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Title of Research A Qualitative Analysis of Burnout and Contributing Factors in Outpatient Providers

Presenter
Bill Spinelli, MD, MPA, Research fellow, Allina Health Division of Applied Research

Other Authors/Investigators Karl Fernstrom, MPH, Stacey Ferguson, MS; Rebekah Pratt, PhD; Heather Britt, MPH, PhD

Abstract

Objective or Hypothesis Objective
Beginning in 2011, we assessed the prevalence of burnout for the providers and staff of eight outpatient clinics of a large Midwestern healthcare delivery system four times over twelve months using the full Maslach Burnout Inventory (MBI). Quantitative analysis of the MBI revealed a provider burnout prevalence of 46%. Simultaneously, we surveyed for factors contributing to burnout using the Areas of Worklife Survey (AWS). The AWS indicated the domains most strongly associated with burnout were workload, fairness, and control. Through focus groups conducted at five clinics, we aimed to clarify the meaning of each domain and to understand the underlying challenges and motivators for providers.

Population Fifty physician and non-physician providers in five clinics of a large healthcare delivery system.

Methods Focus groups were conducted mid-day onsite at the clinics. The same facilitator moderated each group and an assistant moderator took notes and managed an audio recording system. A common set of questions was developed but real time follow-up questions varied for each group as needed to clarify or explore specific themes. Coding was done by two independent evaluators using NVivo10 with high inter-rating agreement on nodes and subnodes.

Main Results A primary analysis revealed that burnout was associated with: 1) work efficiency (including chaotic workflow and processes of care, electronic-stress, an increased volume of non-direct patient care tasks, stringent staffing regulations, and complexity of patients and systems of care); 2) control (the exam room was the only locus of control, and an inability to alter the escalating task demands outside of the exam room); 3) fairness (expressions of feeling devalued and treated as interchangeable parts of a machine, and challenges to professionalism when asked to perform tasks outside of their training); 4) expectations (patient demands often exceeded the time allocated for their visit, and leadership/system directives suggest that “numbers” are more important than people). A secondary analysis explored the associations with electronic health record stress and yielded five main concerns – a) the time needed to complete documentation, b) professional discounting (e.g., glorified “transcriptionists”), c) the relentless stream of messages, d) the frequency of electronic health record updates, and e) intrusion of the computer on the physician/patient relationship.

Conclusions While an emphasis on increased patient demand and patient care volume are often thought to be primary drivers of burnout, our findings suggest that the problem is more complex and involves non-clinical time demands, decreased ability of providers to have control over their daily activities, and an increased and increasing set of demands from sources external to direct patient care. A secondary analysis outlined five specific stress points induced by adoption of the electronic health record.

IRB Approval ☒ **Funding Sources** Allina Health