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INTRODUCTION

- Quadruple Aim introduces healthcare worker well-being to care model.
- Healthcare providers have higher levels of burnout compared to non-healthcare professionals.
- Rural healthcare providers have higher levels of burnout.
- The COVID-19 pandemic exacerbated levels of provider burnout globally.

PURPOSE OF STUDY

- The goal of this study was to assess levels of burnout in primary care providers in the Commonwealth of Kentucky pre- and post-COVID-19.
- Further, this study aimed to assess if there are differences between rural and urban settings as it relates to primary care provider burnout.

METHODS

- A cross-sectional 15 item survey was distributed through Qualtrics to primary care providers in the Commonwealth of Kentucky to evaluate provider burnout related to the COVID-19 pandemic.
- All survey responses were anonymous.
- Participants were recruited through the Kentucky Academy of Physician Assistants, the Kentucky Primary Care Association, and members of the University of Kentucky Department of Physician Assistant Studies via membership listservs and in-person events.
- Provider burnout, stress levels, energy levels, and workplace efficacy were assessed utilizing a modified Maslach Burnout Inventory (MBI) tool.
- Summary statistics were calculated between rurality categories.
- Differences in the demographics and the outcomes were tested using analysis of variance and chi-square tests.

RESULTS

- 138 total survey responses were received; 97 were complete and used for data analysis.
- There is a significant difference in burnout metrics before and after the COVID-19 pandemic.
- Significant differences were not observed between rural and urban counties in Kentucky.
- Regardless of rurality, providers confirm an increase in workplace stress and feelings of cynicism, as well as a decrease in overall energy and professional efficacy.
- No significant gender differences were found.

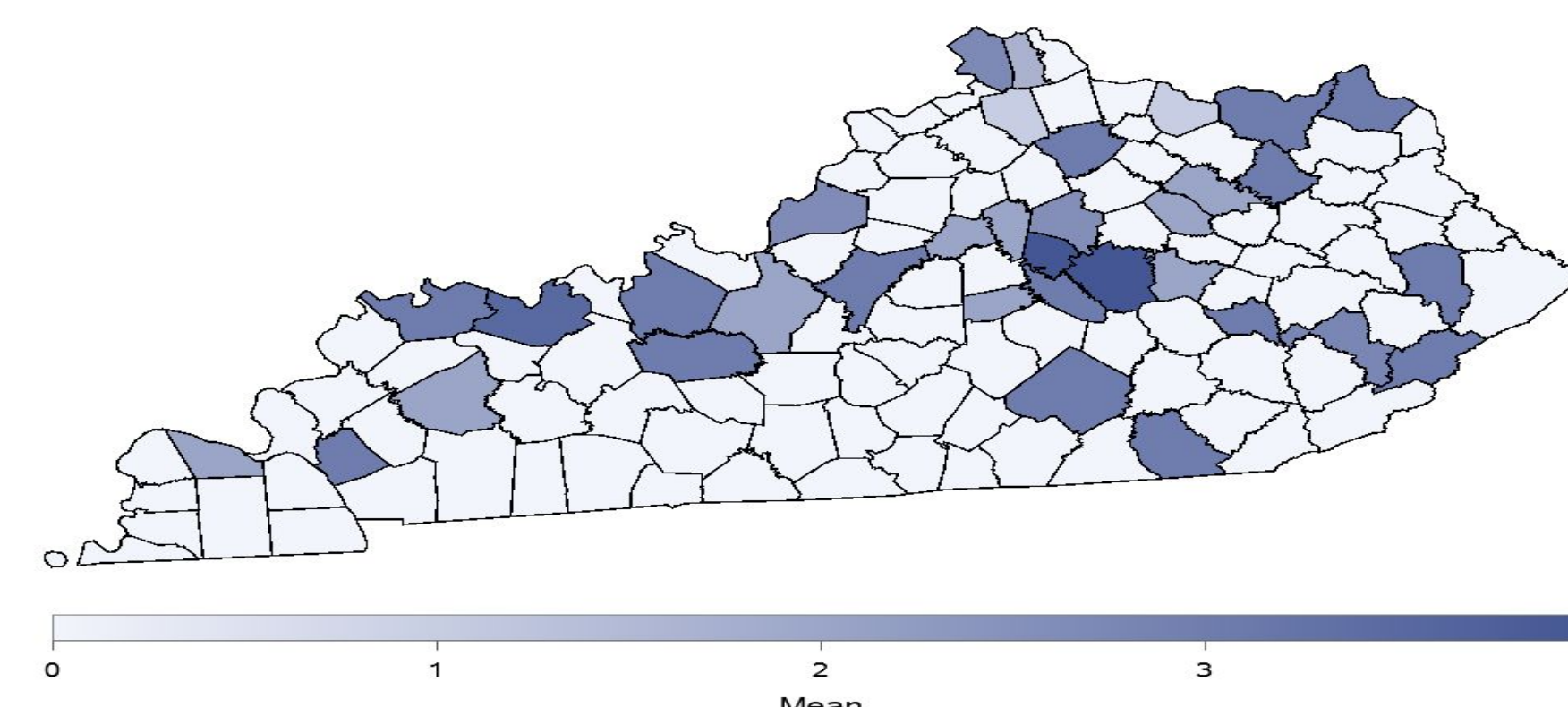


Figure 1: Distribution of participants in primary care settings in Kentucky. Darker-shaded counties indicate more respondents.

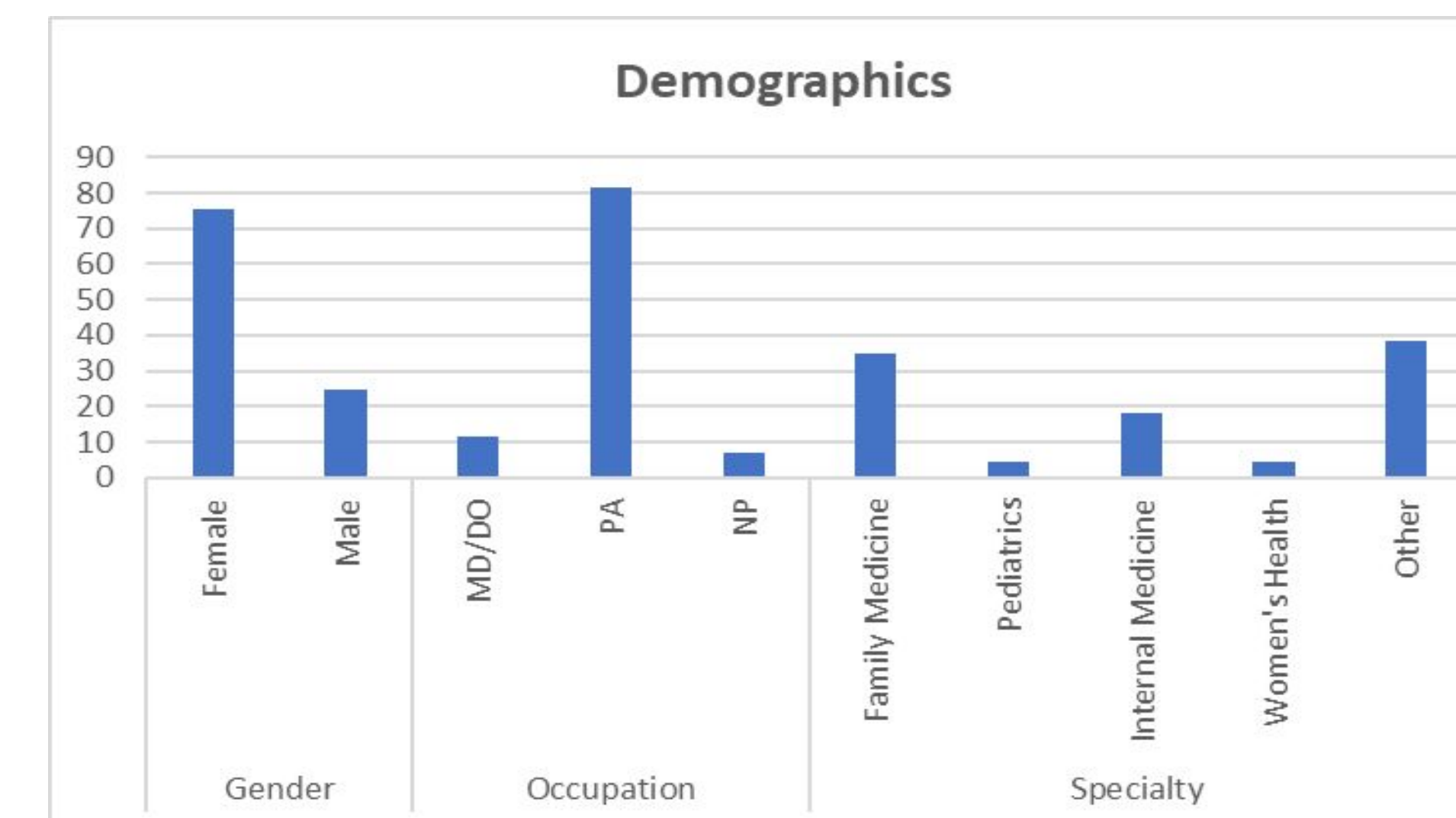


Figure 2: Study Participant Demographics

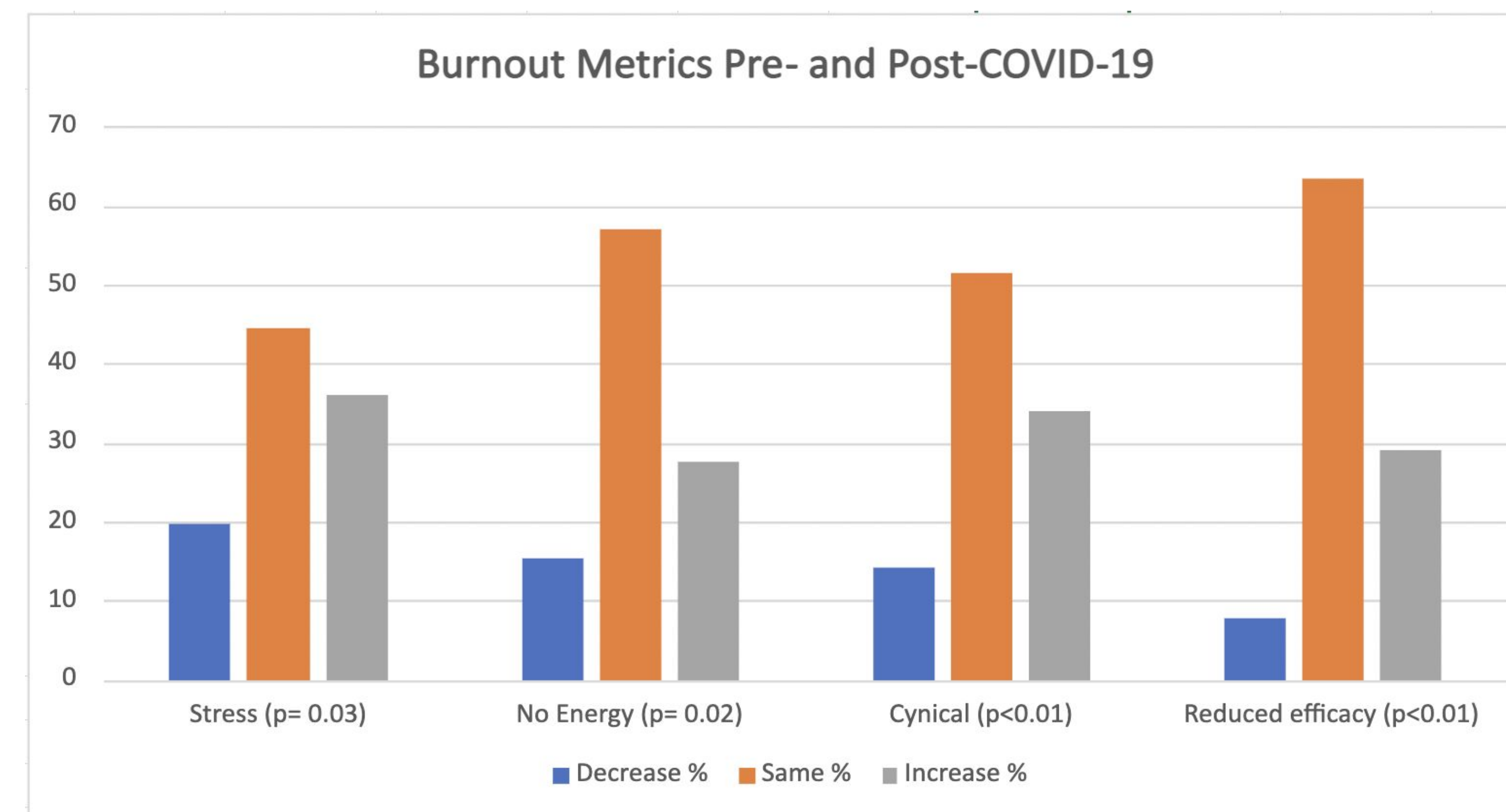


Figure 3: Changes in Burnout Metrics

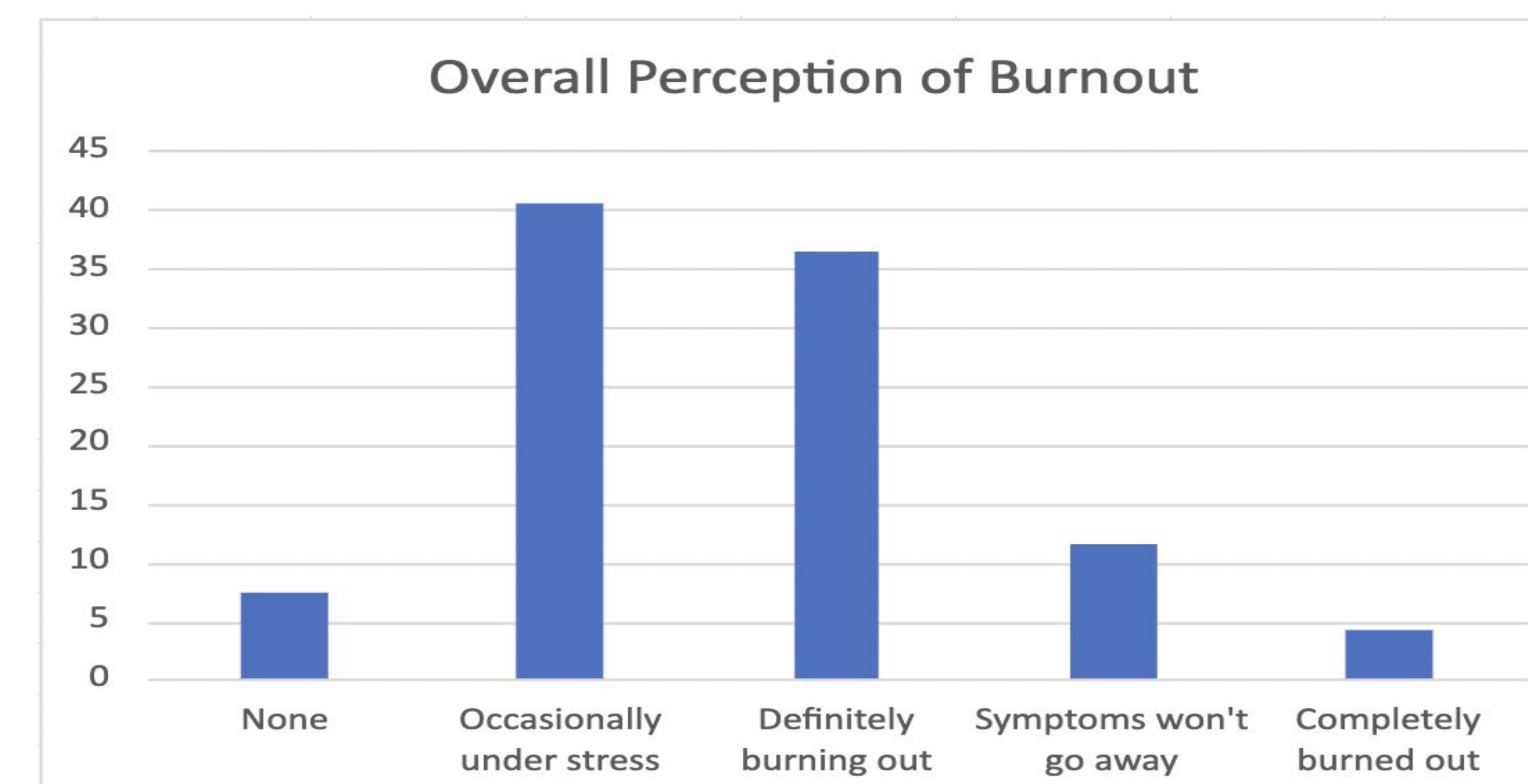


Figure 4: Self-Reported Perception of Burnout Post-Pandemic

DISCUSSION

- The findings do not support a significant difference in burnout between urban and rural settings from the impact of COVID-19.
- Rates of burnout (decreased energy as well as increased workplace stress, cynicism, and feelings of reduced professional efficacy) were found to be higher post-pandemic without regard to setting or gender.
- This informs the healthcare industry on how to better support their providers so as to decrease burnout and better adapt for any future healthcare crises.
- Further research should be conducted to measure burnout in Kentucky among providers by adapting different respondent recruitment methods for non-PA professions to increase generalizability among all providers.
- Further research is required to pursue elements in healthcare that may lead to lower outcomes of burnout within the state of Kentucky.

CONCLUSION

- There is no significant difference in provider burnout between urban and rural primary care providers in Kentucky. However, there is significance in burnout measures pre- and post-COVID-19 pandemic.
- These findings should be used as a basis to create and support programs that combat provider burnout.
- A possible mechanism for increasing awareness of burnout among providers is to include education on it in graduate-level curricula, allowing for increased knowledge of the signs of burnout and increased recognition of it in interdisciplinary colleagues.
- Increasing awareness of burnout among providers and the interdisciplinary team will enhance the "Quadruple Aim" of evidence-based practice in healthcare — to improve outcomes for patients, elevate the patient experience, decrease healthcare cost, and better the experiences of healthcare providers.



QR CODE:

Links to **BURNOUT QUESTIONS**



QR CODE:

Links to **REFERENCES**