

Factors Contributing to Self-reported Increased Burnout Among NYS Clinicians During the Early COVID-19 Pandemic Period

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ABSTRACT

Purpose of Study: This study identified demographic and practice characteristics associated with self-reported increases in clinician burnout during the COVID-19 pandemic.

Key Findings: Women were more likely to report increasing burnout when compared to men, while nurse practitioners (NPs) and physician assistants (PAs) were more likely to report an increase in burnout compared to physicians (MD/DOs). Younger clinicians and those with fewer years of providing patient care were significantly more likely to report increased burnout, while clinicians with practice regions in New York City were more likely to report increased burnout when compared to clinicians with practice regions in other parts of the state. Additionally, clinicians caring for patients and performing administrative duties are more likely to report increased burnout when compared to clinicians that only care for patients.

The following clinician demographics were also associated with the reporting of increasing burnout: amount of time spent in clinical practice and having dependent children or adult dependents. African Americans and Whites were also more likely to report increasing burnout when compared to Asians.

Implications: These findings suggest that demographics, clinician role and family responsibilities are important contributing factors to clinician burnout. Without understanding and addressing burnout, access to healthcare can be compromised. Previous research found that burned-out doctors were more likely to leave practice, which may reduce patients' access to care, especially among the most vulnerable populations in federally designated shortage areas. Burnout can also impact quality of care and patient safety, due to impaired attention, memory, and executive functioning.

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INTRODUCTION

Earlier studies have measured clinician burnout and uncovered demographic and work-related factors, including gender and lack of self-perceived control. These studies, however, were prior to the COVID-19 pandemic and did not consider the effects of a health care emergency as wide scale as a pandemic. Based on the research of past outbreaks of severe acute respiratory syndrome (SARS), Middle East respiratory syndrome (MERS), and H1N1 influenza, it is expected that some degree of burnout, anxiety and stress will develop among clinicians.¹⁻⁴

METHODS

Data was collected from a survey developed by the New York State Department of Health, the New York Chapter of the American College of Physicians (NYACP), and the New York Center for Health Workforce Studies and included a measure of burnout and other related outcomes from the Physician Work Life Study's Mini-Z Burnout Survey. The survey link was sent August 2020 via email to more than 46,000 physicians, nurse practitioners, and physician assistants who were identified through the NYS Provider Network Data System (PNDS) and through membership information from the NYACP.

A total of 4,241 clinicians responded for a 9.5% response rate. Respondents were asked to identify their burnout level both pre-COVID and during the pandemic. Increasing burnout was measured by considering those who reported not being burned out pre-COVID while reporting burnout during the pandemic. Bivariate analyses were conducted to identify demographic and occupational setting characteristics associated with increasing burnout.

SURVEY QUESTIONS

This burnout question was asked at 2 different points of the survey:

Using your own definition of "burnout", please choose the description that best matches your experience (prior to/during) the COVID-19 pandemic.

- I enjoy my work. I have no symptoms of burnout.
- I am under stress. I don't have as much energy as I needed, but I don't feel burned out.
- I am definitely burning out, and I have one or more symptoms of burnout, eg, emotional exhaustion, finding it difficult to concentrate, lack of satisfaction with my achievements, etc.
- The symptoms of burnout that I am experiencing won't go away. I think about work frustrations a lot.
- I feel completely burned out. I am at the point where I may need to seek help.

RESULTS

Bivariate analyses identified 12 practice and provider characteristics that were associated with increasing clinician burnout. Key demographic indicators, including gender, race, age and practice region were found to be significantly related to increased burnout. Indicators related to familial responsibilities were also significantly related to increased burnout including marital status and presence of dependents at home. Occupational indicators found to be related to increased burnout include clinician type (MD/DO vs NPs), clinician role (pt. vs admin care) employment status (practice owners vs employees), weekly amount of time spent in clinical practice, length of time providing patient care, and specialization. Associations were not found between increased burnout and insurance mix, facility size, proportion of specialists in primary practice, residency/fellowship status, and professional organization membership.

RESULTS

Figure 1. Distribution of NYS Clinicians Reporting Increased Burnout During the COVID-19 Pandemic

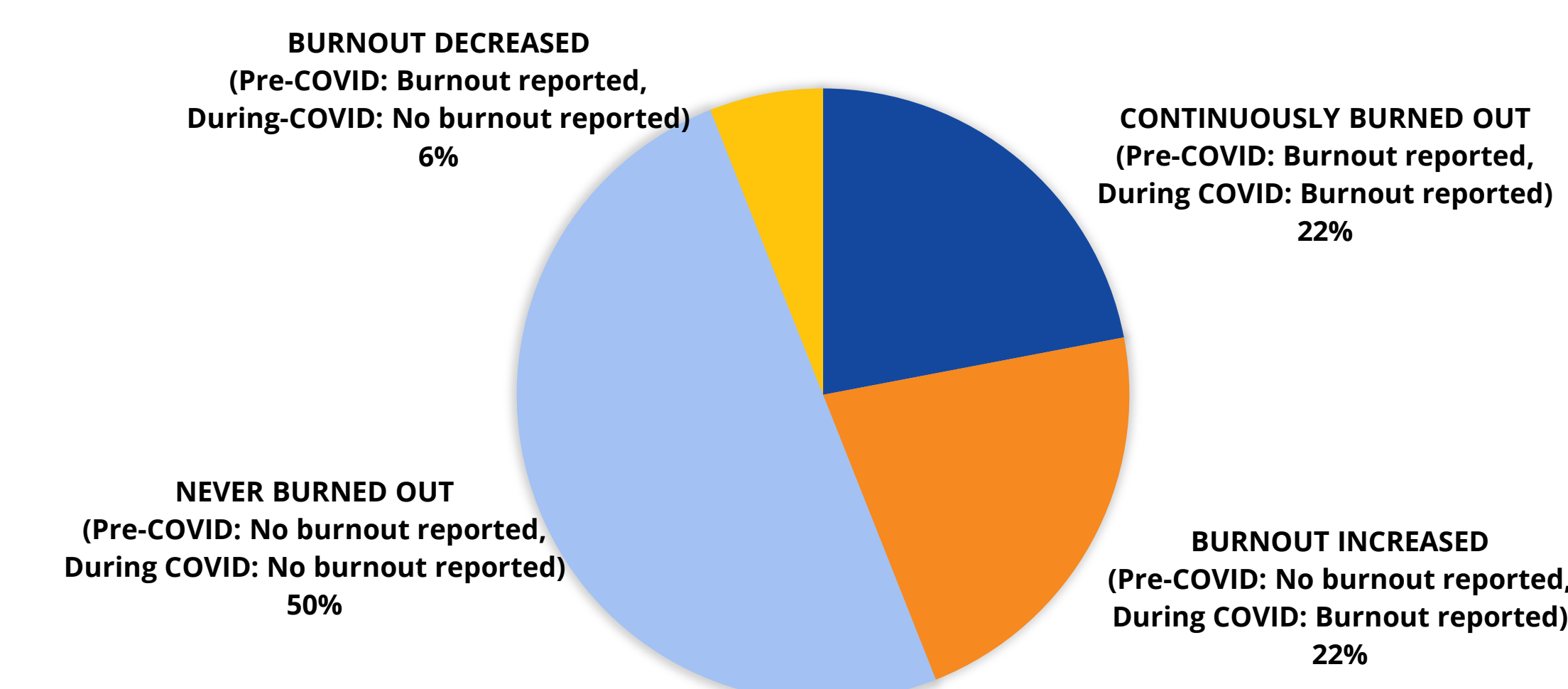


Figure 2. Distribution of NYS Clinicians Reporting Increased Burnout During the COVID-19 Pandemic, by Personal Demographics

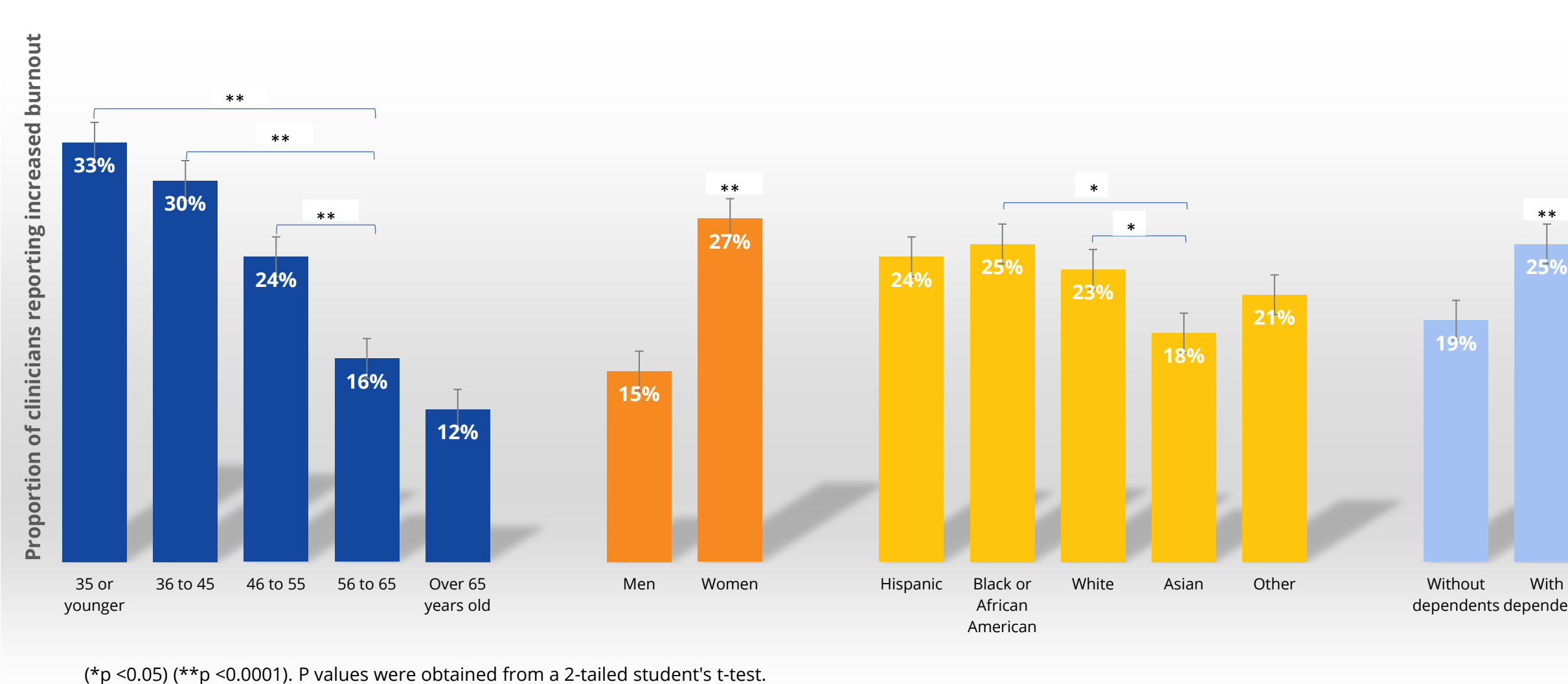


Figure 3. Distribution of NYS Clinicians Reporting Increased Burnout During the COVID-19 Pandemic, by Occupational Demographics

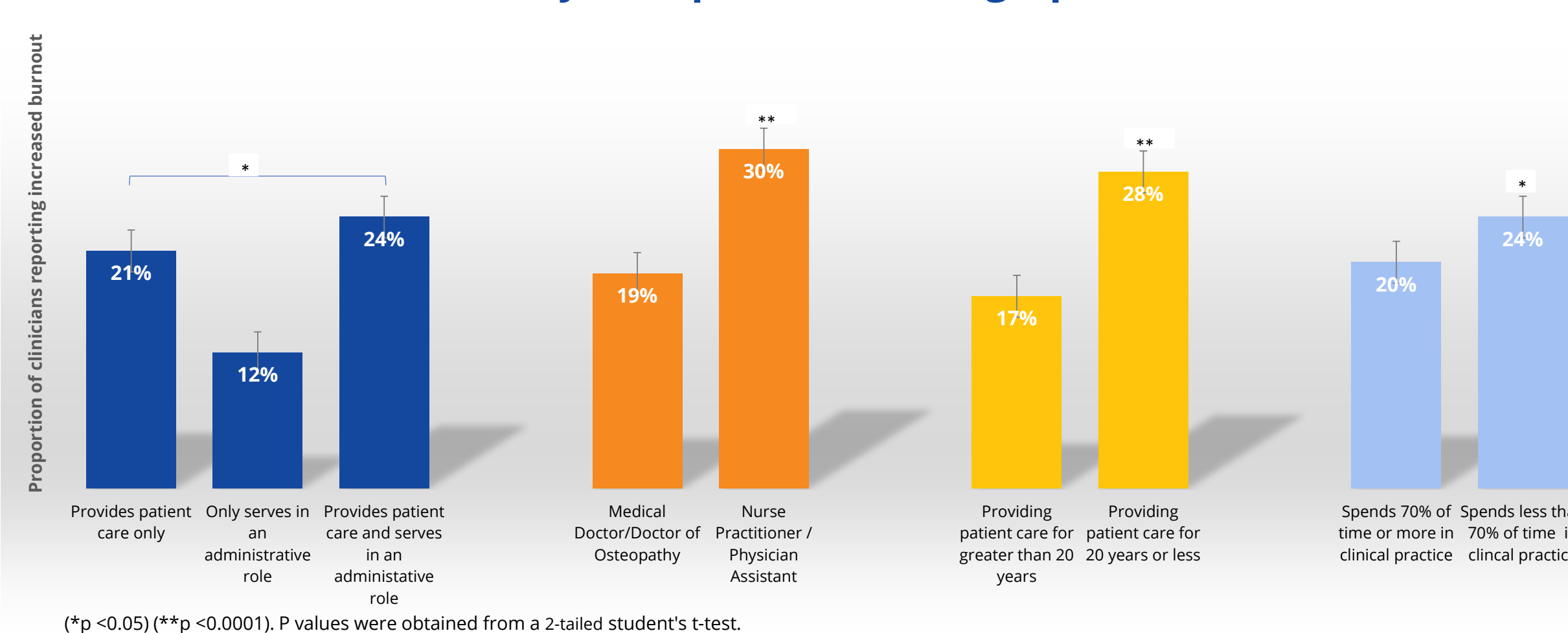
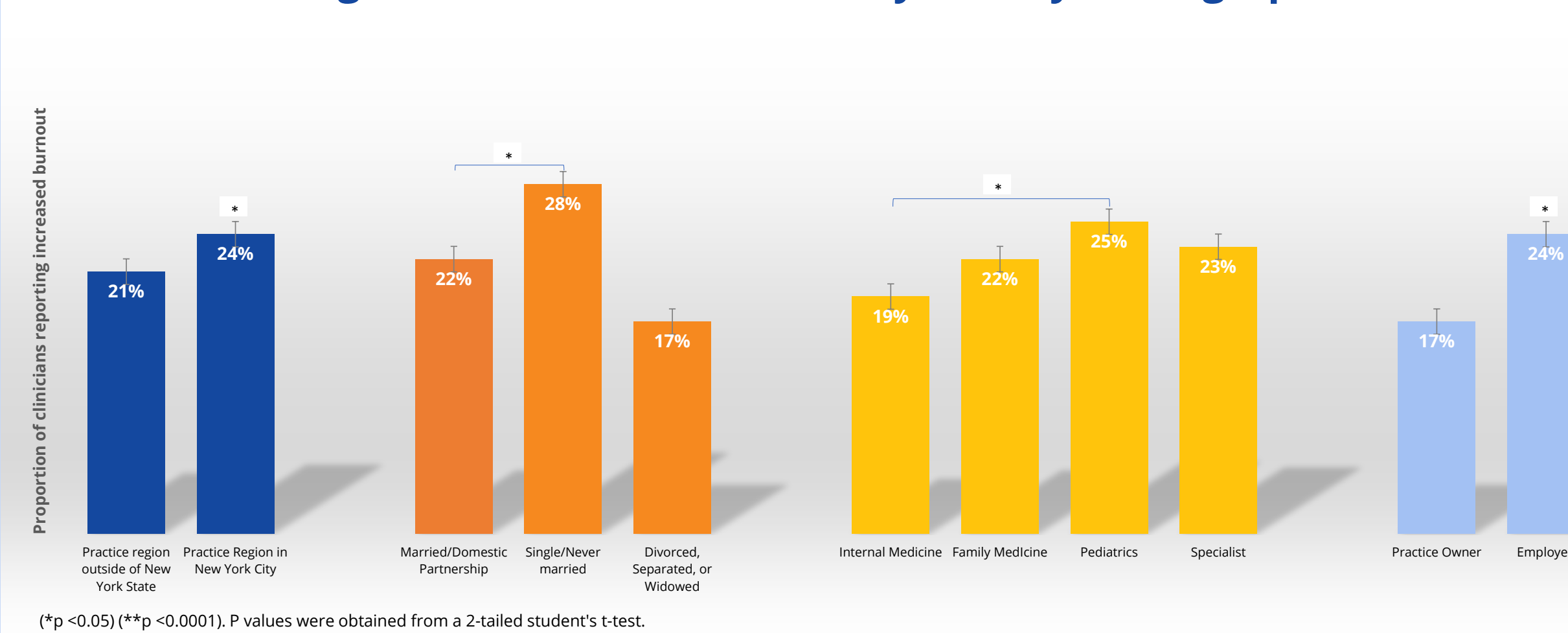


Figure 4. Distribution of NYS Clinicians Reporting Increased Burnout During the COVID-19 Pandemic, by Facility Demographics



RESULTS cont.

Figure 5. Distribution of Clinicians Reporting Burnout by Varying Demographic Characteristics

Demographic Breakdown	Percentage of clinicians reporting increased burnout	Frequency	Point estimate & CI	P-value
Provides patient care only	21%	1,969	ref	
Only serves in an administrative role	12%	42	0.514 (0.201-1.32)	P=0.114
Provides patient care and serves in an administrative role	24%	1,269	1.20 (1.01-1.42)	P<0.039
Medical Doctor/Doctor of Osteopathy	19%	2,484	ref	
Nurse Practitioner/Physician Assistant	30%	796	1.53 (1.33-1.74)	P<0.0001
Providing patient care for greater than 20 years	17%		ref	
Providing patient care for 20 years or less	28%		1.65 (1.43-1.90)	P<0.0001
Spends 70% or more of time in clinical practice	20%	1,437	ref	
Spends less than 70% of time in clinical practice	24%	1,160	1.18 (1.02-1.37)	P=0.023
35 or younger	33%	260	2.62 (1.90-3.62)	P<0.0001
36 to 45	30%	591	2.33 (1.79-3.02)	P<0.0001
46 to 55	24%	708	1.72 (1.33-2.22)	P<0.0001
56 to 65	16%	793	ref	
Over 65 years old	12%	417	0.702 (0.491-1.00)	P=0.052
Internal Medicine	19%	912	ref	
Family Medicine	22%	591	1.18 (0.917-1.53)	P=0.196
Pediatrics	25%	539	1.39 (1.08-1.79)	P=0.012
Specialist	23%	682	1.24 (0.975-1.58)	P=0.08
Practice regions outside of New York City	21%	1,568	ref	
Practice region in New York City	24%	1,156	1.16 (1.01-1.34)	P=0.036
Practice owner	17%	591	ref	
Employee	24%	2,095	1.40 (1.16-1.71)	P=0.001
Men	15%	1,049	ref	
Women	27%	1,517	1.74 (1.48-2.06)	P<0.0001
Hispanic	24%	103	1.48 (0.874-2.50)	P=0.146
Black or African American	25%	175	1.55 (1.00-2.39)	P=0.049
White	23%	1,651	1.37 (1.02-1.84)	P=0.036
Asian	18%	359	ref	
Other	21%	241	1.24 (0.821-1.87)	P=0.31
Married/Domestic partnership	22%	1,958	ref	
Single/never married	28%	282	1.34 (1.01-1.78)	P=0.040
Divorced, Separated, or Widowed	17%	264	0.741 (0.530-1.04)	P=0.080
Without dependents	19%	1,125	ref	
With dependents	25%	1,451	1.35 (1.16-1.57)	P=0.0001

IMPLICATIONS

- These findings suggest that family and social supports are as important as practice control in addressing clinician burnout.
- Without understanding and addressing burnout, not only will clinicians suffer from various negative outcomes, but the populations they serve may also suffer from poorer care or lack of access.^{1,3}
- These raw findings can be the impetus to further investigate predictive factors that play a role in affecting clinician burnout.

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