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The Causes and Impacts of Burnout Among Primary Care Physicians in 10 Countries

AUTHORS

Munira Z. Gunja, Celli Horstman, Corinne Lewis, Evan D. Gumas, Anthony Shih

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Introduction

Despite the critical role of primary care physicians (PCPs) in preventive care and chronic disease management, PCPs lack support for their mental and physical well-being, resulting

in pervasive burnout.¹ Physicians report emotional exhaustion and reduced personal accomplishment that, if left unaddressed, will undermine the performance of our health systems.²

In the United States, PCP burnout contributes to \$260 million in excess health spending every year, largely from high turnover forcing practices to replace clinicians who have left.³ Burnout has also been shown to reduce clinicians' productivity, increase the incidence of medical errors, and erode the physician–patient relationship.⁴ Beyond the harm to patients and the health system, burnout takes a physical toll on clinicians, worsening their health and contributing to depression and stress.⁵

The underlying causes of burnout are varied, ranging from administrative burden to the high number of patients a provider sees each week.⁶ For example, it's estimated that U.S. primary care physicians would need to work nearly 27 hours a day to complete all recommended care and administrative tasks, including three hours just to meet clinical documentation requirements.⁷ A more complete understanding of the root causes of burnout, and how other countries mitigate its impacts, is crucial for developing and implementing effective interventions.

For the first time in this brief, we use findings from the 2025 Commonwealth Fund International Health Policy Survey of Primary Care Physicians to examine the factors contributing to burnout among primary care physicians, how their experiences influence their ability and perception of practicing medicine, and strategies to combat burnout and improve health system performance. The survey of 10,895 primary care physicians was conducted from March 12 to September 22, 2025, in 10 countries: Australia, Canada, France, Germany, the Netherlands, New Zealand, Sweden, Switzerland, the United Kingdom, and the United States. For full details, see "[How We Conducted This Survey](#)." Because of sample size limitations, responses to reasons for burnout among respondents in France and the Netherlands cannot be shown.

Highlights

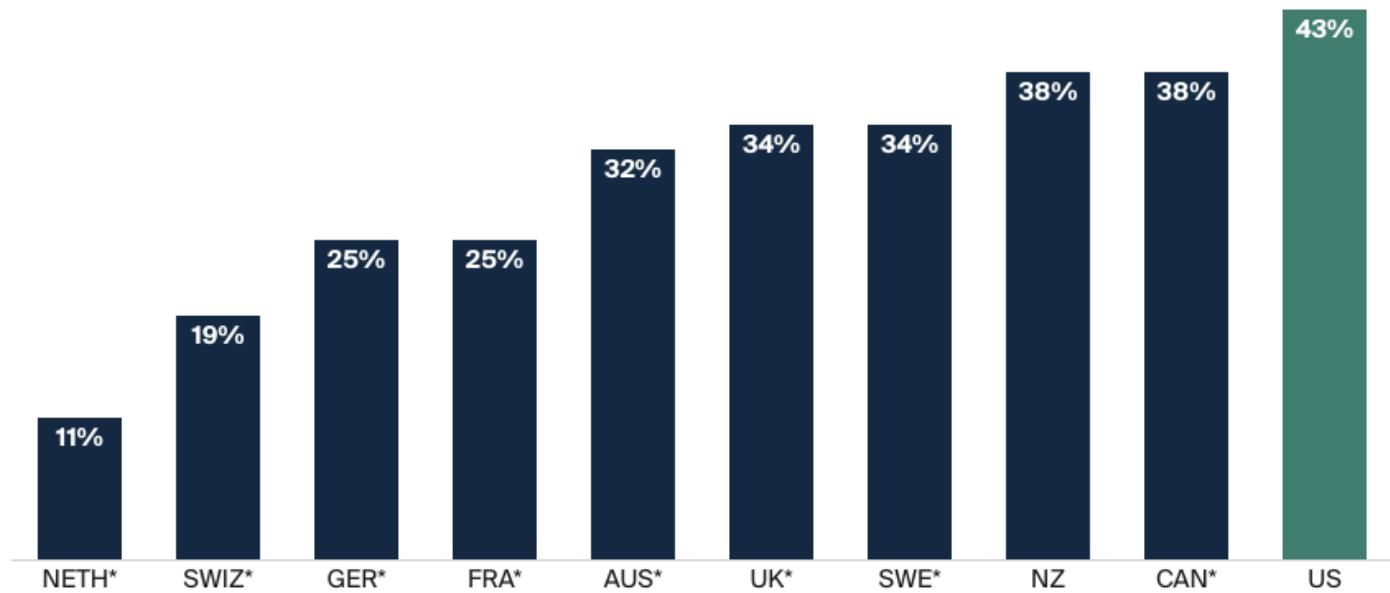
- Primary care physicians in the United States are more likely to experience burnout compared to primary care physicians in nearly all other countries in the analysis.
- Across all countries, most physicians are dissatisfied with the amount of time they spend on administrative tasks, with more than two of five primary care physicians in the U.S. reporting it as the primary reason for their burnout.

- About one of five primary care physicians in the U.S. report the primary reason for their burnout is feeling undervalued, compared to about one-third in the U.K. and Australia.
- Across nearly all countries, PCPs who experience burnout are more likely to be dissatisfied with their jobs, experience emotional distress, and say they plan to stop seeing patients in the near future.

Key Findings

More than two of five primary care physicians in the U.S. feel burned out — more so than in nearly any other country.

Percentage of primary care physicians who said they were burned out



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Note: The survey asked: "Overall, based on your definition of burnout, how would you rate your current level of burnout?" Respondents who selected "I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion," "The symptoms of burnout that I'm experiencing won't go away. I think about frustration at work a lot," or "I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help" are classified as being burned out. * Statistically significant difference to the US bar at the p<.05 level.

Data: 2025 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.

Source: Munira Z. Gunja et al., *The Causes and Impacts of Burnout Among Primary Care Physicians in 10 Countries* (Commonwealth Fund, Nov. 2025). <https://doi.org/10.26099/4p0p-hk02>

Primary care physicians were asked about feeling burned out and to what extent. We define having burnout as physicians who reported any of the following: being physically or emotionally exhausted, having ongoing symptoms of burnout and frustration in the workplace, or feeling "completely burned out" — wondering if they can go on and needing to make changes or seek help. Physicians are classified as not having burnout if they

selected “Occasionally I am under stress, and I don’t always have as much energy as I once did, but I don’t feel burned out” or “I enjoy my work. I have no symptoms of burnout.”

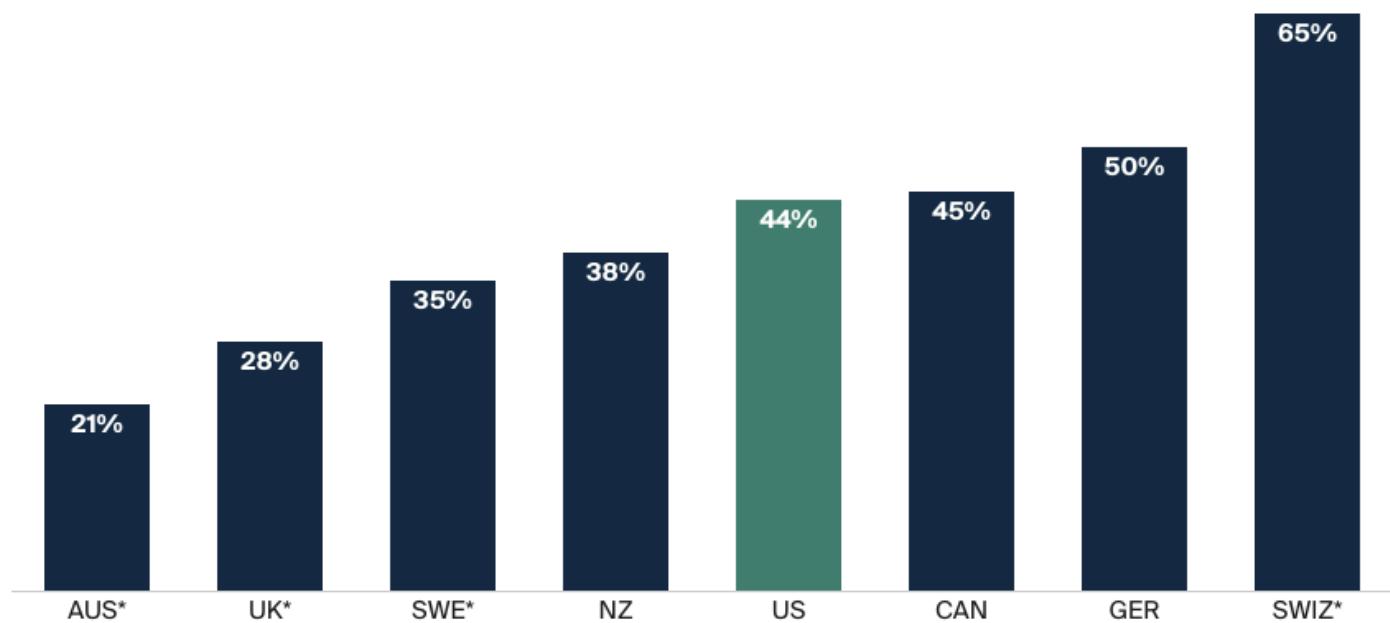
In nearly all countries, at least one of five primary care physicians were experiencing burnout at the time of the survey, with the Netherlands and Switzerland as the exceptions. In half the countries, a third or more physicians were burned out. The U.S. topped this list with more than two of five PCPs in crisis.

Driving Factors of PCP Burnout

Administrative Burden

For more than two of five burned out primary care physicians in the U.S., Canada, Germany, and Switzerland, burnout is primarily because of administrative burden.

Percentage of burned out primary care physicians who reported the primary reason for their burnout is because administrative tasks[^] take up more time than they would like



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[^] Administrative tasks include documenting tasks, medical records, meetings, quality reporting, etc.

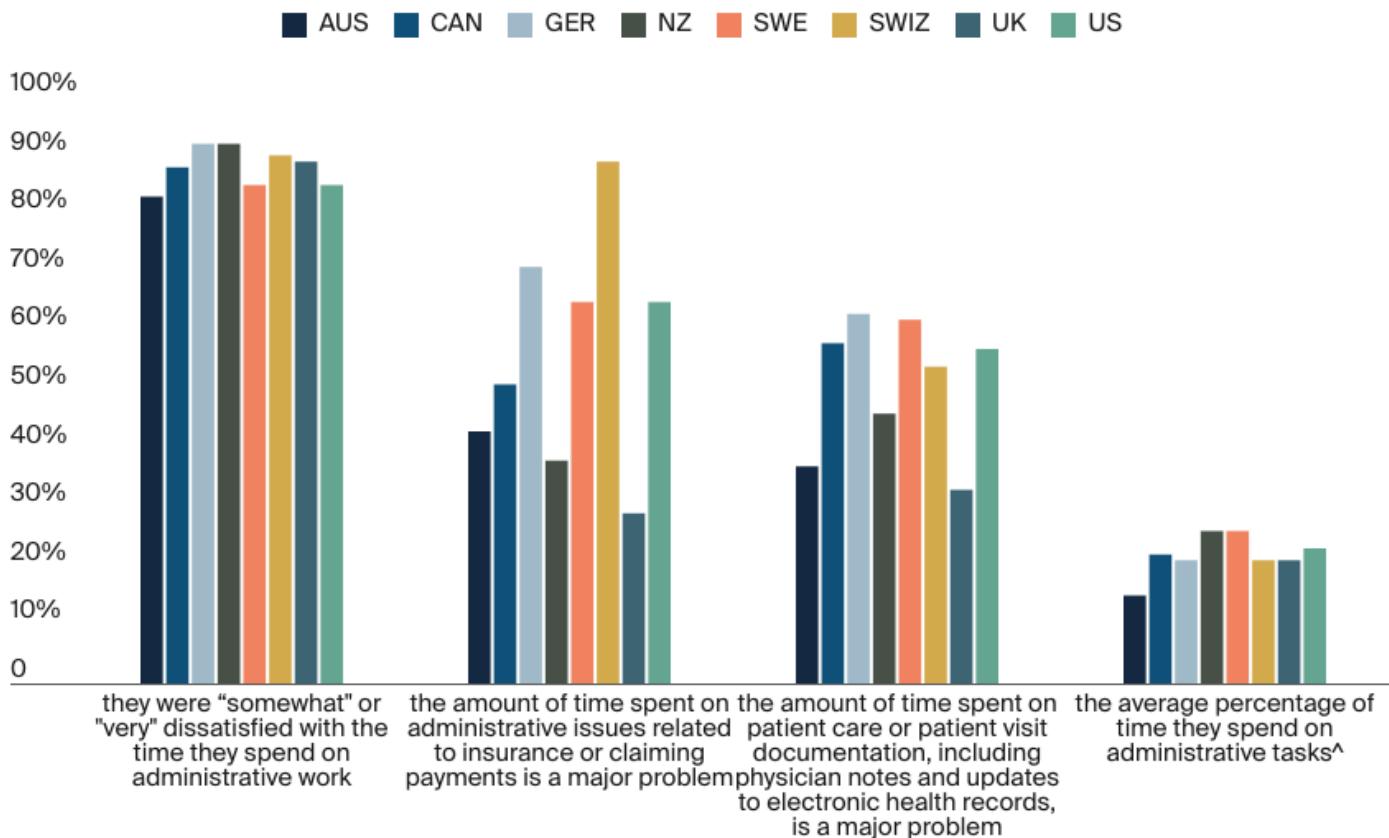
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Primary Care Physician Experiences of Administrative Burden

Percentage of primary care physicians with burnout who reported . . .



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Conducting administrative tasks, such as filing insurance, claiming payments, and documenting patient visits, all take up time that could otherwise be dedicated to patient

care.

Among burned out U.S. primary care physicians, administrative burden was the most common reason for burnout, with more than two of five reporting it was the primary reason. In contrast, only about one of five burned out Australian physicians said their burnout was primarily due to administrative tasks.

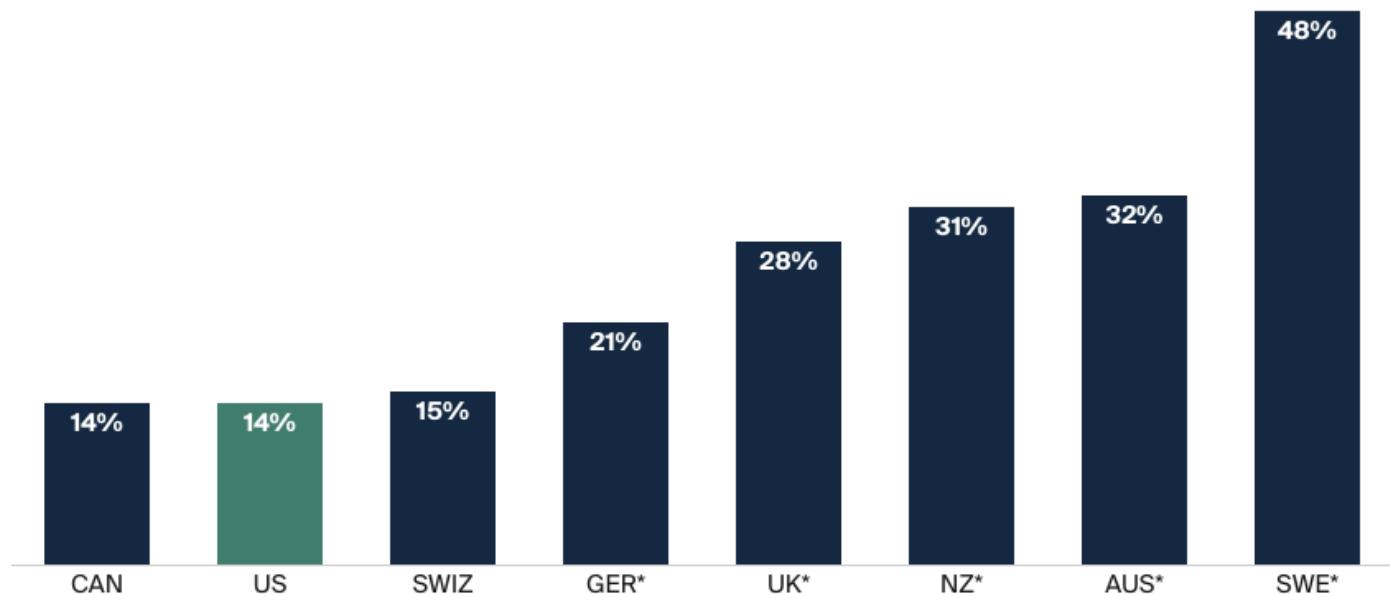
In all countries except the U.K., nearly two of five physicians or more with burnout said the amount of time spent on patient documentation and administrative tasks related to insurance or payment claims was a major problem. The U.S., Switzerland, and Germany had the highest rates.

Nearly all primary care physicians with burnout in all countries reported being dissatisfied with the amount of time they spend on administrative work.

Time Spent with Patients

Few burned out U.S. primary care physicians report burnout primarily because of their patient panel, while nearly half in Sweden do so.

Percentage of burned out primary care physicians who reported they primarily have burnout because their patient panel is too large or complex



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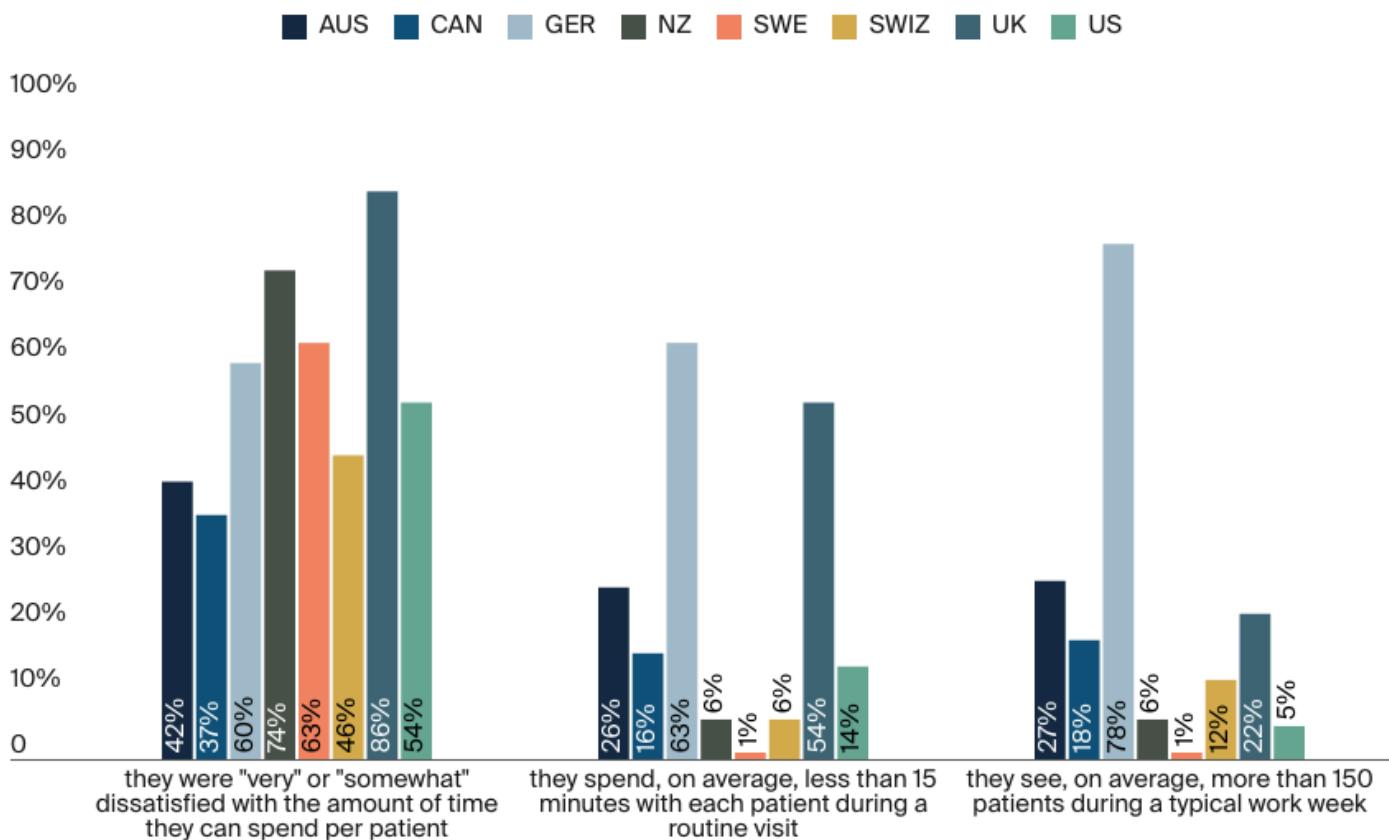
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Primary Care Physician Experiences of Time Spent on Patient Care Delivery

Percentage of primary care physicians who have burnout and reported ...



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Few burned out primary care physicians in the U.S. reported their burnout mainly resulted from having a large number of patients or from having many patients with complex conditions. In Sweden, nearly half of physicians with burnout reported that the size and

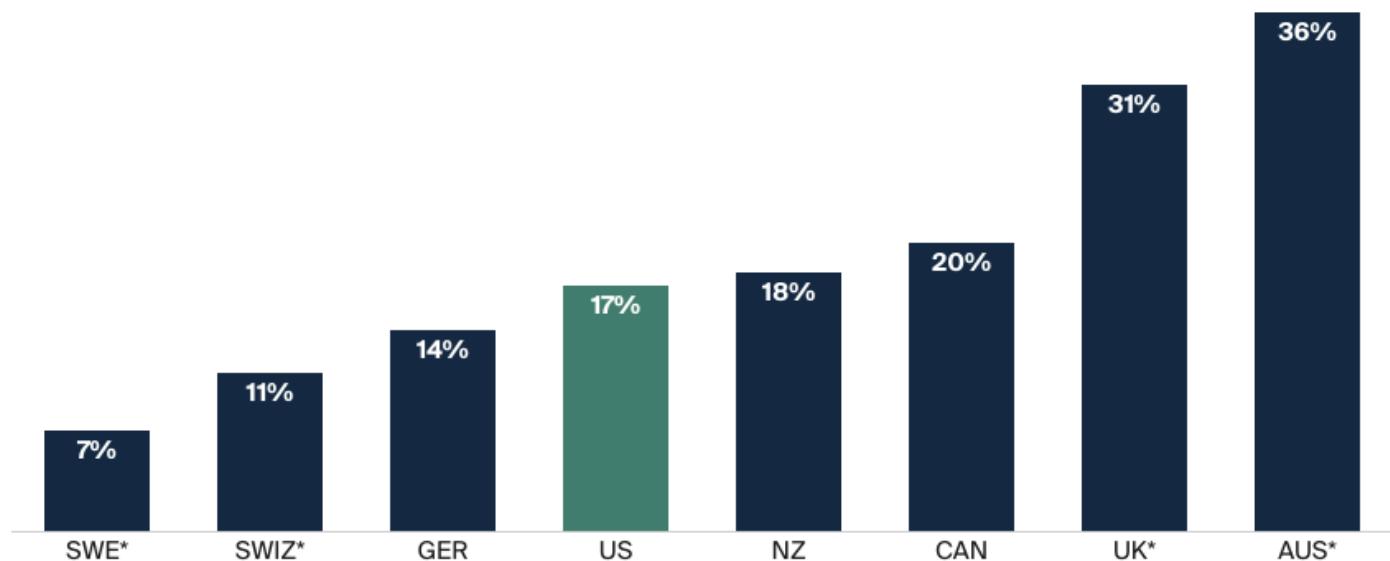
complexity of their patient panel was the primary reason for their burnout, despite being the least likely to report seeing more than 150 patients per week, and most likely to report spending 25 minutes or more with each patient for routine visits, on average (data not shown).

In the U.K. and Germany, physicians reporting burnout are the most likely to also report dissatisfaction with the amount of time they spend with their patients, as well as the most likely to report seeing more than 150 patients. Three of four physicians in Germany see more than 150 patients during a typical work week.

Feeling Valued

Few burned out physicians in the U.S. report their burnout is primarily because they don't feel their work is valued; one-third of PCPs in the U.K. and Australia do so.

Percentage of burned out primary care physicians who reported they primarily have burnout because they do not feel their work is valued



 [Download data](#)

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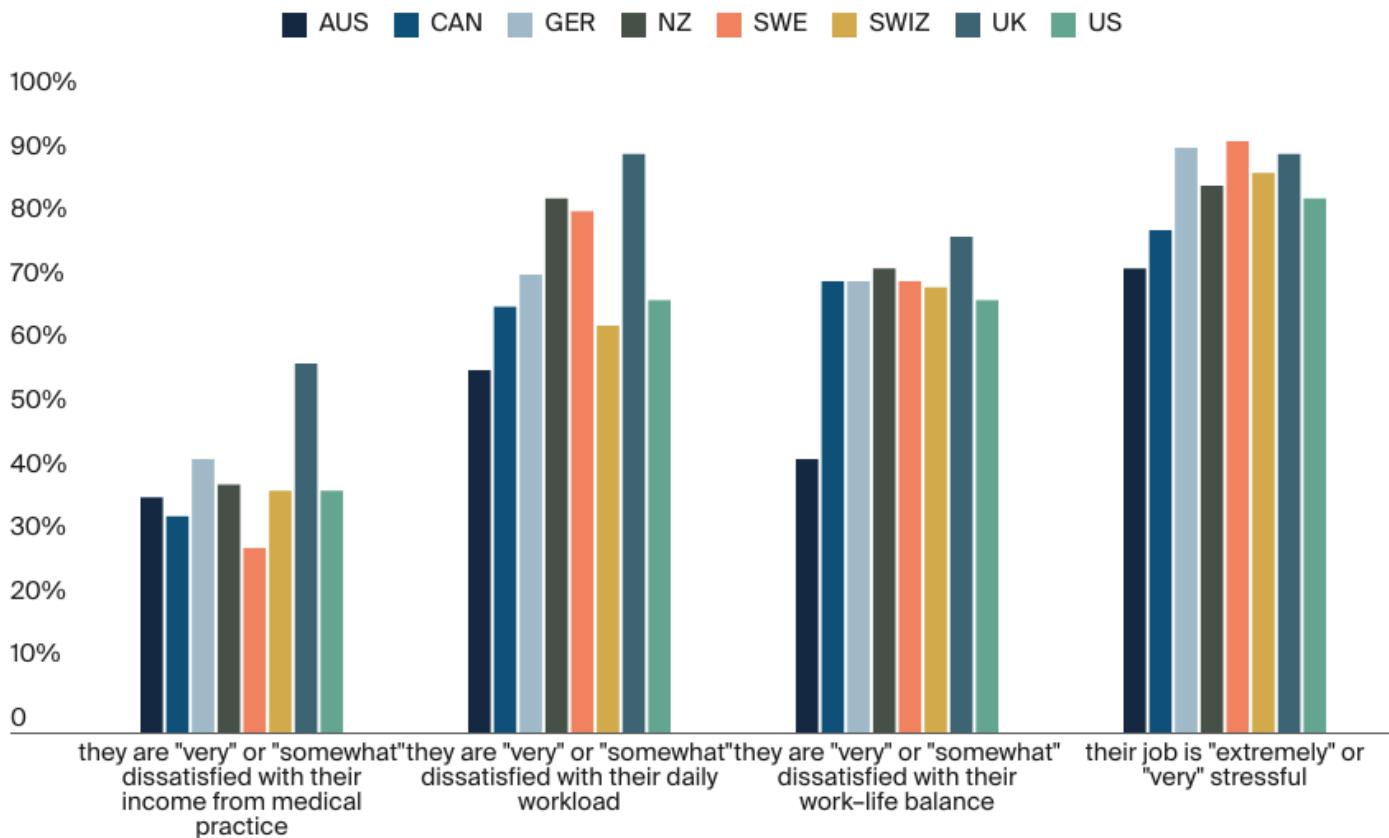
* Statistically significant difference to U.S. bar at p<.05 level.

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Primary Care Physician Experiences on Feeling Valued

Percentage of primary care physicians who have burnout and reported ...



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Prior research has found feeling valued by one's place of employment is highly correlated with lower rates of burnout.⁸ Far fewer burned out PCPs in the U.S. (about one of five)

reported burnout primarily because they feel their work is undervalued than in Australia and the U.K. (about one of three).

In the U.S., among physicians with burnout, nearly two of five were dissatisfied with their income from their medical practice and the majority were dissatisfied with their daily workload and work-life balance. Burned out physicians in the U.K. were the most likely to report dissatisfaction with their income and daily workload, and among the most likely to report dissatisfaction with work-life balance.

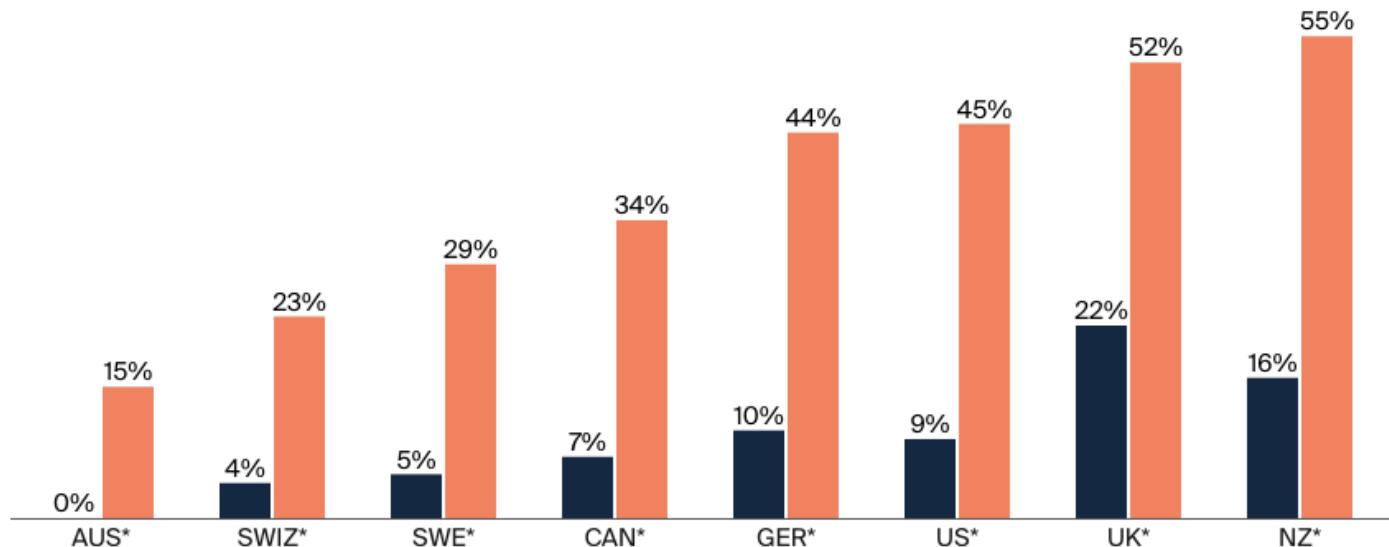
Most primary care physicians with burnout across all countries said their job was stressful.

Impact of Burnout on the Primary Care Workforce

Primary care physicians who experience burnout are more likely to say they are dissatisfied with practicing medicine.

Percentage of primary care physicians who said they were “somewhat” or “very” dissatisfied with practicing medicine

■ Does not have burnout ■ Has burnout



[Download data](#)

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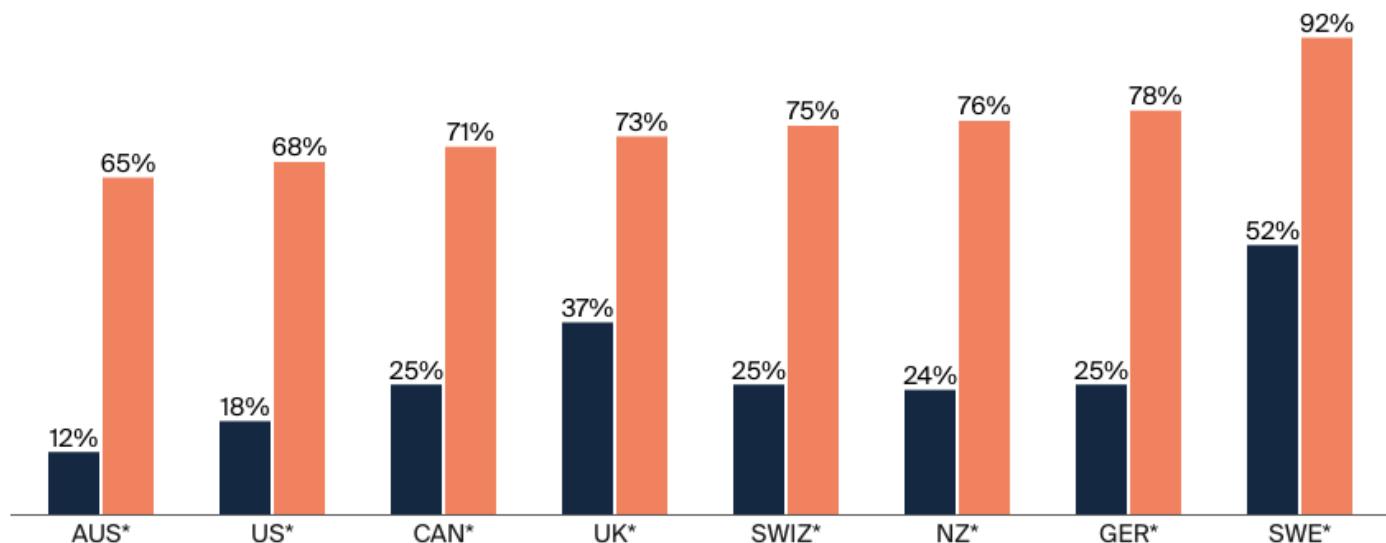
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Primary care physicians who experience burnout are also more likely to experience emotional distress.

Percentage of primary care physicians who said because of their work as a primary care physician, in the past two years, they have frequently experienced emotional distress such as anxiety, great sadness, anger, or feelings of hopelessness

■ Does not have burnout ■ Has burnout



 Download data

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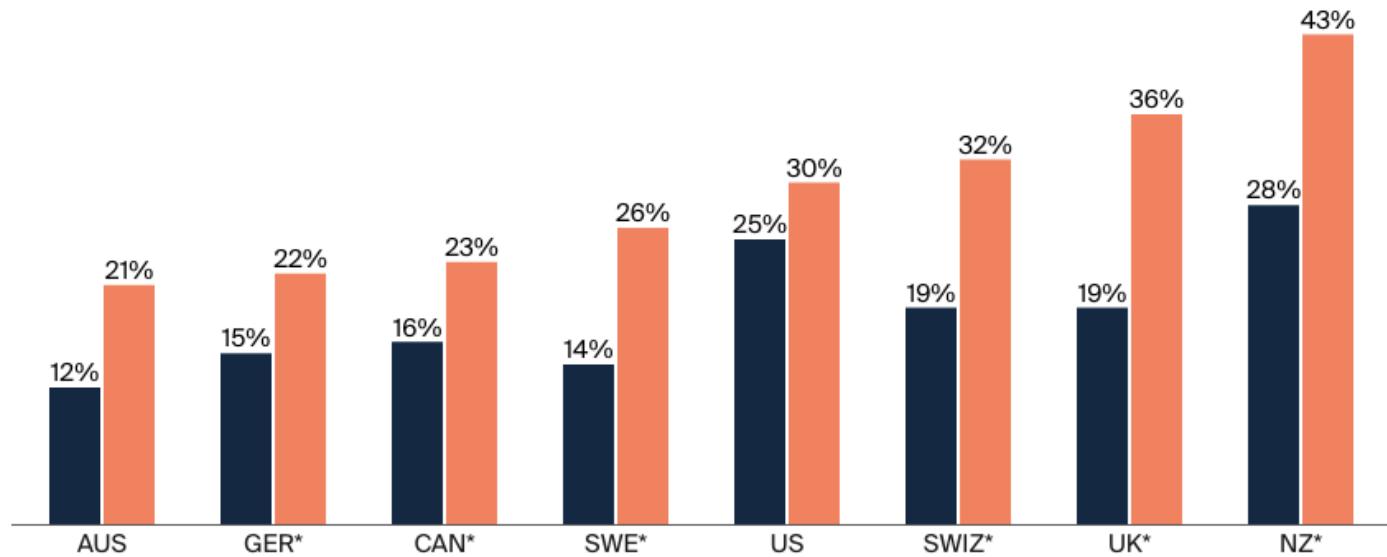
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In all countries except the U.S. and Australia, primary care physicians who experience burnout are more likely to stop seeing patients in the near future.

Percentage of primary care physicians who said they plan to stop seeing patients regularly in the next one to three years

■ Does not have burnout ■ Has burnout



[Download data](#)

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Across nearly all countries, those physicians who experience burnout are more likely to be dissatisfied with practicing medicine and to experience emotional distress than physicians

who are not experiencing burnout. They are also more likely to say they plan to stop seeing patients in the near future.

Conclusion

Though primary care is critical to a high-performing health care system, the Commonwealth Fund survey shows that in the major health systems studied, many primary care physicians are burned out. These physicians are more likely to experience emotional distress and more likely to say they intend to leave the field in the near future. Administrative burden, workload, and moral distress all contribute to heightened feelings of exhaustion and burnout.⁹

Several countries surveyed have taken steps to support clinicians by streamlining administrative tasks and implementing initiatives to bolster the well-being of the workforce. Payers, policymakers, and health care leaders in the United States can learn from these programs and develop context-specific interventions.

Strategies to Tackle Burnout

Administrative burden. Australia reported some of the lowest rates of burnout due to administrative burden — half the rate in the U.S. Through the Provider Connect Australia System, the country has reduced the burden of administrative tasks like billing and communication for clinicians and practices.¹⁰ Unlike the U.S., which has a fragmented reporting system that is often unique to each payer and practice, Australia has a centralized platform for billing, documentation, and messaging, allowing seamless communication across providers, practices, and businesses. Australia's government has also passed legislation to enable simplified, electronic billing.¹¹

While the U.S. does not have a single system for documentation, billing, or communication, there are opportunities to reduce administrative burden for clinicians. In 2022, the U.S. Surgeon General recommended streamlining reporting requirements across payers — both public and private — to reduce duplicative documentation.¹² This would ensure quality measurement is meaningful and not overly burdensome. Leveraging technology, like machine learning, automated clinical processes, and more, also could reduce physicians' administrative burden. The Centers for Medicare and Medicaid Services recently announced a new model to streamline administrative tasks through enhanced technology, for example.¹³ Congress could also establish a clearinghouse and standardized platform for billing submissions, which could improve claims and payment processes while reducing costs associated with operating separate systems across providers and payers.¹⁴

Time spent with patients. Although nearly half of PCPs in Sweden with burnout reported their burnout was because of their patient panel, physicians there are the least likely to have large patient panels and, on average, spend the longest time with each patient for routine visits. Sweden is one of the few countries to adopt capitation for primary care — providing a fixed payment for each patient — which does not incentivize seeing a large number of patients.¹⁵ However, adults in Sweden are also among the least likely to report having a regular doctor.¹⁶ Our findings suggest that longer consultations may be contributing to burnout if physicians cannot accommodate all patients in need of care.¹⁷

Most U.S. PCPs said they were dissatisfied with the time they could spend with each patient, aligning with other research finding that physicians need an estimated 27 hours each day to complete all the tasks expected of them and follow all recommended care actions.¹⁸ In addition to the strategies for addressing administrative burden, the U.S. health system could right-size the panels of physicians, bringing the number of patients in line with the time available for both clinical care and administrative tasks. Growing the workforce and leveraging team-based care — where different types of clinicians come together to deliver care through delegation and communication — can take the burden off current physicians to see more patients than they have capacity for.¹⁹ One example is a health system in Virginia that has sought to strengthen its clinical culture by ensuring clinicians, like nurse practitioners, can practice to the top of their licenses. This can help clinical teams effectively delegate tasks across clinicians. Additionally, the health system is protecting time for clinicians to work on administrative tasks and implementing workplace well-being trainings.²⁰

Feeling valued. In our study, primary care physicians experiencing burnout in Switzerland were among the least likely to report feeling burned out because they did not feel valued. More than three of four PCPs in the country also reported satisfaction with practicing medicine overall (data not shown). The Swiss government has made significant investments in recent years to strengthen primary care, including increasing the number of physicians trained in the country and strengthening primary care education at both the undergraduate and graduate levels to attract more physicians to the field.²¹ The proportion of doctors practicing in group practices over solo practices, and working fewer than 45 hours a week, has also risen since 2012 — all factors which may be contributing to higher satisfaction.

In the United Kingdom, burned out primary care physicians were more likely to report they are dissatisfied with their daily workload, work-life balance, and income from their medical practice, compared to physicians in other countries. Through its NHS Long Term Workforce Plan, the NHS England is striving to create a compassionate, inclusive, and

values-driven culture through managerial support for staff professional development, supporting the health and well-being of staff, and allowing for more flexible work options.²²

Around the world, professional associations, medical schools, health care organizations, and other stakeholders can all play a role in restoring joy to medicine.²³ Increasingly, profit- and productivity-driven health systems are diminishing the value clinicians feel in their work while increasing their stress and burnout. Through stronger clinical leadership and ethical frameworks, and by regrounding medicine in the moral obligations of clinicians, we can restore physicians' sense of pride and value in their work.

The primary care workforce in all health systems in this analysis — despite being structured differently — are struggling with burnout. The reasons, however, vary. Addressing the administrative burden PCPs face while supporting their mental and physical well-being are necessary steps for retaining and recruiting physicians to the field and ensuring patients can access high-quality care.

HOW WE CONDUCTED THIS SURVEY

The 2025 Commonwealth Fund International Health Policy Survey of Primary Care Physicians was administered to nationally representative samples of practicing primary care doctors in Australia, Canada, France, Germany, the Netherlands, New Zealand, Sweden, Switzerland, the United Kingdom, and the United States. These samples were drawn at random from government or private lists of primary care doctors in each country except France, where they were selected from publicly available lists of primary care physicians. Within each country, experts defined the physician specialties responsible for primary care, recognizing that roles, training, and scopes of practice vary across countries. In all countries, general practitioners (GPs) and family physicians were included, with internists and pediatricians also sampled in Germany, Switzerland, and the United States.

The questionnaire was designed with input from country experts and pretested in most countries. Pretest respondents provided feedback about question interpretation via semistructured cognitive interviews. SSRS, a survey research firm, worked with contractors in each country to survey doctors from March 12 through September 22, 2025; the field period ranged from nine to 25 weeks. Survey modes (mail, online, and telephone) were tailored based on each country's best practices for reaching physicians and maximizing response rates. Sample sizes ranged from 318 to 2,157, and response rates ranged from 6 percent to 42 percent. For this analysis, sample sizes among primary care physicians who

experience burnout ranged from 43 to 734. Because of sample size limitations, responses to reasons for burnout among respondents in France and the Netherlands cannot be shown. Across all countries, response rates are generally similar to those in our 2022 survey. Final data were weighted to align with country benchmarks along key geographic and demographic dimensions.

ACKNOWLEDGMENTS

The authors thank Robyn Rapoport, Rob Manley, Molly Fisch-Friedman, and Christian Kline at SSRS; and Reginald D. Williams II, Arnav Shah, and Kristen Kolb at the Commonwealth Fund.

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CONTACT

Munira Z. Gunja, Senior Researcher, Promoting International Learning and Exchange, The Commonwealth Fund

mg@cmwf.org

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