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**Title**

*What matters most to medical assistant job burnout and job satisfaction? A mixed methods study*

**Priority 1 (Research Category)**

Healthcare Services, Delivery, and Financing

**Presenters**

Tristen Hall, PhD, MPH

**Abstract**

Context: Medical assistant (MA) roles have expanded to include new and increasingly complex tasks. However, the influence of role expansion on MAs' employee outcomes is unclear. Objective: Understand the influence of expanded job tasks and other organizational, interpersonal, and individual factors on MA outcomes of job satisfaction and job burnout using MA perceptions and statistical analysis. Study Design and Analysis: Exploratory sequential mixed methods study using semi-structured interviews and cross-sectional survey. Grounded hermeneutic editing approach to qualitative analysis of interviews. Descriptive statistics and multiple linear regression of survey data. Dataset: Interview data from MAs employed in Colorado outpatient healthcare settings. Survey of American Association of Medical Assistants (AAMA) members. Population Studied: 350 MAs in Colorado, New Mexico, Utah, and Arizona. Instrument: Semi-structured interview guide, web-based survey. Outcome Measures: Job burnout and job satisfaction. Statistical relationship of expanded job tasks, work support, perceived organizational support, years' experience, organizational and individual characteristics as predictors of job burnout and job satisfaction. Qualitative themes of MA perceptions of influences on outcomes. Results: Mean job satisfaction was 5.9 (SD = 1.1) on a 7-point scale. Mean job burnout was 2.4 (SD = 1.0) on a 5-point scale. Work support significantly predicted higher job satisfaction ( $B = 0.32$ ,  $SE(B) = 0.10$ ,  $p < .01$ ) and lower job burnout ( $B = -0.32$ ,  $SE(B) = 0.09$ ,  $p < .001$ ). Qualitative themes indicated that instrumental and emotional work support supported positive MA outcomes. Perceived organizational support significantly predicted higher job satisfaction ( $B = 0.37$ ,  $SE(B) = 0.04$ ,  $p < .0001$ ) and lower job burnout ( $B = -0.27$ ,  $SE(B) = 0.04$ ,  $p < .0001$ ). Qualitative themes suggested that low pay and lack of recognition lead to negative outcomes for MAs. The number of expanded (versus traditional) job tasks was unrelated to job satisfaction ( $B = 0.04$ ,  $SE(B) = 0.04$ ,  $p = .38$ ) or job burnout ( $B = -0.03$ ,  $SE(B) = 0.04$ ,  $p = .44$ ). In contrast, qualitative themes highlighted heavy workload's contribution to burnout, positive influence of variety and responsibility on satisfaction. Conclusions: Healthcare organizations should foster instrumental and emotional support among staff and clinicians, offer competitive compensation, and demonstrate that they value MAs' efforts to support MAs' wellbeing.