

Behind the mask

The hidden toll of surgeon burnout

**Johnson & Johnson
MedTech**

Survey insights from more than 1,500 surgeons across five countries—representing specialties including bariatric, colorectal, cardiac/cardiovascular, orthopaedic and thoracic—plus direct feedback from interviews with additional surgeons shine a light on how these clinicians are under mental, physical and emotional strain, the crucial need for solutions, and the devastating cost of inaction.

A note to our surgical community

Burnout. It's a term used to describe the emotional and physical fallout of prolonged exhaustion, stress and overwhelm.

In hospitals, operating rooms and doctors' offices around the world, burnout is a crisis that has long been simmering and creating high-stakes risks for the people—doctors, nurses, advanced practitioners and more—behind patient care.

Burnout is not a new challenge. An entire body of research has been devoted to this topic, and we want to underscore and continue the work—and give voice to the healthcare providers who have spoken so openly about their experiences. At Johnson & Johnson, we've been innovating for more than 100 years to create tools and technology that help surgeons address unmet needs in the OR. To better understand the people that we serve, we're committed to listening to surgeons and supporting solutions that will truly help them stay and thrive in the field.

We surveyed more than 1,500 surgeons across five countries and found that more than 50% report feeling burned out, and that the mental and physical impact of burnout can reverberate into surgeons' lives at the expense of their own personal well-being.

Purpose and a passion for helping patients keep many in the field, but even purpose has its limits, and the consequence for the future of surgery could be dire: our report found that more than 40% of the surgeons we surveyed have considered leaving the profession altogether.

While this report found significant differences across markets and demographic groups, one thing respondents agreed on is the need for relief. Surgery will always be demanding, but the weight of all the work and systems around surgery can intensify the strain.

This investigation was born from our commitment to healthcare providers, and it will continue to guide us as we innovate with partners across healthcare. Together, we can build a future where surgeons can care for patients with the energy, focus and passion that first drew them to medicine.

No single organization or entity is to blame for this crisis, nor can one single organization fix it. But together—as partners, innovators and advocates—we can begin to change the story.

Surgeons give their all for their patients, at times at the expense of their own interests and families. By working together to highlight the pressures facing them, we hope we can raise awareness of the challenges and help advance solutions that will help surgeons in their work to help others.

To all my fellow healthcare providers, I thank you for your care and commitment.

Peter Schulam, M.D., Ph.D.
Chief Scientific Officer, MedTech, Johnson & Johnson

Survey context

Across every surgical specialty around the world, clinicians experience emotional, physical and mental exhaustion.

And yet they're still expected to meet the relentless demands of their profession.

For some, the burdens become too heavy, with deleterious effects. Studies have shown that rises in burnout are associated with self-reported perceptions of major medical errors, decreased efficacy and time in practice, and mental health issues. Sometimes this toll can become unbearable: alarmingly, surgeons have some of the highest known rates of suicide among physicians,¹ and many more may go unreported because of privacy concerns.

The annual cost of burnout to the healthcare system is estimated to be around \$4.6 billion.² If a physician steps away from healthcare, the price to replace them is between \$500,000 and more than \$1 million,³ and potentially more, depending on specialty.⁴ And a deeper loss can be felt in patients who lose a trusted provider, in teams stretched thinner and in communities left without the care they depend on. Indeed, the cost isn't just financial.

To dive into this topic, we surveyed and spoke to a subset of surgeons in five countries to understand how they're experiencing burnout and what they believe the next generation of surgeons will have to face.



Survey context

In April and May 2025, we spoke to:



1,566
surgeons



Ages
25+



Across 5
countries



Who had
performed
surgeries in the
last 60 days

These surgeons came from a variety of specialties, including bariatric, colorectal, cardiac/cardiovascular, orthopaedic and thoracic across a mix of ages, genders, tenures, where they operate, work settings and how often they perform surgery.

While our research is not representative of all specialties, our findings are compelling and open the door to more research and discussion. Among our surveyed specialties, surgeon well-being was split, with burnout among bariatric surgeons being significantly higher than the other surveyed specialties.

- **Bariatric surgeons** report the highest frequent burnout (30%), compared to other specialties, including orthopaedic (17%), cardiovascular (13%), colorectal (13%) and thoracic surgeons (11%), and rising to 44% since COVID-19.
- Similarly, **bariatric surgeons** have felt the most discouraged from seeking support (30%), compared to orthopaedic (18%), cardiovascular (17%) and colorectal (12%).
- **Colorectal surgeons** in particular value leadership, with 85% agreeing that support from leadership makes a significant difference in allowing surgeons to prioritize their mental well-being.
- **Private-practice surgeons** reported a slight increase in frequent burnout (26%) when compared to private hospital (19%) and public hospital (17%) peers.

Notably missing in the sample are acute care and trauma surgeons, a group notoriously difficult to survey given the high demands of their roles. However, current research aligns with our survey findings, showing that trauma surgeons experience extremely high rates of burnout,⁵ driven in part by inadequate staffing, organizational culture, excessive workloads and inefficient workflows.⁶ Those treating patients that come through the emergency department showed consistently high levels of burnout, particularly among those who were understaffed, less experienced, or women.⁷

Across the board, we heard one thing consistently that echoes existing research on surgeon populations outside of those included in this survey: Burnout is real, and it's causing real problems.

This report defines concrete examples of what surgeons say is contributing to the burden. Recognizing some of the problems is the first step toward finding solutions.



“

After 15 years of education and training and missing every holiday, reading through the data here I felt a deep sense of recognition, because it highlighted concrete feelings I've personally experienced. And yet if you had asked me a year ago, I wouldn't have even said I was burned out.”

Africa Wallace, M.D., Cardiothoracic Surgeon and Vice President, Medical Affairs, MedTech, Johnson & Johnson

Executive summary

Surgery has always been a demanding profession

On average, surgeons spend a minimum of 8 years in school and another 3-9 years in internship and residency programs.¹⁵ In addition, residents can spend up to 80 hours per week in the hospital, averaged over four weeks.⁸ Most surgeons work between 51 and 80 hours per week, with 29% working between 61 and 70 hours.⁹

The demands of entering the profession often overlap with a personally demanding period of life as young surgeons navigate the first years of professional practice after university. All this unfolds while surgeons take on a heavy responsibility: caring for the patient on the table.

While some surgeons acknowledge the difficulty of negotiating this often-impossible balancing act, they may also be confronted with additional burdens of administrative responsibilities and a lack of autonomy in their work.



This report outlines the survey findings in five core insight sections:

01 Even purpose has its limits

The pressures on surgeon mental health are widespread and real, and the stakes are high. Surgeons are questioning how long they can keep going, and skilled and passionate clinicians are leaving the profession.

Globally,
65%
of surgeons who report feeling frequent burnout have considered leaving their jobs.

02 Burnout isn't felt evenly

Despite being widespread, some surgeons report feeling burnout more intensely than others. Demographic factors—including geography, gender, tenure and specialty—reveal differences in how burnout is reported.

24%
of mid-tenure and 22% of early tenure surgeons report frequent burnout. This is higher than late-tenure surgeons (17%).

03 The pressures of surgery are expected. The systems around it turn stress into burnout.

Behind every procedure is a growing stack of administrative tasks and pressure to constantly increase output with a limited amount of time.¹⁰ A lack of autonomy around surgeons' work—that is, the feeling among surgeons that they don't have control over their work environments or patient care—can compound feelings of burnout.¹¹

78%
of surgeons say balancing admin with patient care responsibilities adds to their mental exhaustion.

04 Silence in the face of struggle is still the standard

While surgeons are not opposed to receiving help, they feel blocked by the culture of their specialty within healthcare. Without a release valve, stress doesn't pass; it builds.

86%
of early tenure surgeons believe surgeons feel pressure to appear resilient even when struggling.

05 Real relief starts with reducing friction by providing accessible solutions

Standards of support need to be identified across systems, and surgeons must be given easy access to them.

85%
of surgeons say technologies that significantly eliminate administrative burden would positively impact the profession.

01

Even purpose has its limits

Surgeons are driven by a passion for their work, but the relentless strain of the role can test that commitment.



Caring deeply can take a toll

Ninety percent of surgeons cite “making a positive impact on patients” in the top 5 most exciting aspects of their job.

“It’s true that surgery is very stressful, but it’s also just a beautiful specialty. If you have a passion for surgery, it’s truly worth it. What you do for the patients, you really fix their problems with your hands. It’s incomparable to other specialties.”

Ines Rubio Perez, M.D., Colorectal Surgeon, Spain

And yet the strain surgeons are under is so strong that it’s pushing many to question how long they can keep going, even as the passion for their work persists. They’re not burned out because they don’t care—they’re burned out because they do.

“I had one or two special patients who I’d go in on Saturday and Sunday just to see. And because I’d gone in, I might have picked up something that had been overlooked, and I just couldn’t get out of that habit.”

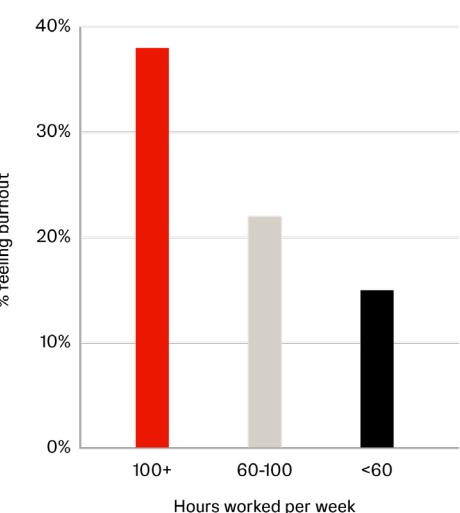
David Leaper, M.D., General Surgeon, United Kingdom



“The surgeon-patient relationship is a sacred space. The idea that someone will come to you and allow you to do things—that is, surgery—to their body that they don’t totally understand ... That experience with your surgeon can’t be replicated.”

Angela Chaudhari, M.D., Gynecologic Surgeon, United States

Surgeon burnout correlated to hours worked per week

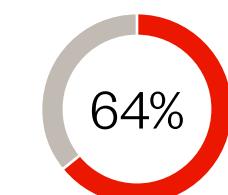




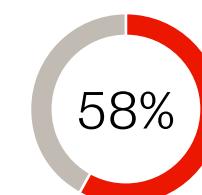
Emotional connection to work suffers as burnout takes hold

More than half of respondents regularly feel motivated, fulfilled and proud, but this sentiment declines among those facing frequent burnout.

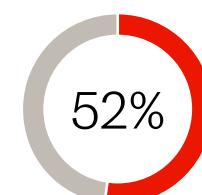
% of surgeons who agree they experience the following emotions in a typical week



of surgeons feel motivated in their work

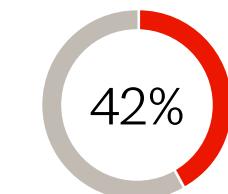


of surgeons feel fulfilled

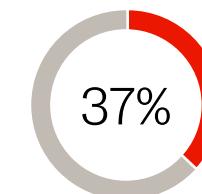


of surgeons feel proud

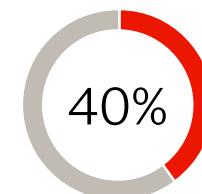
% of surgeons facing frequent burnout who agree they experience the following emotions in a typical week



of surgeons feel motivated in their work



of surgeons feel fulfilled



of surgeons feel proud

Burnout isn't just exhausting surgeons; it's driving them out of the profession

Half of the surgeons we surveyed feel the strain regularly, and 1 in 5 feel it frequently. And the stakes are high. Not enough new surgeons are being trained, with a 2024 report from the Association of American Medical Colleges estimating a shortage of 10,100 to 19,900 surgical specialists by 2036. Fewer medical students are choosing surgery as a specialty and the number of surgeons is expected to stay the same over the next 15 years, despite increases in demand.¹²

“Nowadays, surgery is in crisis. Medical students are choosing not to apply for surgery, and we have fewer and fewer surgeons. This is due to our job and all our responsibilities. So, most medical students are choosing different specialties, which are great. But who is going to take care of our society in the future?”

Hayato Kurihara, M.D., Acute Care and Trauma Surgeon, Italy

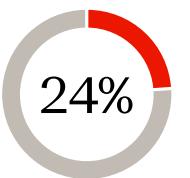
% of surgeons who experience burnout in a typical week



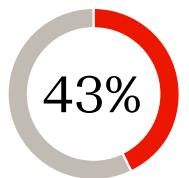
51% experience burnout at least some of the time



20% experience frequent burnout



Say they've come close to the point of leaving



Have seriously considered leaving surgery

This rises to 65% among those who report feeling frequent burnout

“It's a problem to try and convince the younger generations to come to surgery when they see that you're burned out, completely stressed out and you don't have free time.”

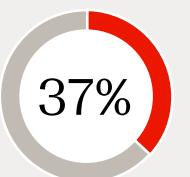
Ines Rubio Perez, M.D., Colorectal Surgeon, Spain

“We should be very, very worried about burnout. And the reason we should be worried is because fewer people are going into the field of medicine in general. It's very tiring. It's tough to do. It's hard to get through. You can pay a lot of money to get to the point of being a physician, and the trade-off is you're giving up your twenties.”

Antonia Chen, M.D., Orthopaedic Surgeon, United States

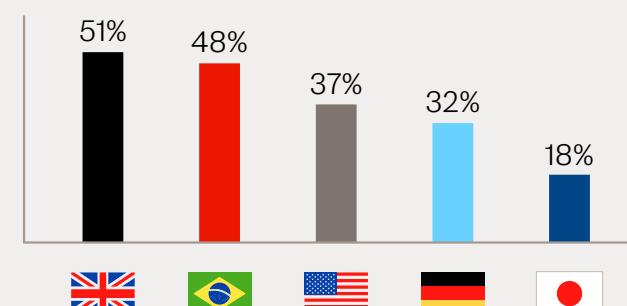
The burnout surge of the COVID-19 pandemic continues

Burnout rates have swelled since the start of the COVID-19 pandemic, with up to half the surgeons surveyed in the UK and Brazil reporting increased rates:



Say they feel more burned out since prior to the COVID-19 pandemic

% of surgeons who feel they're experiencing more burnout post-COVID-19



02

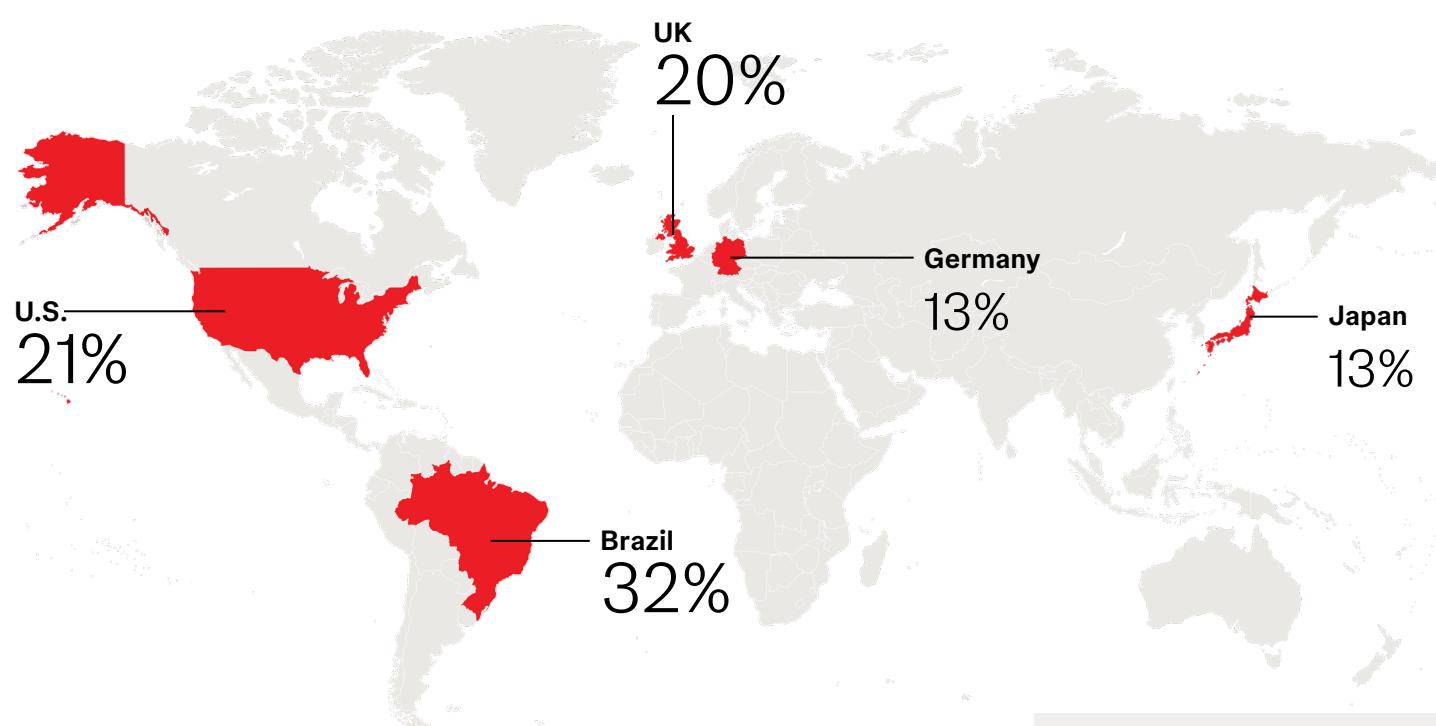
Burnout isn't felt evenly

Surgeons across the system are feeling burdened, but some are feeling the effects more strongly than others. The crisis is not one-size-fits-all, with surgeons in different healthcare cultures in different countries facing different challenges.



Highlights across countries

The burnout crisis isn't distributed equally



20%
Global burnout

U.S.	UK	Germany	Japan	Brazil	Japan
Emotional strain is deepening, but cultural stigma still stands in the way	Emotional burden is highest—but support systems lag behind	Mental strain is acute—but culture makes help-seeking harder	Burnout is widespread and worsening—yet support remains out of reach	Surgeons struggle in silence—with high pressure and lowest trust in support	
1 in 3 surgeons (37%) report more burnout now than since prior to COVID-19	UK surgeons rank highest for reporting emotional distress after negative patient outcomes (87%)	58% cite admin burden as a key stressor, half cite long hours (52%)	1 in 3 surgeons report frequent burnout—the highest of all markets	18% of Japanese surgeons say they feel more burned out today than before the pandemic	
Just 6% believe leadership understands the stress they face	85% find leadership support makes a significant difference in prioritizing mental well-being (highest of all markets surveyed), but less than 1 in 10 believe leadership understands their stress	67% agree surgeons can't safely seek support without damaging their careers, and only 11% think leadership understands them	84% report emotional distress after poor outcomes	Reports lowest potential engagement with support tools—just 20% would find peer support helpful, and only 20% would consider using AI tools	
Only 10% feel surgeons can talk to leadership about the emotional impact of their work	Just 10% feel surgeons can talk to leadership about the emotional impact of their work	Among the least likely to report awareness of support from institutional initiatives (only 29%)	Reports the lowest awareness of available support (only 28%)	Skepticism toward AI improving burnout is also lowest across markets (35% believe these tools would not have impact)	

Early and mid-career surgeons are most heavily impacted

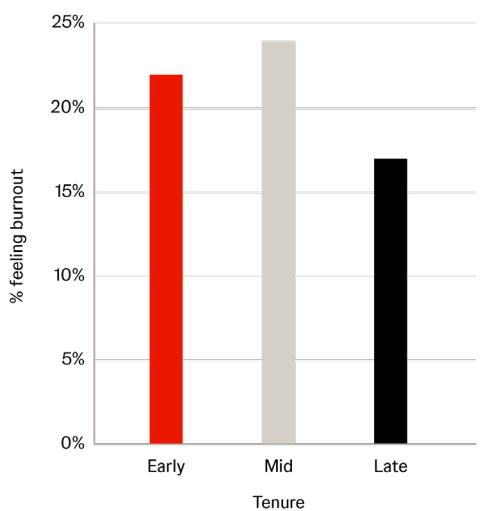
Early tenure surgeons are most likely to notice the impact of poor mental health on mentorship—76% recognize surgeons with poor mental health are less inclined to mentor (vs. 69% of mid-tenure and 61% of late-tenure).

“The term ‘residency’ has been coined for a reason: you’re basically living in the hospital. Because if you’re not completely immersed in what you’re doing, how do you expect to be independent when the training program ends? My opinion might be extreme, but I think there’s no such thing as balance when you are a resident.”

Mujahid Bukhari, M.D., Gynecology, Obstetrics, and Reproductive Surgeon, Saudi Arabia



Surgeon burnout correlated to tenure



03

The pressures of surgery are expected. The systems around it turn stress into burnout.

Clinical work comes with pressure. Long hours lead to the erosion of personal time spent with family and friends outside the hospital. And while these stressors are very real, it's institutional burdens, not clinical work itself, that are the main drivers of burnout.

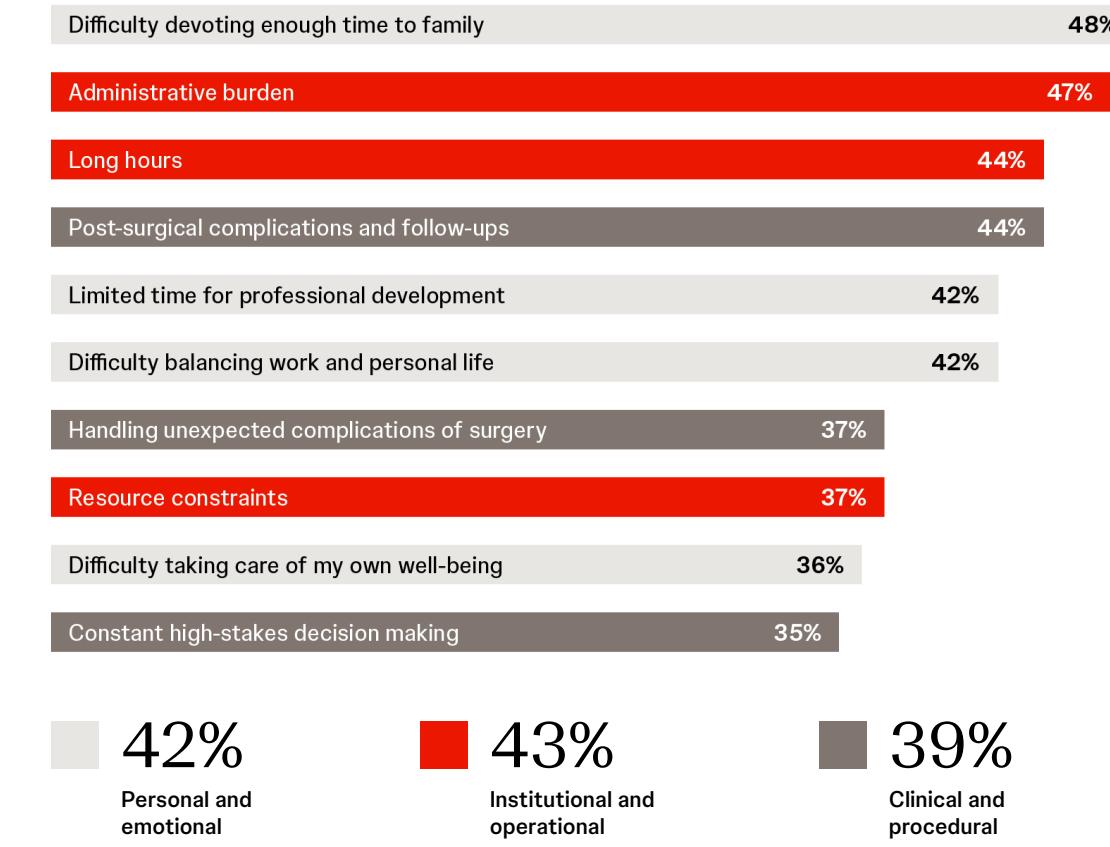




A range of factors—from personal to institutional to clinical—can escalate stress

Respondents ranked the following as factors that contributed the most to their burnout:

% of surgeons who select the following as factors that contribute most to their stress



The realities of clinical care, while expected, set the stage for burnout

The precision, skill and practice required to be able to perform surgery demands countless hours of training, and there's no shortcut—it comes with the territory. So too do making constant high-stakes decisions, feeling forced by external circumstances to compromise on decisions surgeons feel are best for the patient and experiencing distress or self-doubt after poor patient outcomes. Ethical dilemmas take a lasting toll on surgeons' mental well-being, and surgeons mentally carry this moral fatigue long after the operation ends.

“We don’t want to do 24-hour shifts and then think that we can also operate the next day after being awake all night. That is being like a superhero, and the fact that we’re not fit to perform is a very big issue.”

Marja Boermeester, M.D., General Surgeon, The Netherlands

Surgeons mentally carry moral fatigue—long after the operation ends

% of surgeons who agree with the following statements about ethical strain in surgery

82% Experience emotional distress or self-doubt after poor patient outcomes

76% State high-stress decisions negatively impact their well-being

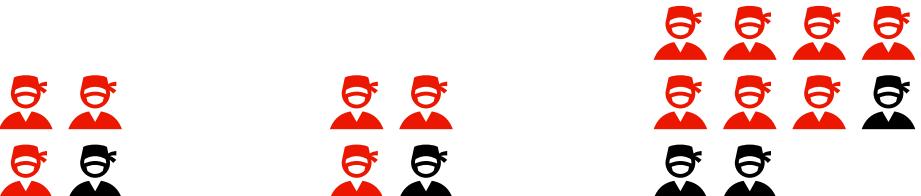
66% Say they sometimes feel forced to compromise on patient care due to systemic constraints

58% Face ethical strain when prioritizing one patient’s care over another

58% State ethical strain slows down their efficiency or work

“There’s a real physical toll, and the work for surgeons is extremely physical by what the nature of operating demands. We must administer care by having hands directly on people.”

Inderpal Sarkaria, M.D., Cardiothoracic surgeon, United States



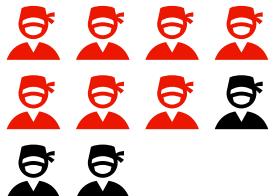
Emotional burden

Nearly 3 in 4 agree that emotional burden from high-stakes decisions accumulates over time (73%)



Impact on well-being

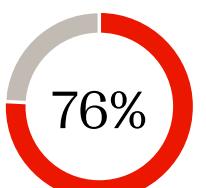
3 in 4 say high-stakes decisions negatively impact their well-being (76%)



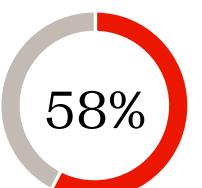
Ethical dilemmas

7 in 10 say stress from ethical dilemmas lingers beyond the operating room, affecting mental well-being (71%)

Moral fatigue impacts how surgeons perform, not just how they feel. Three in four surgeons say fatigue makes ethical decisions harder—and over half say it slows their work.



Agree that physician exhaustion amplifies mental fatigue, making ethical decision-making harder



Say ethical strain slows down their efficiency at work

Erosion of time for family and life outside the hospital contributes to burnout

Long hours and clinical demands mean that something has to give—and it's most often surgeons' personal time. Time spent away from family and friends stresses surgeons to a large degree.

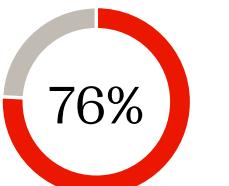
“And sometimes because of the pressure that is felt, we make the wrong decisions. I don’t mean decisions about the treatment of patients, but rather life decisions. I know colleagues that always put their career first and then looked back and said, ‘Oh my God, my kids are now 21 and I missed it.’”

Marja Boermeester, M.D., General Surgeon, The Netherlands

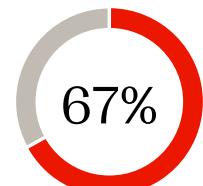
Burnout is felt in and out of the OR, affecting personal and professional relationships alike

Personal and working relationships both take a significant hit

% of surgeons who agree the following are negatively impacted by the emotional toll of surgery

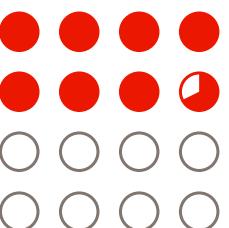


Personal relationships



Working relationships

Trying to balance their work with family life only adds to their stress



48%

Cite difficulty devoting enough time to family as a stressor of personal well-being

Nearly half say lack of family time is among their top 3 stressors



“I can remember spending over 80-90 hours a week in the hospital both as a trainee and consultant. In retrospect, there were days when I was very, very tired. My wife would say, ‘You’re not the man I married.’ And I would think, ‘You’re right.’”

David Leaper, M.D. General Surgeon, United Kingdom

“I’ve been doing night calls since 1993. It’s one of the biggest aspects of burnout, especially for emergency surgeons. It takes away your ability to plan your day.”

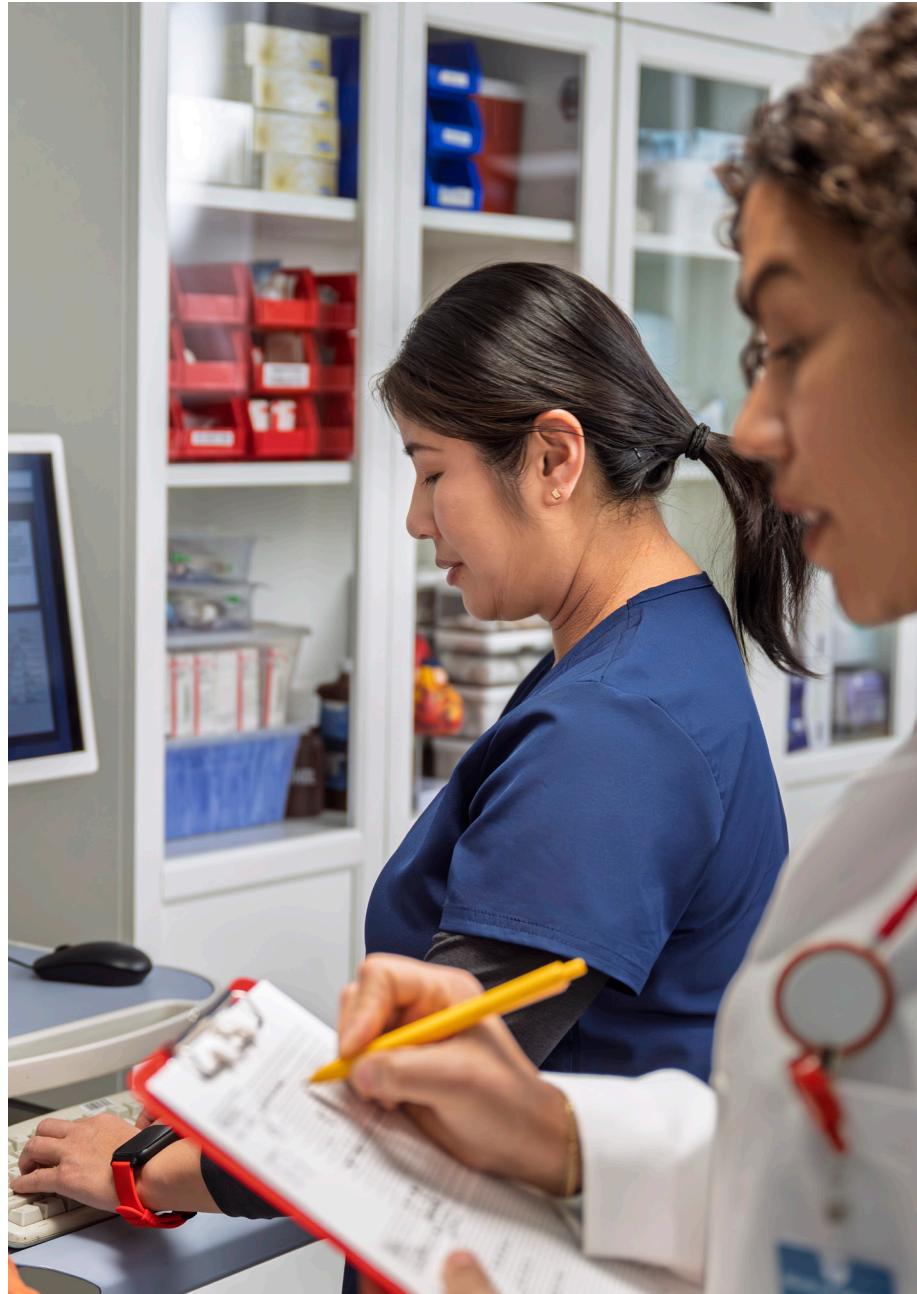
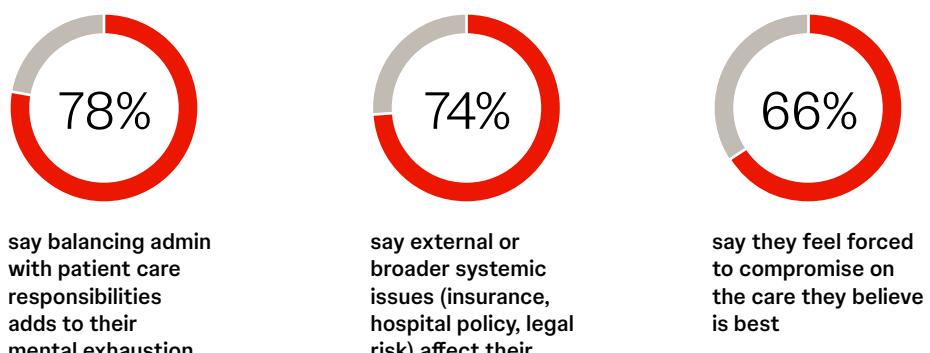
Alan Posner, M.D., Bariatric and General Surgeon, United States

Administrative and operational challenges are the biggest drivers of burnout

While the nature of surgery is demanding—and likely always will be—it's the modern problems surrounding electronic health records, administrative reporting and tasks and the ever-building pressure to perform more in the same amount of time that compound burnout. When additional administrative burdens pile on top of the necessary clinical demands of surgery, surgeons' mental and physical well-being can suffer.

“The increase in burnout in the past decade directly correlates with the rise in the use of electronic health records. Paradoxically, these technologies were justified as indisputable ways to improve patient care and lighten the workload of physicians and other health care providers, but today they are a major source of physician dissatisfaction and burnout.”¹³

% of surgeons who agree with the following statements about ethical strain in surgery



“I feel tired, not because of surgery, but because of paperwork [and] problem-solving regarding communication with the administration.”

Hayato Kurihara, M.D., Acute Care and Trauma Surgeon, Italy

“It’s all the stuff surrounding surgery that’s causing burnout, because it devalues us. I think a lot that we deal with—like EHRs and CPT codes and metrics—are just dehumanizing.

Peyman Benharash, M.D., Cardiac Surgeon, United States

“I don’t think we burn out because we get overwhelmed with hard things. We like doing hard things. What frustrates surgeons is not getting the appropriate respect and recognition when you work really, really hard.”

Erik Wilson, M.D., Minimally Invasive Surgeon, United States

The erosion of autonomy is a major risk factor

The more that surgeons feel a lack of ownership and decision-making power around their work, the more burned out they feel.

“Lack of autonomy around care leads to what I believe is really moral injury. We are designed as surgeons to take care of people; that’s what we do. When there are administrative issues or regulatory issues or some other factor preventing us from delivering the care that we know the patient needs, that becomes extremely conflicting in us. It really weighs on you emotionally as you try to get through your day.”

Sonia Ramamoorthy, M.D., Colorectal Surgeon, United States



“There are so many aspects of surgical management where you cannot do what is best for the patient. For instance, you may want to use robotics for a procedure, but you’re not allowed to do it by the hospital. Then there’s the other layer of bureaucracy, like with insurance companies. You might want to do imaging, but you can’t because of precertification and preauthorizations. Then there’s billing issues and CMS regulations. There’s a whole host of issues that not infrequently seem to bind surgeons into not being able to do what is most appropriate for their patients.”

Chandru Sundaram, M.D., Minimally Invasive Surgeon, United States

“Part of the joy of medicine is autonomy. For some of us, it’s seeing a couple extra patients. For others, it might be being able to do research or clinical trials. Or being able to teach the way we’re used to teaching. We want to be able to run our careers the way we want to.”

Sonia Ramamoorthy, M.D., Colorectal Surgeon, United States

04

Silence in the face of struggle is still the standard

Despite an openness to asking for and receiving help, a norm of silence, internalized pressure and moral fatigue is leaving surgeons to carry an invisible, unspoken burden, and struggling to cope.



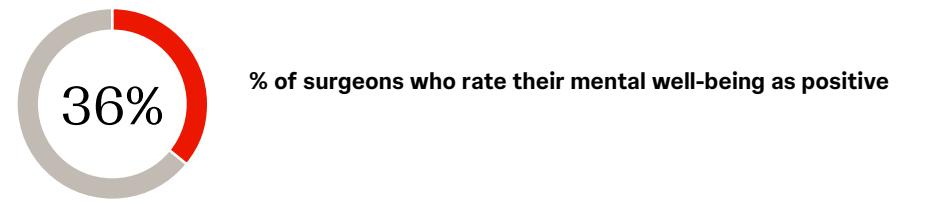
Few surgeons rate their mental health as positive, yet they're expected to be resilient

A norm of silence surrounding mental health among surgeons persists, stemming from multiple issues: not enough dedicated time to talk about issues, loss of community from decentralization of offices and fears around questions on licensing applications related to diagnosis or treatment for mental health conditions instead of questions related to current impairment.¹³ These logistical issues and stigma are all barriers toward open discussion about burnout.

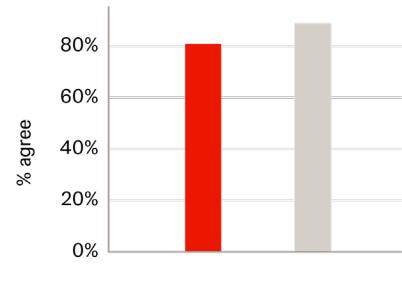
"I was educated to be strong as a surgeon. Don't talk about any weakness. Don't let any weakness happen. Just be strong and avoid any negative feelings. And this was, from my point of view, wrong from the very beginning because to talk about your anxieties and your weaknesses can make you stronger."

Christian Eckmann, M.D., General, Visceral, Thoracic Surgeon, Germany

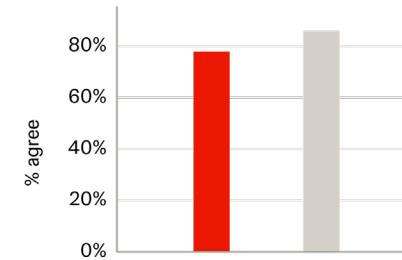
Fear and stigma suppress mental health conversations—yet, most respondents say they would engage if given safe, confidential support.



% of surgeons who believe surgeons are resilient and able to handle high-stakes situations



% of surgeons who believe surgeons feel pressure to appear resilient even when struggling



68% say workplace culture discourages mental health discussions

68% worry seeking mental health support could harm their career

higher in the U.S. (85%) and UK (83%)

75% believe mental health is often treated as a personal issue, not a workplace responsibility

74% say they would engage if offered a confidential, judgement-free space

Opportunity

"Orthopaedic surgeons have a history of being tough. We're strong. We're really good at what we do. We don't talk about emotions. But now, we're starting to talk about emotions."

Antonia Chen, M.D., Orthopaedic Surgeon, United States

The truth: Surgeons as individuals don't associate help-seeking with weakness

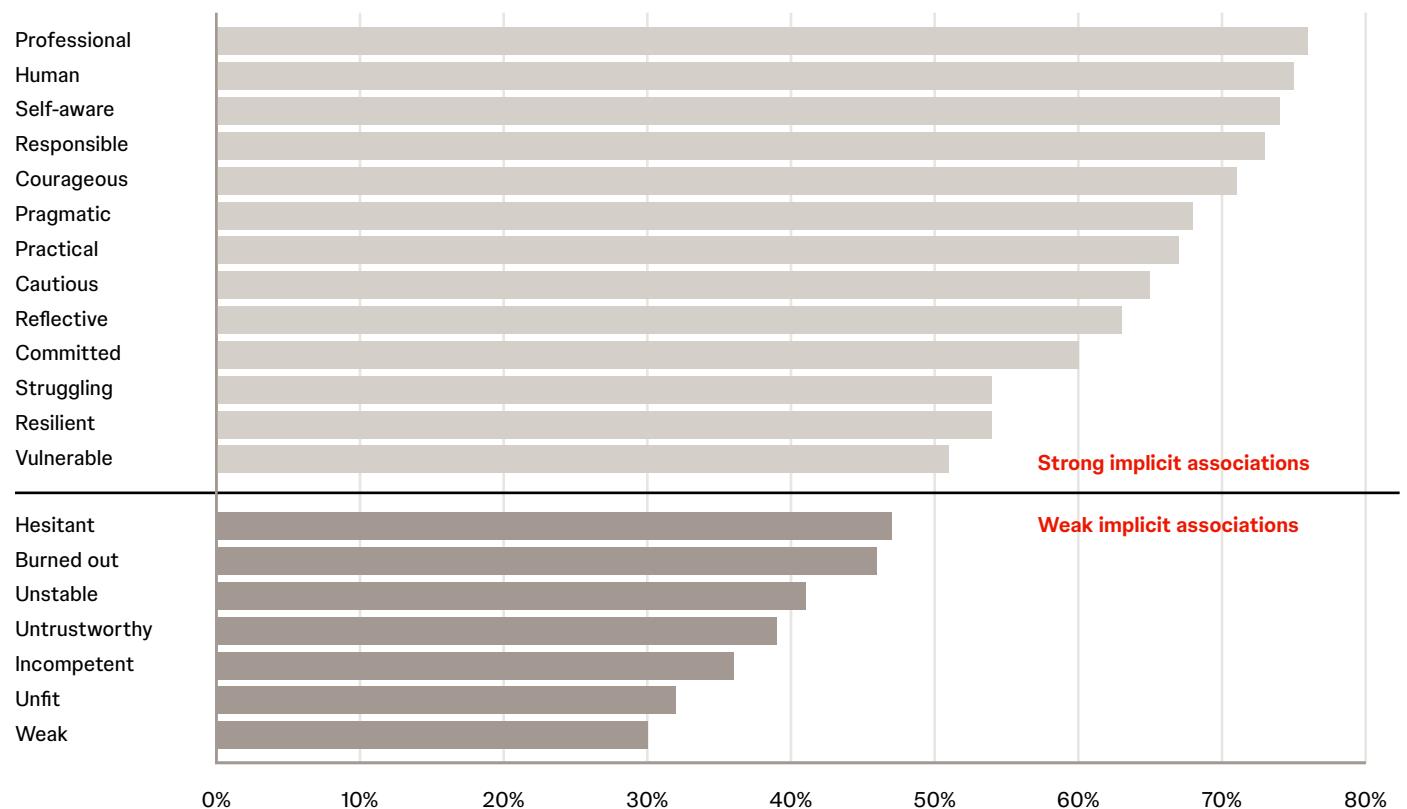
Testing among our respondents challenged the idea that help-seeking undermines credibility in surgery, reflecting that most surgeons privately associate seeking help with positive traits like being responsible, self-aware, professional and human. Crucially, there are no strong implicit links to people associating seeking help with incompetence, untrustworthiness or emotional instability.

“The more vocal we are as doctors, and we are starting to become more vocal about these issues, the more we help people to help us and we bring awareness to the issue.”

Sonia Ramamoorthy, M.D., Colorectal Surgeon, United States

Implicit testing revealed a disconnect between private beliefs and cultural expectations that discourage vulnerability

Surgeons who seek mental health support are...



Scoring

If responses were completely random then an attribute would score 50
Scores significantly above 50 therefore represent strong associations
Scores significantly below 50 represent weak associations

Where does the stigma of silence come from?

Surgery requires a certain amount of resilience to work long hours in life-or-death situations. This can be taught well when a healthy culture of open communication is encouraged. Conversely, negative attitudes and a stigma of silence can also be modeled by senior surgeons and adopted by the group.¹³

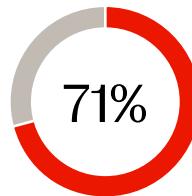
“We have to talk about burnout. I’m a doctor, but I’m also a patient, and from both of those perspectives I want this problem to be solved. Psychological safety is a really important part of having teams functioning properly and innovating. Being able to raise these topics is extremely important, especially for those of us who mentor young medical students who are considering becoming surgeons.”

Sonia Ramamoorthy, M.D., Colorectal Surgeon, United States

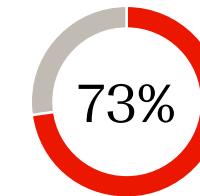


Without a release valve, stress doesn't pass; it builds

Ethical strain weighs heavily on surgeons beyond the operating room. Moral fatigue impacts how surgeons perform, not just how they feel.



say stress from ethical dilemmas lingers beyond the operating room, affecting mental well-being



agree that the emotional burden from high-stakes decisions accumulates over time

Three in four surgeons say fatigue makes ethical decisions harder, and more than half say it slows their work.

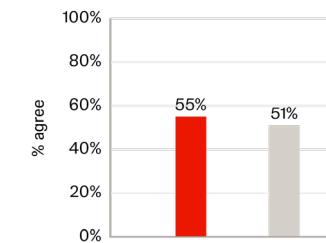
“With surgery, you’re always on call. I might be away, but if something happens to my patient back at home, I want to know about it. I can’t physically take care of it, but it emotionally and mentally weighs on me. That can contribute to burnout if there aren’t ways to mitigate complications or problems.”

Antonia Chen, M.D., Orthopaedic Surgeon, United States

The stigma around burnout is the highest in the United States, with 85% of respondents fearing that seeking help could harm their careers, the highest across surveyed markets. Confidential support, leadership and technology could ease burdens and sustain the profession, according to this group.

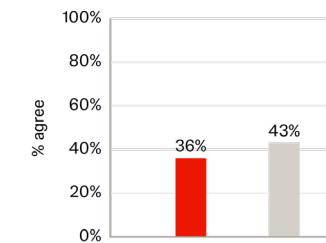
■ United States ■ Global

Burnout and its consequences

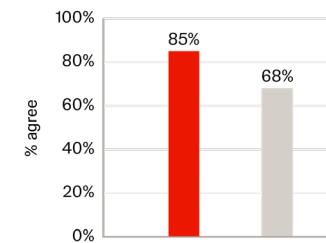


Report burnout at least some of the time

21% (U.S.) report frequent burnout

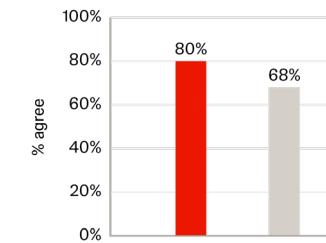


Have seriously considered leaving surgery

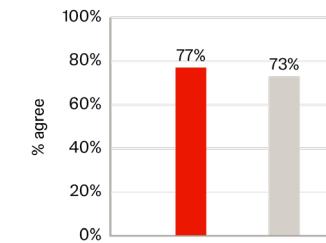


Worry seeking help could harm their career

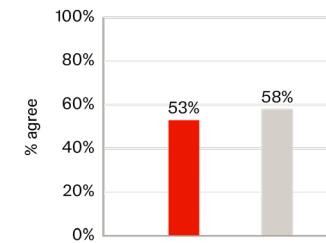
Cultural and emotional strain



Say workplace culture discourages mental health discussions

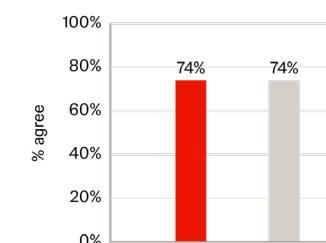


Agree emotional burden from high-stakes decisions accumulates over time

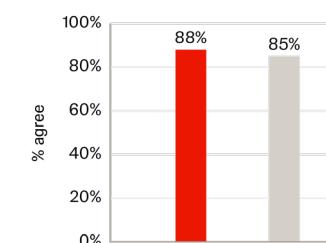


Say ethical strain slows down their efficiency or work

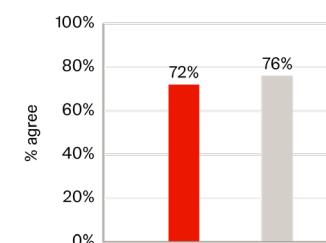
Solutions and opportunities



Say they would engage if offered a confidential, judgment-free space



Say tech that significantly eliminates administrative burden would positively impact the profession



Expect hospital leadership to lead or play a role in reducing surgeon burnout

05

Real relief starts with reducing friction by providing accessible solutions

Surgeons aren't asking for more programs—they want less weighing on them. Relief starts with meeting real needs and reducing friction in clear and accessible ways. Specific standards of support need to be identified and then made easy for surgeons to access.





There are opportunities for new ways to offer support

Programs addressing burnout are generally either participant-driven or organization-driven. Person-directed intervention programs are usually cognitive behavioral measures aimed at enhancing job competence and personal coping skills, social support or different kinds of relaxation exercises.¹⁴ In a review of literature on programs addressing burnout, researchers found that most participant-driven, individual-based wellness programs have limited impact, with participation lasting less than six months.¹³

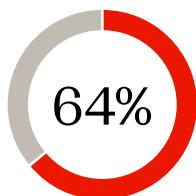
Organizational interventions might involve changes in work and systems procedures like task restructuring, staffing and organizational changes aimed at decreasing job demand and increasing worker agency through job control or the level of participation in decision-making. New technologies that address the causes of burnout are another possible solution, with trust, control and usability being crucial for adoption.

For many surgeons, it starts with knowing where to begin looking for help.

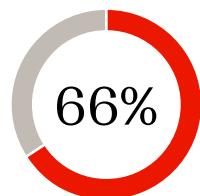
Surgeons face a support crisis, and many don't even know where to begin seeking solutions

Those most burned out are struggling the most to find support and some find existing support systems challenging to access.

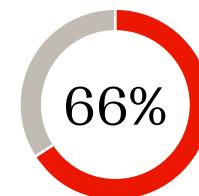
Without support, the mentorship pipeline breaks—those struggling can't guide those starting out. Despite strong support for well-being mentors and peer conversations, burnout is making mentorship harder to sustain.



Support assigning well-being mentors for junior surgeons



Say peer conversations would be useful in supporting their well-being



Say poor mental health makes surgeons less inclined to mentor
This rises to 76% of early tenure surgeons vs. 69% of mid-tenure and 61% of late-tenure surgeons

Where the system can improve

Wellness efforts fail when they don't address root causes

53% Say they are unaware of any available mental health policies or initiatives

Significantly higher in Brazil (72%) and Germany (71%)

34% State "I don't have the time to seek support"

Higher among women and early tenure surgeons

21% State "Support options don't fit well with my schedule"

Higher among women and early tenure surgeons

21% State "My workplace culture discourages support"

Higher among bariatric surgeons

"A very burnt-out surgeon isn't going to want to teach or mentor anymore, because they're frustrated. They just want to get through their day and move on to the administrative burden waiting for them. Then they just want to get home, because work isn't bringing them joy anymore."

Angela Chaudhari, M.D., Gynecologic Surgeon, United States

"I see these amazing junior surgeons who win all the teaching awards every year. They are truly awesome teachers and surgeons. But they are going to burn out. I see it coming already because more and more gets put on their plate every day and, at some point, you can't keep up."

Angela Chaudhari, M.D., Gynecologic Surgeon, United States



Insight

Bad modeling is detrimental to the psychological health and well-being of the individual. Inability to find a suitable role model within a community of interest such as surgery is associated with depression and burnout.¹³

What solutions are surgeons seeking?

“We should look at options that improve tasks like reporting and management ... because we need to focus more on our patient care, our operative decisions and performing the procedures.”

Jignesh Gandhi, M.D., General Surgeon, India

% of surgeons who agree the following tools would have a positive impact on themselves or the surgery profession

85%

Say technologies that significantly eliminate administrative burden would positively impact the profession

62%

Rate technology to streamline administrative tasks as very or extremely useful for mental health support

87% for those who selected extremely, very or moderately useful

58%

Want flexible scheduling as a mental health support policy

53%

Support mandatory time off



“If a system implements AI for note-taking and then you no longer have to take notes, you start seeing 10% more patients. And then you actually start spending less time with each patient. I think we'd actually rather spend more time with fewer patients.”

Kelly Wright, M.D., Minimally Invasive Surgeon, United States

“As clinicians, we’re going to have all these new automated tasks fighting against each other, and then we’re going to be approving 10,000 more notifications. As burnout goes, I’m not sure this is going to solve it.”

Derek Amanatullah, M.D., Orthopaedic Surgeon, United States

“We don’t need a division of physician wellness. We need a division of ‘let’s start cutting down the burden of the meaningless tasks that we do.’”

Inderpal Sarkaria, M.D., Cardiothoracic Surgeon, United States

Systemic solutions could lead the way

Mayo Clinic and Stanford University showed that programs designed to foster connection and decrease burnout required a relatively low investment when compared to their efficacy, demonstrating the long-term viability and financial feasibility of these types of measures.¹³

“There are three areas where technology can help with burnout: pre-op, intra-op and post-op. I can see a time in the near future when all these tasks—ordering a test or a CT scan or an MRI—are voice-automated.”

Chandru Sundaram, M.D., Minimally Invasive Surgeon, United States

40%

Say they'd be likely to or would definitely adopt AI-assisted support tools in surgical environments

83% would at least consider it

14%

Say they are unlikely to adopt AI-assisted tools in surgical environments

66%

Believe AI-assisted decision tools could help reduce their burnout

70% of early tenure surgeons

27%

Believe AI-assisted decision tools would have no impact on their burnout

Skepticism is highest in Japan (35%) the U.S. (31%) and among late-tenure surgeons (31%)

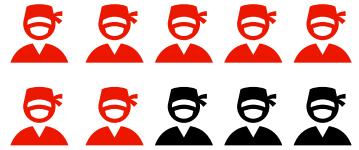


“I’m a huge believer that these technologies will eventually rehumanize our medical profession and allow us to focus more on the patient.”

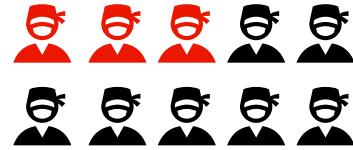
Filippo Filicori, M.D., Minimally Invasive Surgeon, United States

The role of leadership

Surgeons feel less alone when they talk, but many stay silent. Peer conversations help, but remain rare.



Nearly 7 in 10 say discussing mental health with colleagues helps them feel less alone (66%)

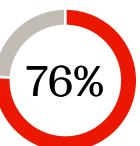


Only 3 in 10 feel they can openly discuss the emotional impact of work with colleagues frequently (33%)

“One of the biggest things an organization can do to help prevent burnout or help clinicians through it is really having evidence-based guidelines that guide practice so that I, as a nurse or a physician or surgeon or anesthesiologist, am not on the fly deciding how to approach the situation. That builds confidence for that individual. And I think confidence is a significant deterrent to burnout in healthcare.”

David Wyatt, Ph.D., RN, NEA-BC, CNOR, FAORN, FAAN, Chief Executive Officer and Executive Director, AORN, United States

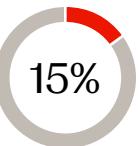
Hospital leadership



Expect hospital leadership (e.g., CMO) and department heads to lead or play a role in reducing surgeon burnout

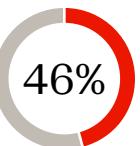


Believe leadership understands the stress they face

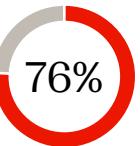


Feel surgeons can talk to leadership about the emotional impact of their work

Leadership training



of respondents find training for leadership to better support mental well-being extremely or very useful



Find it extremely, very or moderately useful

Mental health training



Find training on mental health and managing burnout from hospital leadership extremely or very useful



Find it extremely, very or moderately useful

“I would point to psychological safety as a really important part of innovating and teams functioning properly. You can look at the Google study, the Aristotle project, where they looked at what made highly efficient teams successful, what made them their innovations, the best innovations, and when they had all the same super-intelligent engineers and people in the room, it was psychological safety.”

Sonia Ramamoorthy, M.D., Colorectal Surgeon, United States



Insight

Data support the fact that small incremental increases in leadership skills result in a larger-than-expected decrease in burnout scores among faculty.¹³

Conclusion

Healthcare providers share a common purpose:
a drive to help patients

But when that's combined with all the other responsibilities inside and outside the job, it can lead to significant burnout. And with significant burnout comes significant consequences, as our report found: An erosion of surgeons' well-being, the risk of losing some of the brightest minds in medicine and patients left without trusted providers.

To date, an entire body of research has been dedicated to exploring and addressing this issue, including significant research by those in the surgical, healthcare and medical communities. Our goal with this report is to highlight and renew attention on this critical issue by providing additional data. By understanding more deeply the struggles that surgeons are facing, we aim to ignite more urgency for the development of real solutions.

Johnson & Johnson's history is rooted in surgery, and our commitment to surgeons is longstanding and enduring. We hope that this research will continue to make inroads toward solving this crisis.



Technical appendix

Survey methodology: A global study among surgeons across specialties

Survey design

Unless cited otherwise, data in this report is from a 20-minute online quantitative survey conducted from 15 April – 16 May 2025, sampling the views of 1,566 surgeons across the U.S., UK, Germany, Brazil and Japan.



N=1,566



N=317



N=300



N=307



N=301



N=341

Audience detail

- All respondents were practicing surgeons, past medical school, aged 25+. All performed surgeries within the past 60 days.
- Amongst the range of specialties interviewed, a mix of key specialties (Bariatric, Cardiac/Cardiovascular, Colorectal, Orthopedic, and Thoracic) with a minimum of N=100 were recruited.
- A mix of age, gender, tenure*, work setting, where they operate, and frequency of surgeries were also collected across all markets.

* Early tenure: 5 years or less, Mid-tenure: 6-14 years, Late-tenure: over 15 years

Respondent demographics: Specialty

Specialty Grouping	Breakdown
Abdomen & Pelvis (e.g., Bariatric, Colorectal, GI, Urologic, OB-GYN, Endocrine)	26%
Musculoskeletal & Connective Tissue (e.g., Orthopedic, Plastic & Reconstructive, Dermatologic)	21%
Cardiovascular / Thoracic / Vascular	20%
General / Broad Practice / Emergency / Trauma	13%
Head, Neck & Sensory (e.g., Otolaryngology, Ophthalmic, Oral & Maxillofacial)	10%
Neurological & Central Nervous System	7%

Across specialties, 60% of respondents indicated they treat oncology patients and 30% said they treat pediatric patients.

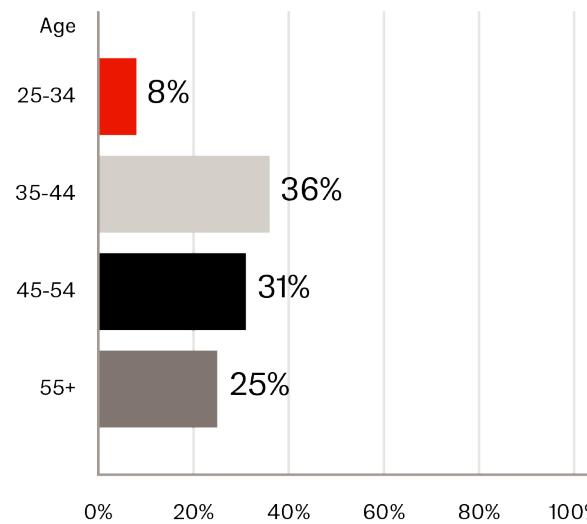
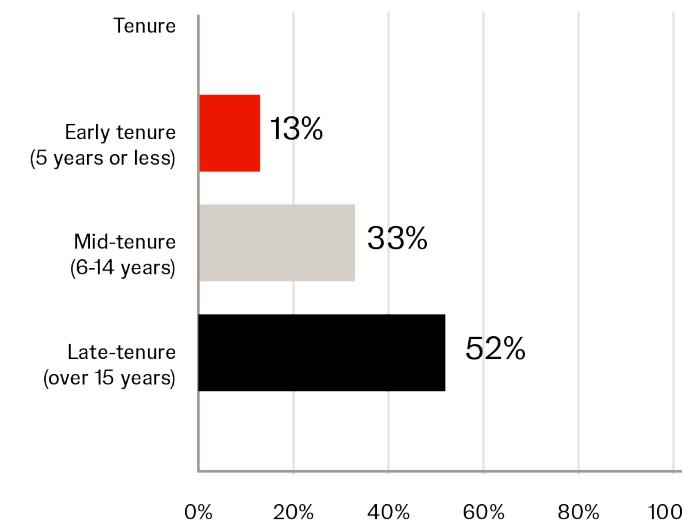
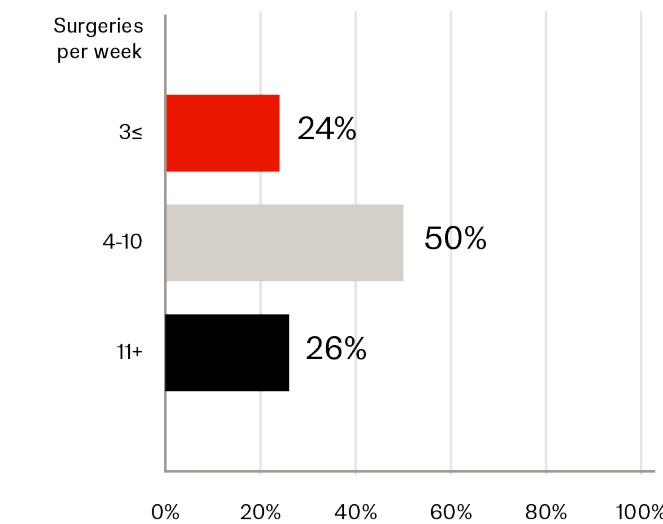
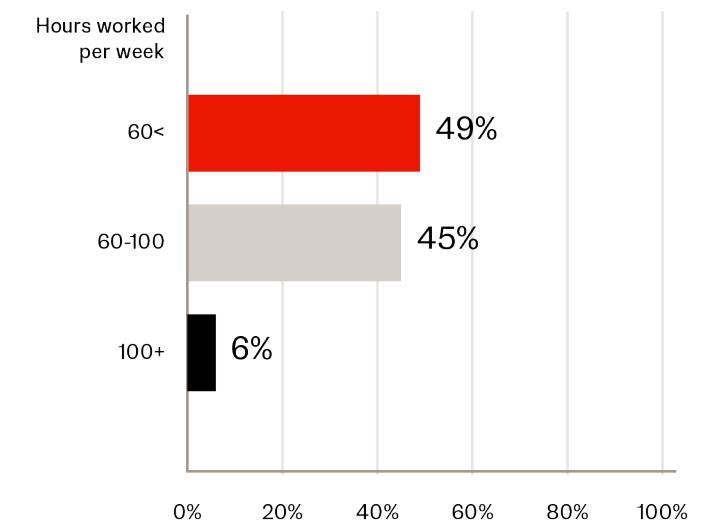
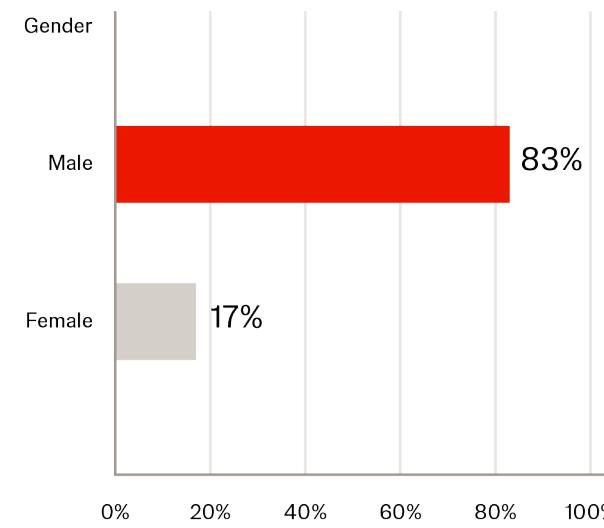
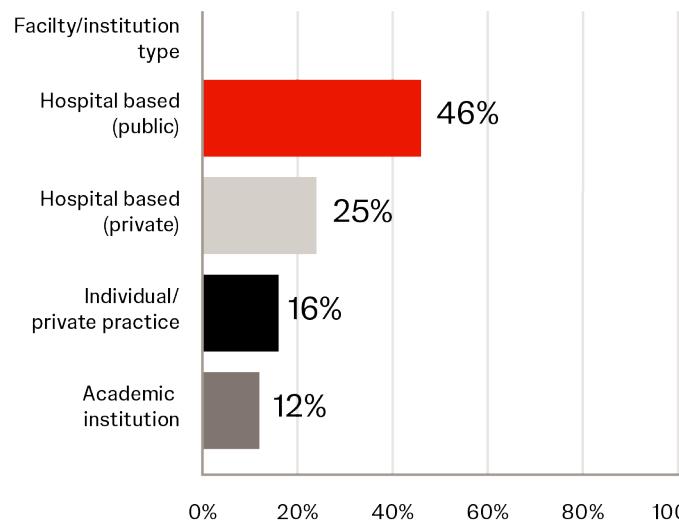
58.Which of the following best describes your primary specialty? Base n=1,566

Respondent demographics: Country

The survey covered a breadth of surgeons across 5 countries.

Country	Total Surgeons
United States	317
United Kingdom	300
Germany	307
Brazil	301
Japan	341
Total	1,566

S.country. Which country do you practice in? Base n=1,566

Respondent demographics: Age**Respondent demographics: Tenure****Respondent demographics: Surgeries per week****Respondent demographics: Hours worked per week****Respondent demographics: Gender****Respondent demographics: Facility/institution type****Data Appendix: Additional studies referenced**

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