Background

> Health service occupations (FQHCs and other fields) experience higher rates of burnout compared to other professions.
> 30-70% of healthcare providers experience burnout.

> Provider’s experiencing burnout have increased psychological and physical conditions.

> Burnout has been identified as a response to intense engagement and constant contact with people and co-workers. Burnout is comprised of 3 domains - Emotional exhaustion - feeling emotionally drained as a result of the interaction

> Depersonalization - Development of cynical attitude and responses toward co-workers and/or the beneficiaries of the services provided

> Reduced personal accomplishment - feelings of ineffectiveness on the job and unsuccessful achievement in one's work with people

> Burnout impacts all levels of a healthcare system: Organization, Provider, Patient

> Provider burnout reduces a patient's access to acute, chronic or preventative healthcare services.

> Contributes to poor health outcomes, increased mortality, morbidity, delayed diagnosis and misdiagnosis, increased healthcare cost as a result of increased prescriptions and referrals.

> Increased prevalence of burnout is associated with increased healthcare demands, poor patient outcomes, increased healthcare cost, and reduced provider's psychological and physical well-being.

> Organizational factors contributing to FQHC provider burnout include: (1) poor communication, (2) staffing shortages, (3) limited resources, (4) loss of control over schedule, and (5) inadequate training.

> Personal factors contributing to burnout include: (1) personal issues, (2) feeling of incompetence and unsuccessful achievement in one’s work with people, (3) lack of control over schedule, and (6) inadequate training.

> Burnout of providers employed at Federally Qualified Healthcare Centers (FQHC) has an impact on patient care.

> Evidenced-based personal interventions identified to reduce burnout include: coping strategies, personal well-being, and evidence-based practice.

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Study Design

A cross-sectional survey assessing the three components of work related burnout was administered to healthcare providers employed at a multi-site community health center in the Mid-Atlantic Region. Analysis of the MBI-HSS survey results paired with literature review informed the development of an evidenced-based wellness program to mitigate the impact of burnout amongst Federally Qualified Healthcare providers.

Population

> A convenience sample of 232 providers (who provide direct patient care) employed within a large urban multi-site FQHC in the Mid-Atlantic region.

> Provider specialties included Internal and Family medicine physicians, dentist, midwives, ob/gyns, gynecologists, family, adult and pediatric nurse practitioners, physician assistants, infectious disease physicians, gerontologists and specialist

Measurement

> Maslow Burnout Inventory (MBI-HSS) – electronic version

> 22-items Likert scale questionnaire:

> Response range from 0-6: 0=Never, 1-3 times a year or less, 2=Once a month or less, 3=A few times a month, 4=Once a week, 5=A few times a week, and 6=everyday.

> The MBI-HSS survey evaluates three components of burnout:

> (1) Emotional exhaustion (EE) - being emotionally overextended and exhausted by one's work (6 questions)

> (2) Depersonalization (DP) – unfeeling and impersonal response toward recipients of one's services, care, treatment, or instruction (5 questions)

> (3) Personal accomplishment (PA) – feelings of competence and successful achievement in one's work with people (9 questions)

Data Analysis

> Burnout was analyzed as three continuous variables: emotional exhaustion, depersonalization and reduced personal accomplishment

> IBM SPSS version 25 (IBM Corp., Released 2017) was the software program used to analyze the data.

> Descriptive statistics were calculated: distribution, frequency and proportions.

> One sample t test analyzed FQHC provider mean scores against normative provider mean scores provided in MBI-HSS survey.

> Multiple regression model was fit to predict associations between variables and describe relationships.

Results – FQHC Provider Demographics

<table>
<thead>
<tr>
<th>Variable</th>
<th>FQHC Mean Score (SD)</th>
<th>National Normative Mean Score (SD)</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Age</td>
<td>37.09 (14.95)</td>
<td>41.00 (15.00)</td>
<td>0.002</td>
</tr>
<tr>
<td>Years Employment</td>
<td>10.00 (5.00)</td>
<td>10.00 (5.00)</td>
<td>0.705</td>
</tr>
<tr>
<td>FTE Status</td>
<td>0.60 (0.20)</td>
<td>0.60 (0.20)</td>
<td>0.142</td>
</tr>
<tr>
<td>Patient Care</td>
<td>25.11 (12.97)</td>
<td>25.00 (12.50)</td>
<td>0.298</td>
</tr>
<tr>
<td># Clinical Sites</td>
<td>39.87 (8.72)</td>
<td>40.00 (9.00)</td>
<td>0.945</td>
</tr>
<tr>
<td>Specialist</td>
<td>22.19 (9.53)</td>
<td>22.00 (10.00)</td>
<td>0.945</td>
</tr>
<tr>
<td>Physician Assistants</td>
<td>11.60 (3.00)</td>
<td>12.00 (3.50)</td>
<td>0.118</td>
</tr>
<tr>
<td>Nurse Practitioners</td>
<td>6.62 (1.50)</td>
<td>7.00 (1.50)</td>
<td>0.425</td>
</tr>
<tr>
<td>Population</td>
<td>39.00 (8.00)</td>
<td>40.00 (9.00)</td>
<td>0.118</td>
</tr>
<tr>
<td>Gender</td>
<td>57.00 (16.00)</td>
<td>57.00 (16.00)</td>
<td>0.118</td>
</tr>
</tbody>
</table>

Comparison of FQHC Provider Mean Scores According to Job-Related and Organizational Demographics

Objectives

To understand burnout amongst federally qualified healthcare center (FQHC) providers employed at a multi-site center in the Mid-Atlantic Region, to inform the development of a wellness program designed to mitigate work related burnout.

Methods


Comparison Mean Scores for FQHC Providers to Professions Normative Mean Scores

<table>
<thead>
<tr>
<th>Variable</th>
<th>FQHC Mean Score (SD)</th>
<th>National Normative Mean Score (SD)</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional Exhaustion</td>
<td>7.12 (3.22)</td>
<td>7.00 (3.00)</td>
<td>0.861</td>
</tr>
<tr>
<td>Depersonalization</td>
<td>7.00 (3.00)</td>
<td>7.00 (3.00)</td>
<td>0.861</td>
</tr>
<tr>
<td>Personal Accomplishment</td>
<td>22.19 (9.53)</td>
<td>22.00 (10.00)</td>
<td>0.945</td>
</tr>
</tbody>
</table>

Conclusion

> Burnout of providers employed at Federally Qualified Healthcare Centers (FQHC) has an impact on patient care.

> Non-physician FQHC providers experience higher levels of burnout compared to their physician colleagues.

> Interventions aimed at mitigating burnout amongst FQHC providers must consider: all levels of the healthcare system, internal and external factors and available resources.

> Effective Evidenced-Based Interventions require a collaborative effort between organization and the individual.

> Evidenced-based organizational interventions identified to mitigate the impact of burnout included: mindfulness training, reducing workloads, enhanced teamwork, leadership development and/or structural changes, mentoring, clinical supervision and support.

Next Steps: Evidenced-Based Practice (EBP) Wellness Coach Training Program

A wellness coach program developed from the results of the literature search and data analysis will expand access to wellness resources and potentially improve provider's organizational commitment. A wellness coach program is cost-effective with minimum financial demands. Furthermore, a wellness coach training program enhances peer support, facilitates behavioral change and employee job satisfaction and retention.

Acknowledgements and Contact Information

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