WORKING CONDITIONS AND BURNOUT AMONG U.S. HEALTHCARE WORKERS (2002-2022): AN ANALYSIS WITH IMPLICATIONS FOR FEDERAL WORKFORCE POLICY

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Problem

Healthcare worker burnout has been documented as a growing public health concern.

This report and brief addresses three questions: How has burnout prevalence shifted among U.S. healthcare workers between 2002 and 2022? Which working conditions are the strongest independent predictors of burnout, after accounting for all others? What policy actions follow from these patterns? This analysis draws on the QWL module of the GSS which has measured U.S. workers' self-reported workplace conditions every four years since 2002.[2] The module is administered to a nationally representative sample of working adults and includes the core burnout indicator used by the CDC and other federal agencies.

Analysis

Burnout was measured using the QWL item asking how often during the past month the respondent felt “used up at the end of the workday,” with response options ranging from “very often” to “never”.[1] The primary outcome was a binary indicator of frequent burnout (response of “often” or “very often”). A broader indicator including “sometimes” was used for sensitivity analysis. Non-responses were treated as missing. Six working condition predictors from the QWL module were used: supervisor concern for welfare, respectful treatment at work, workplace health and safety, fairness of promotions, workload, and pace of work. Higher conditions were made to indicate worse working conditions on a four point scale. Logistic regression was used to model the binary frequent-burnout outcome as a function of the six working condition predictors plus survey year as a fixed category. Odds ratios (OR) and 95% confidence intervals (CI) are reported. Analyses used pandas and statsmodels. Estimates are presented unweighted due to incomplete coverage of GSS cumulative weight variables for the healthcare worker subgroup.

Finding 1

Burnout among healthcare workers rose sharply after the pandemic

After a decade of relative stability, U.S. healthcare workers faced a significant increase in frequent burnout. From 2018, the burnout rate climbed from 23.3% to 28.4%, a 21% relative increase. Under a broader label (any burnout symptoms reported), prevalence rose from 47.9% to 50.6%, reaching the highest level recorded in any wave since 2002.

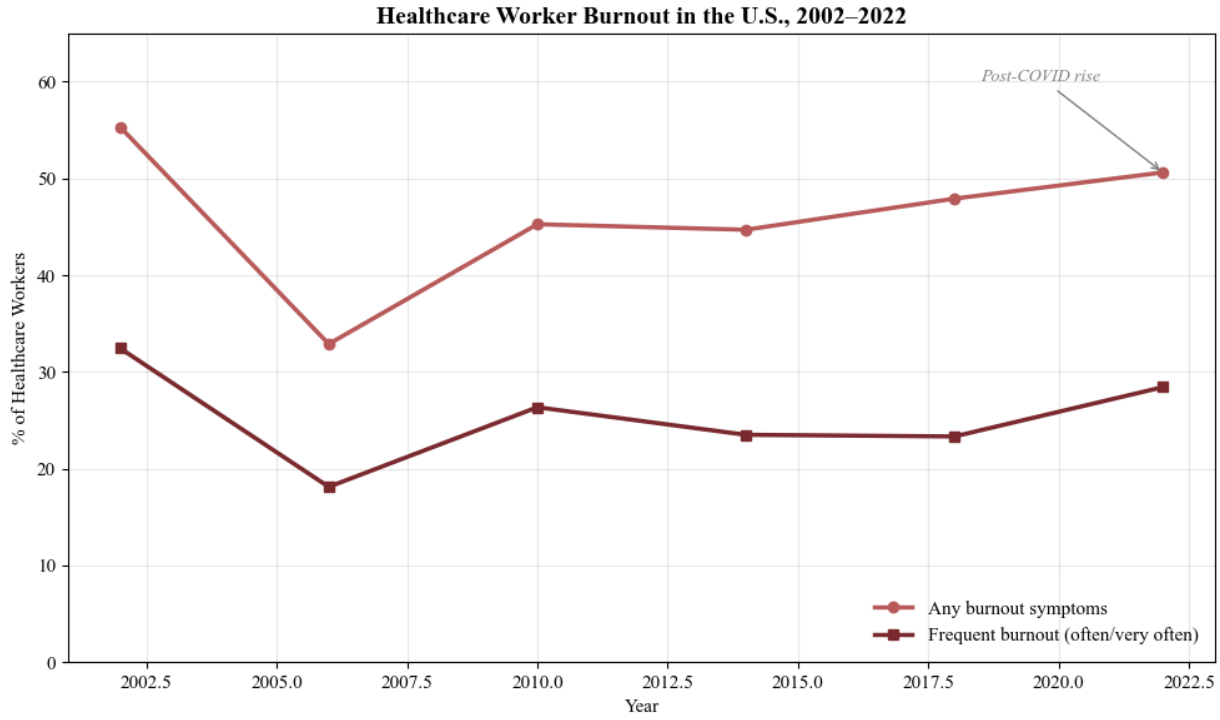

Figure 1. *Healthcare worker burnout prevalence, 2002-2022. Frequent burnout defined as reporting feeling "used up at the end of the workday". Any burnout symptoms includes "sometimes". Source: GSS Quality of Worklife module.*

Finding 2

Workload, pace, and supervisor support are the dominant predictors of burnout.

In a multivariable logistic regression controlling for all six working conditions and survey year, three predictors emerged as statistically significant: pace of work (OR 1.81, 95% CI 1.46–2.24), workload (OR 1.52, 95% CI 1.21–1.89), and supervisor support (OR 1.32, 95% CI 1.07–1.62). Each one-point worse score on these conditions was associated with substantially higher odds of frequent burnout. The working conditions -respect at work, workplace safety, and promotion fairness- did not reach conventional significance when the other predictors were controlled for.

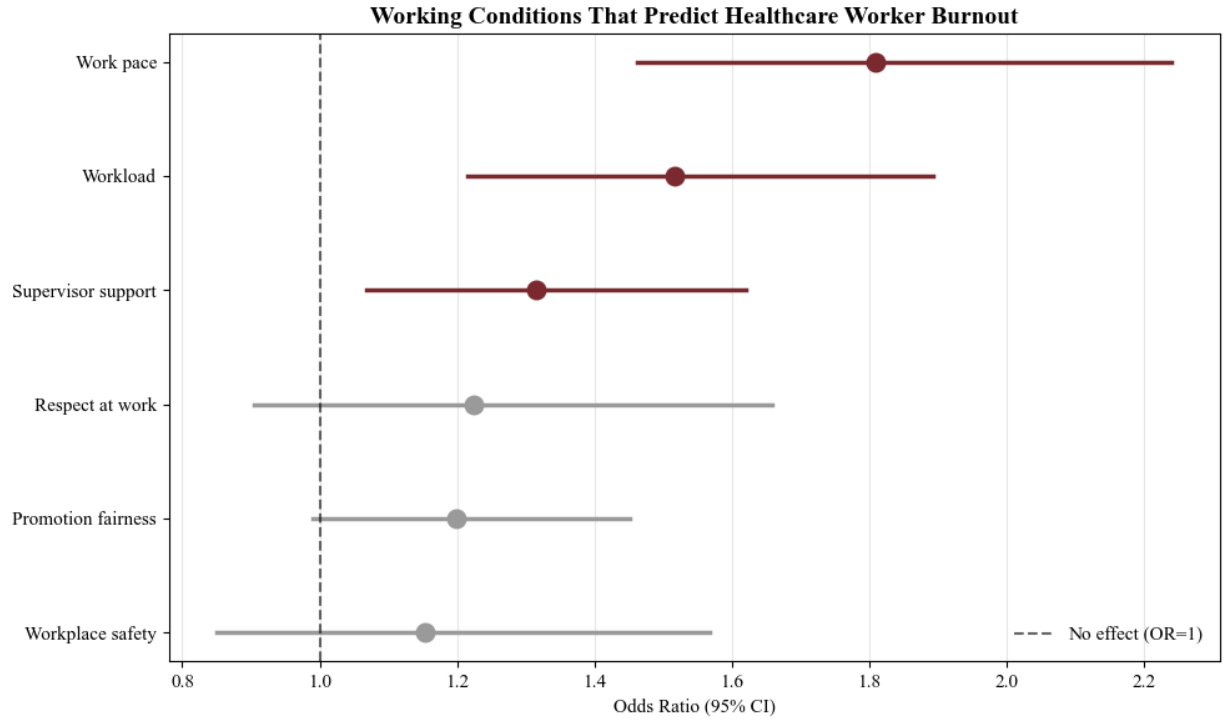

Figure 2. *Adjusted odds ratios from logistic regression predicting frequent burnout, with 95% confidence intervals. Red markers indicate predictors whose confidence intervals lies above OR = 1 (statistically significant); gray markers indicate non-significant predictors. Higher values are worsening conditions.*

Finding 3

The post-COVID rise indicates measurable change in working conditions

After controlling for the six working conditions, none of the year fixed effects in the regression were statistically significant. This means that the documented post-COVID rise in healthcare worker burnout is fully attributable to deterioration in specific, measurable working conditions, mainly the three identified above. Policy responses that target these conditions are likely to be more effective than general programs alone. Healthcare workers also exceeded non-healthcare workers on both burnout indicators in 2022, with the gap most evident for the frequent-burnout measure

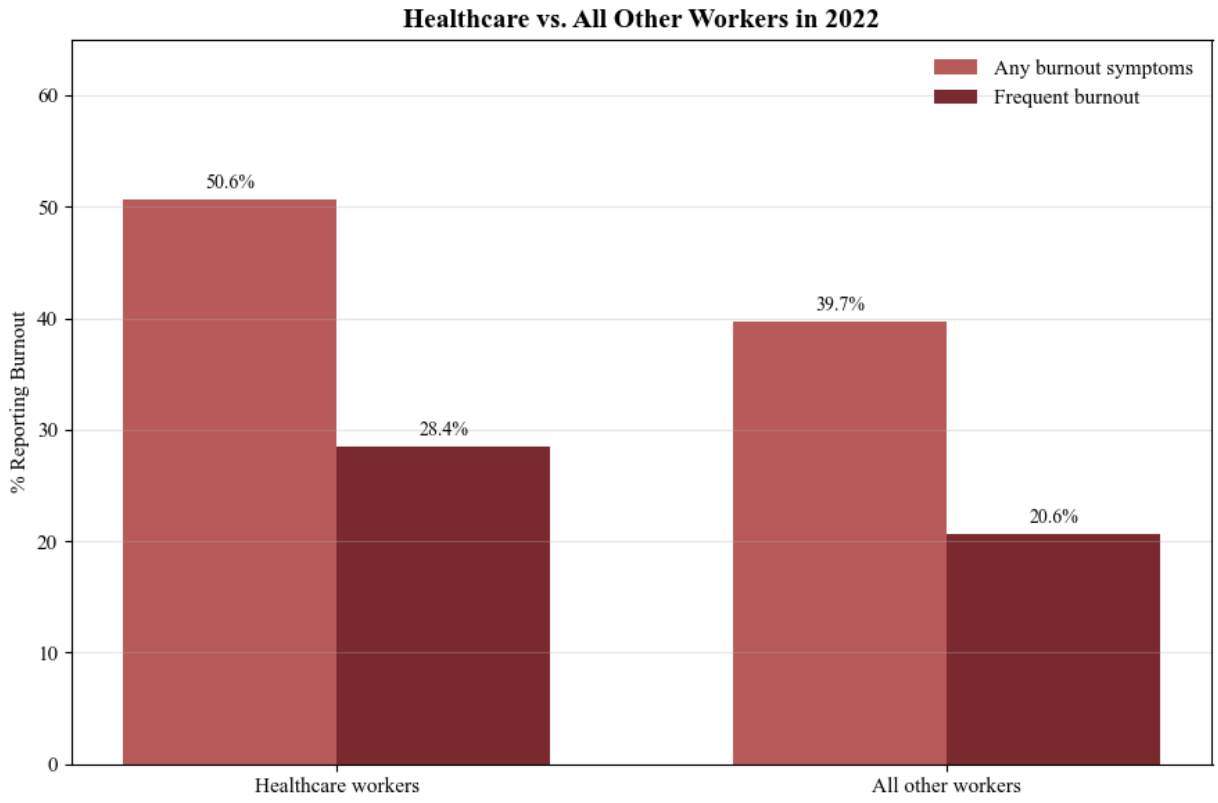

Figure 3: *Burnout prevalence by occupation group, 2022. Healthcare worker estimates from analytic sample; non-healthcare worker estimates reflect GSS QWL national averages for all other working respondents in 2022. Both indicators are higher among healthcare workers.*

The data set is the publicly available cumulative GSS, Release 3 covering 1972 to 2024. The Quality of Worklife module was administered in 2002, 2006, 2010, 2014, 2018, and 2022. The analytic sample contains GSS respondents in QWL waves that reported a healthcare job, identified using the Census Occupation Classification codes 3000-3540(Healthcare Practitioners and Technical Occupations) and 3600-3655(Healthcare Support Occupations). This pool comprised 1411 total respondents identifying as healthcare workers, and a total of 813 providing valid responses on burnout symptoms.

References

1. National Institute for Occupational Safety and Health. *Quality of Worklife Questionnaire.* https://cdc.gov/niosh/stress/worklife-question/?CDC_AAref_Val=https://cdc.gov/niosh/topics/stress/qwlquest.html

2. National Opinion Research Center at the University of Chicago. *General Social Survey, Cumulative File 1972–2024* (Release 3). NORC; 2025. https://gss.norc.org/