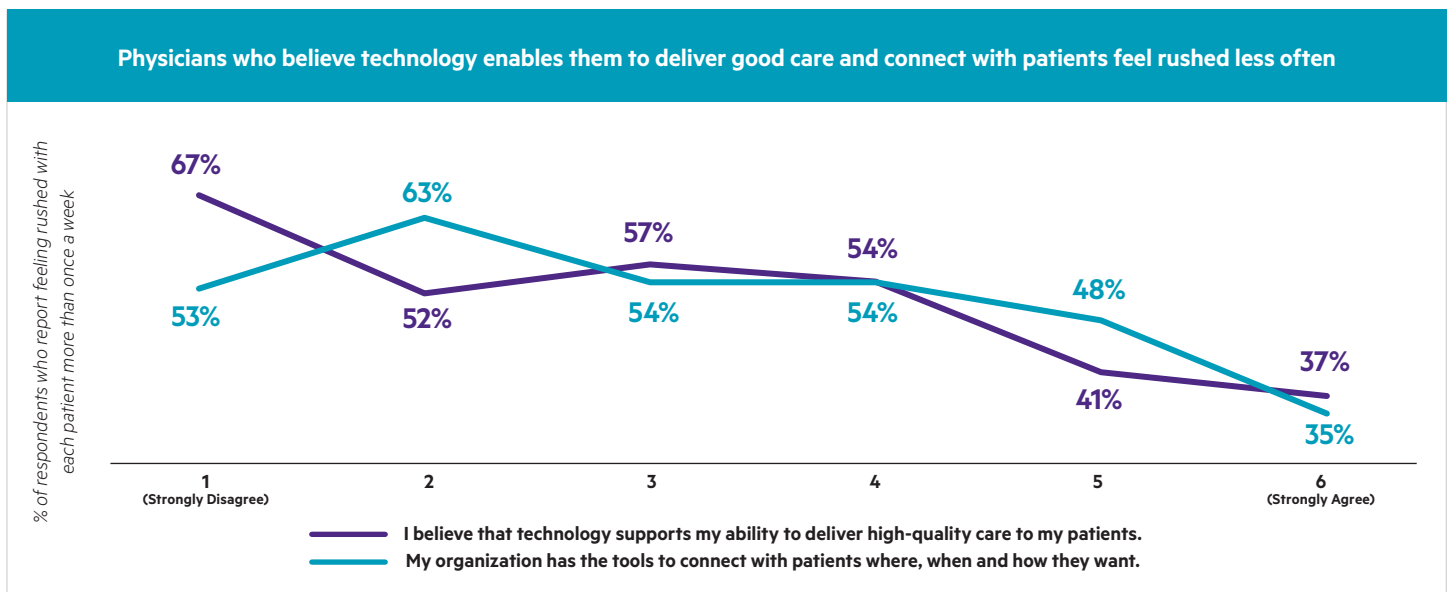
Recommendation #3

## Cut through the information “noise” by investing in tools that curate information for physicians.

The link between information overload, stress, and feelings of burnout comes through loud and clear in the survey. The amount of clinical data passing among providers can be overwhelming. And distilling it down to what’s relevant to decision-making is very time-consuming. Practices should identify tools — some of the best leverage artificial intelligence — that not only capture and store information, but also curate and translate it into clinically meaningful terms. Physicians should play a major role in choosing technology since they are the best ones to determine usability.

The survey surfaced a lot of negative opinions about technology, pointing to it as a key driver of burnout. Specifically:

- **The more intensely physicians feel information overload, the more frequently they report being burned out.** More than twice as many physicians who feel extremely burdened by information report feeling burned out at least once a week compared to those who feel minimally burdened (31% vs. 15%).
- **When organizations provide technology tools that enable physicians to deliver top-notch care *and* easily connect with patients, respondents are less likely to feel rushed with patients.**



Source: athenahealth Physician Sentiment Index 2021

- **Older doctors are more dissatisfied with technology than their younger colleagues.** Almost one-third of physicians 65 and older “disagree” or “strongly disagree” with the notion that technology enhances their patient relationships, compared to only 15% of their younger colleagues. More than one-quarter “disagree” or “strongly disagree” with the idea that their electronic health record helps them provide high quality care, versus 11% of younger doctors.

A note about technology implementation: Choosing the right technology tools is just half the battle. Organizations must also carefully consider how they integrate the new technology into existing workflows. They also must keep users top of mind as they manage the change, communicating clearly with employees and thoroughly training them on the new tools. Creating an internal team dedicated to EHR support and governance is an important best practice.

Recommendation #4

## Support physicians' emotional and physical well-being.

One of the most accurate predictors of feeling burned out once a week or more is how “seen” physicians feel by their organizations. The more strongly respondents believe their commitment is recognized and the safer and more supported they feel, the less likely they are to experience burnout.

In light of the COVID-19 pandemic, when the simple act of coming to work was risky and physicians bore witness to so much suffering, it's hard to overstate the importance of supporting clinicians' physical *and* emotional well-being.

As long as the pandemic continues, organizations must supply proper PPE as well as train clinicians in safety protocols appropriate to the level of community infection. Organizations should also investigate the sources of burnout in their practices and support providers with mental health resources designed for healthcare.



### Conclusion

The survey underscores how much physicians' experiences vary, depending on age, gender, practice setting, and the care and compensation model they work under. But a few universals emerge, and the recommendations offered above could vastly improve the physician experience, as organizations begin their recovery from a pandemic that upended medical practice in countless ways.

While some major contributors to physician dissatisfaction are beyond the control of individual workplaces — most notably, the burdens of regulatory compliance — this report's recommendations could help alleviate others. For example, shifting to a team-based model may result in a more positive and collaborative workplace culture, leading to a better overall physician experience.

At the end of the day, it's important to remember that despite the challenges, most physicians surveyed still find meaning and inspiration in the sacred work they do, day in and day out.