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Title

Burnout in Primary Care Practice Teams: A Longitudinal Multi-Methods Assessment to Inform an Intervention

Priority 1 (Research Category)

Healthcare Services, Delivery, and Financing

Presenters

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Abstract

Objective: Primary care team burnout is high and rose with the COVID-19 pandemic. Our objectives for this three-year assessment were to assess primary care provider and staff wellness and burnout in a large health system, explore teamwork in one practice, and use findings to develop a practice-level intervention to enhance teamwork and reduce burnout.

Study Design and Analysis: Three rounds of surveys (February 2021, October 2021, June 2022) and two rounds of semi-structured interviews (May-July 2020, 2021) captured wellness and burnout across a primary care system. Survey and interview responses were analyzed using statistics and qualitative coding; teamwork was selected as an intervention target. In spring 2023 we administered a team effectiveness survey and conducted seven focus groups to explore teamwork and identify interventions at one practice.

Setting or Dataset: For the 2020-2022 surveys and interviews, a 98-practice primary care network in the northeastern United States; for the 2023 pilot study, a large practice serving >26,000 patients.

Population Studied: Primary care providers (physicians, nurse practitioner, and physician assistants) and staff (medical assistants, nurses, office managers, phones, medical records, registration).

Intervention/Instrument: Survey included Perceived Stress Reactivity Subscale, abbreviated Maslach Burnout Inventory, Mini-Z burnout survey, self-reported ratings (burnout/ stress) and Assessment of Collaborative Environment (ACE-15) (team-ness). Interviews explored wellness and burnout using the Job-Demand-Control-Support model. Focus groups explored team functioning and improvement opportunities.

Outcome Measures: Burnout levels, burnout contributors, ACE-15 scores, and qualitative perceptions of team functioning and potential interventions.

Results: Across rounds (n =1015), 44-50% of participants reported burnout. Interviewees described stress but a sense of shared purpose early in the pandemic, with greater burnout and intention to leave in the second round. At the pilot practice, ACE-15 and focus group findings indicated a need for interventions to improve hiring, clarify team members' roles and responsibilities, enhance communication, and offer staff recognition.

Conclusions: Primary care teams report persistently high burnout levels. Interventions that target the entire team are crucial in improving workforce wellness. A future pilot will implement and evaluate a teamwork intervention's effect on burnout.