

# Caring for the Caregiver: Assessing Burnout Amongst Federally Qualified Healthcare Center Providers in the Mid-Atlantic Region to Inform the Development of an Evidenced-Based Wellness Program

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## Background

- Health service occupations (FQHCs and look a-likes) 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. Male physicians have 1.4 and females have 4.1 increase risk of suicide compared to general population.
- Burnout has been identified as a response to intense engagement and constant communication with people and or co-workers. Burnout is composed 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 incompetence and unsuccessful achievement in one's work with people
- Provider burnout impacts all levels of a healthcare system: Organization, Provider, Patient
- Provider burnout reduces a patients 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 reduction in 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to FQHC provider burnout include: (1) poor communication, (2) staffing shortages, (3) limited resources, (4) outdated technology, (5) lack of control over schedule, and (6) inadequate training.
- Personal factors contributing to burnout include: (1) personal issues, (2) feeling of incompetence, (3) unrealistic expectations, (5) feeling of loss of control (6) gender, (7) age, (8) marital status and (8) family size.

## Results – FQHC Provider Demographics

Table 2. Demographics of Providers Employed at an FQHC in the Mid-Atlantic Region who participated in MBI-HSS Survey

Characteristics	N=95 (%)
Gender n(%)	
Male	15 (15.8)
Female	80 (84.2)
Years employed at FQHC n(%)	
<2 years	17 (17.9)
2 - 4 Years	19 (20)
5 - 10 Years	28 (29.5)
> 10 Years	31 (32.6)
Full-Time Employment Status (FTE) n(%)	
0.4	8 (8.4)
.5 - .7	17 (17.9)
.8 - 1.0	70 (73.7)
Age n(%)	
21- 30 Years	5 (5.3)
31 - 40 Years	44 (46.3)
41 - 50 Years	25 (26.3)
>50 Years	21 (22.1)
Number Patient Care Sites n(%)	
1	39 (41.1)
2	31 (32.6)
3	11 (11.6)
4+	14 (14.7)
Provider Discipline n(%)	
Primary Care Physician	24 (25.3)
Advanced Licensed Practitioner (ALP)	39 (41.1)
Physician Assistant	5 (5.3)
Dentist	11 (11.6)
Specialist	16 (16.8)
Primary Clinical Sites n(%)	
Community Clinic	77 (81.1)
Outreach Site	6 (6.3)
Department of Corrections	12 (12.6)

## Conclusion

- Burnout of providers employed at Federally Qualified Healthcare Centers (FQHC) has an indirect effect on the healthcare system, by reducing provider's ability to provide quality care.
- All FQHC providers experience some degree of burnout within the domains of emotional exhaustion and depersonalization.
- 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 requires a collaborative effort between organization and the individual
- Evidenced-based organizational interventions identified to mitigate the impact of burnout include: shift rescheduling, reducing workloads, enhanced teamwork, creative leadership and/or structural changes, mentoring, clinical supervision and support.
- Evidenced-based personal interventions identified to reduce burnout include: coping strategies (problem and emotion focused), peer-support, stress management, mindfulness, small-group trainings, self-awareness

## 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.

## Objectives

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

## Methods

**Study Design**  
A cross-sectional survey assessing the three components of work related burnout was administered to healthcare providers, employed at a multisite 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 provider wellness program to mitigate the impact of burnout amongst FQHC healthcare providers.

**Population**  
A convenience sample of 232 providers (who provide direct patient care) employed within a large urban multisite FQHC in the Mid-Atlantic region  
Provider specialties included: internal and family medicine physicians, dentist, midwives, obstetricians, gynecologist, family, adult and pediatric nurse practitioners, physician assistants, infectious disease physicians, gastroenterologist and specialist

**Measurement**  
Maslach Burnout Inventory Survey (MBI-HSS) – electronic version  
22-item Likert scale questionnaire  
Response range from 0 to 6. 0= Never, 1=few 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 (9 questions)  
Depersonalization (Dp) – unfeeling and impersonal response toward recipients of one's services, care, treatment, or instruction (5 questions)  
Personal accomplishments (PA) – feelings of competence and successful achievement in one's work with people (8 questions)

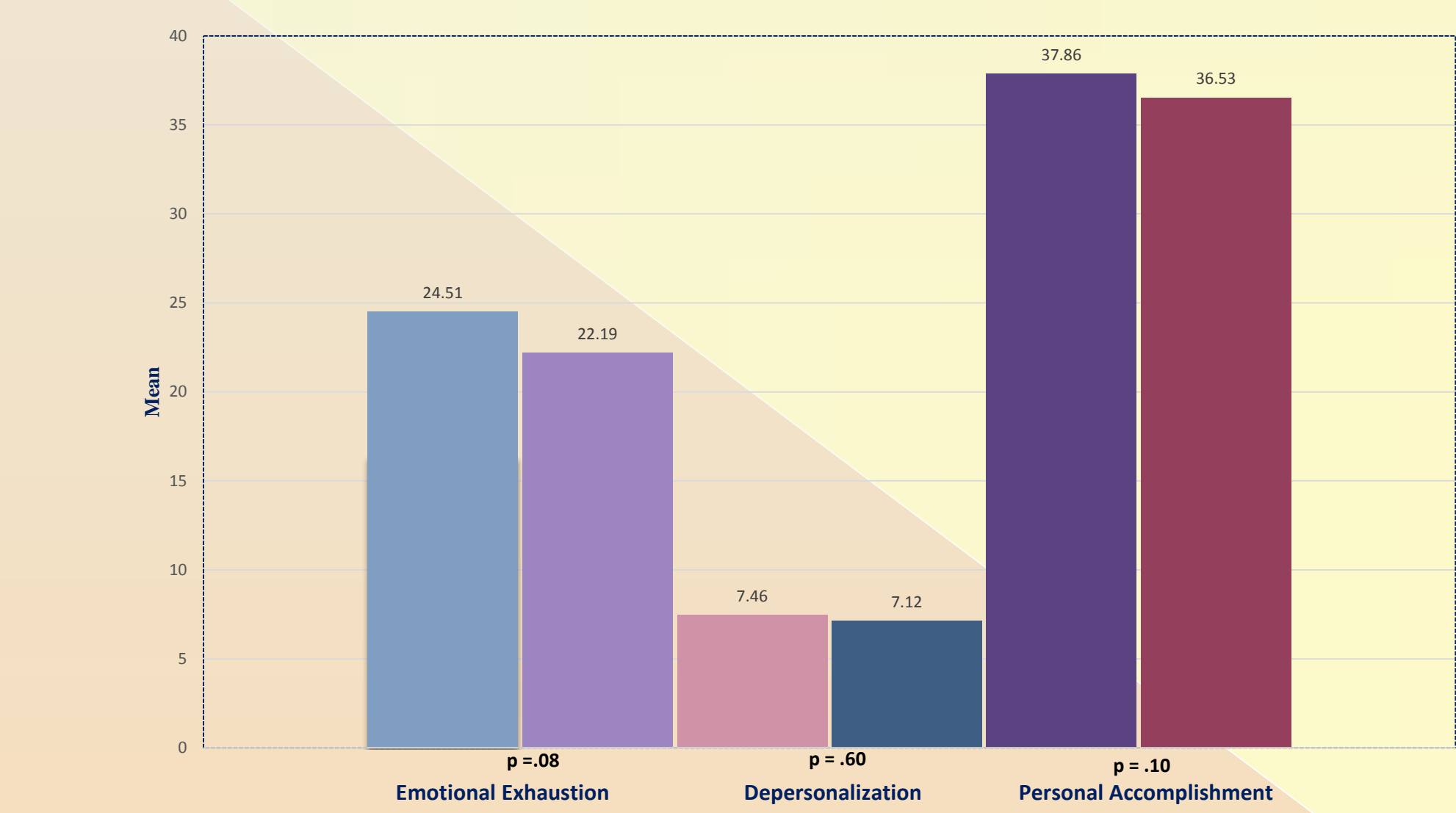
**Data Analysis**  
Burnout was analyzed as three continuous variables: emotional exhaustion, depersonalization and reduced personal accomplishment  
IBM SPSS version 25 (IBM Corp., Released 2017) was the software program used to analyze the data.  
Descriptive statistics were calculated: distribution, frequency and proportions.  
One sample t test analyzed FQHC provider mean scores against normative provider mean scores provided in MBI-HSS survey manual.  
Multiple regression model was fit to predict associations between variables and describe relationships.

## Comparison Mean Scores for FQHC Providers to Professions Normative Mean Scores

Mean Scores for Subgroups of Burnout in Federally Qualified Healthcare Providers Compared to Medical Professionals Normative Mean Scores

Emotional Exhaustion	n	M	SD	t	p
Normative Medical Score		22.19	9.53		
Primary Care Physicians	24	24.08	12.31	.753	.459
Nurse Practitioners	39	28.74	12.19	3.36	.002
Physician Assistant	5	17.80	14.02	-.700	.523
Dentist	11	23.90	12.15	.469	.649
Specialist	16	17.31	11.73	-1.66	.117
Depersonalization		7.12	5.22		
Normative Medical Score		7.0	6.49	-.091	.929
Primary Care Physicians	24	7.6	6.07	.172	.868
Physician Assistants	5	8.72	6.62	1.507	.140
Nurse Practitioners	39	8.0	7.09	.412	.689
Dentist	11	4.69	4.09	-2.24	.031
Specialist	16				
Personal Accomplishment		36.53	7.34		
Normative Medical Score		36.53	7.34		
Primary Care Physicians	24	40.67	5.21	3.89	.001
Nurse Practitioners	39	34.54	9.63	-1.291	.204
Physician Assistants	5	38.00	7.64	4.30	.690
Dentist	11	40.00	5.33	2.16	.056
Specialist	16	40.19	4.94	2.96	0.10

Note. \*Physician Assistants were omitted from analysis due to small sample size. Primary Care Physicians include Family Medicine and Internal Medicine physicians; Nurse Practitioners include Adult Nurse Practitioners, Family Nurse Practitioners and Midwives



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

Burnout Scores for Subgroups: Emotional Exhaustion, Depersonalization and Personal Accomplishment for Providers Employed at a FQHC in Relation to Job-Related Variables

	Emotional Exhaustion (EE) Mean (SD)	Depersonalization (Dp) Mean (SD)	Personal Accomplishment (PA) Mean (SD)
# Clinical Sites			
Provider administers patient care			
Location 1	24.56 (12.42)	6.36 (5.11)	38.69 (8.33)
Location 2	24.74 (13.09)	7.84 (6.98)	37.19 (6.70)
Location 3	23.45 (11.35)	9.55 (8.35)	40.73 (6.28)
Location 4	25.50 (14.97)	8.07 (6.04)	34.71 (9.38)
	P= 0.981	P= 0.456	P= 0.225
Primary Clinical Site			
Community Clinic	26.13 (12.89)	8.00 (6.49)	37.73 (7.32)
Outreach Sites	21.17 (5.20)	6.50 (5.24)	38.67 (3.56)
Dept. Of Corrections	15.75 (10.81)	4.50 (4.85)	38.25 (12.23)
	P= 0.024	P= 0.118	P= 0.945
FTE status			
<.4 FTE	22.25 (13.19)	6.88 (4.91)	34.25 (7.92)
.5-.7 FTE	23.06 (12.01)	5.12 (3.94)	36.82 (10.25)
.8-1.0 FTE	25.11 (12.97)	8.10 (6.80)	38.51 (7.14)
	P= 0.734	P= 0.209	P= 0.293
Years Employment			
<2 years	20.24 (12.58)	5.59 (6.02)	38.94 (10.37)
2 - 4 Years	29.53 (11.35)	9.26 (6.41)	34.63 (7.99)
5 - 10 Years	29.04 (12.37)	10.32 (6.83)	36.21 (6.66)
>10 Years	12.68 (11.79)	4.81 (4.39)	40.71 (6.27)
	P= 0.004	P= 0.009	P= 0.029

Scoring Range for subgroups of Burnout: Emotional Exhaustion, Depersonalization and Personal Accomplishment

MBI Subcategories	Low (lower third)	Average (middle third)	High (upper third)
EE	≤ 16	17- 26	≥ 27
DP	≤ 6	7- 12	≥ 13
PA	≥ 39	38- 32	≤ 31

Note: EE= Emotional Exhaustion, Dp= Depersonalization, PA= Personal Accomplishment

Burnout Scores for subgroups: Emotional Exhaustion, Depersonalization and Personal Accomplishment for Providers Employed at a FQHC in Relation to Demographic Variable

	Emotional Exhaustion (EE) Mean (SD)	Depersonalization (Dp) Mean (SD)	Personal Accomplishment (PA) Mean (SD)
Provider Age			
21-30 Yrs.	22.20 (9.09)	5.20 (1.92)	39.20 (5.93)
31 - 40 Yrs.	27.05 (12.37)	9.50 (7.10)	36.98 (7.62)
41 - 50 Yrs.	25.88 (12.67)	7.28 (5.72)	37.64 (6.52)
> 50 Yrs.	18.10 (12.75)	3.95 (3.83)	39.62 (10.06)
	P= 0.054	P= 0.007	P= 0.627
Discipline			
Primary Care Physician	24.08 (12.32)	7.00 (6.49)	40.67 (5.21)
Nurse Practitioners	28.82 (12.78)	8.59 (6.35)	35.03 (9.74)
Physician Assistants	17.80 (14.02)	7.60 (6.07)	38.00 (7.65)
Midwives	28.20 (8.11)	9.60 (9.10)	31.20 (9.09)
Dentist	23.91 (12.15)	8.00 (7.09)	40.00 (5.33)
Specialist	17.31 (11.73)	4.69 (4.09)	40.19 (4.94)
	P= 0.049	P= 0.425	P= 0.017
Gender			
Male	17.80 (12.32)	5.27 (5.87)	39.80 (10.90)
Female	25.76 (12.48)	7.88 (6.32)	37.49 (7.17)
	P= 0.025	P= 0.142	P= 0.298

Table 6. Provider Wellness Training

Length: 6 months  
Time: 1pm-4pm 1<sup>st</sup> Tuesday of every month (total 6 months)  
Zoom Session: 30 minutes 3<sup>rd</sup> Tuesday of every month (wellness support)

Objective: Train and Equip FQHC Providers to assist staff to mitigate burnout through use of implementing Evidenced-based Wellness Training

Training 1	Tools	Trainer Monthly Zoom Session 30 minutes
	<ul style="list-style-type: none"> <li>Welcome .5</li> <li>Orientation - 45min</li> <li>Buddy Training 1.5hr – Organization Resource</li> <li>Active Listening 1 – Organization Resource</li> <li>Question/Answer – 15 min</li> </ul>	Medical Provider Liaison Human Resource Dept.
Training 2	<ul style="list-style-type: none"> <li>Listening Essentials – 1hr - Organizational Resource</li> <li>Dealing with Personality Clashes 1 hr.</li> <li>Diversity in the Workplace – 1hr</li> <li>Recognizing signs of burnout 30 min</li> <li>Discussing burnout/wellness with staff</li> </ul>	Human Resources Dept. Certified Mindfulness Meditation Instructor Psychiatry
Training 3	<ul style="list-style-type: none"> <li>Tools</li> <li>Coping Skills – 1 hr.</li> <li>Meditation Course – 1hr</li> <li>Individual – effective meditation app (UC San Diego Mindfulness Resources) – 30min</li> <li>How to perform coaching sessions – 1 hr.</li> </ul>	Psychiatry Dept. Certified/Mindfulness Instructor Human Resource Dept.
Training 4	<ul style="list-style-type: none"> <li>Tools</li> <li>How to Assist staff with developing career plan</li> <li>Process for Advancement in organization</li> <li>Resources Available to Unity Employees (HR Dept.)</li> <li>Creative Leadership – Organizational Resource</li> <li>Role Play</li> </ul>	Licensed Clinical Social Worker
Training 5	<ul style="list-style-type: none"> <li>Tools</li> <li>Resources available to staff</li> </ul>	Certified/ Mindfulness Meditation Instructor
Training 6	<ul style="list-style-type: none"> <li>Evaluation/Next Steps</li> <li>Provider tool kits (each Coach given 1)</li> <li>Developed with assistance of human resources, psychiatry and senior leadership</li> <li>Sign-Up sheet for trainer</li> <li>Determine schedule for future wellness coach support sessions (quarterly) 2 hours</li> </ul>	Human Resources Medical Provider Liaison Human Resources Psychiatry Licensed Clinical Social Worker

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