

**Submission Id:** 5046

**Title**

*Burnout and work satisfaction in family medicine residents and faculty, 2018-2023*

**Priority 1 (Research Category)**

Survey research or cross-sectional study

**Presenters**

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**Abstract**

Context: Measuring and understanding physician burnout is a critical issue within primary care. The onset of burnout often occurs during residency, which may be the most optimal period to address the issue. Objective: The aim of this study is to describe patterns in faculty and resident burnout and associated factors: value alignment with leadership, control over workload and electronic medical record (EMR) use. Study Design and Analysis: A cross-sectional survey was conducted biannually with family medicine faculty and residents. Survey data were summarized with descriptive statistics and plotted over time to observe patterns between burnout and associated factors. Setting or Dataset: The survey was conducted 10 times for faculty (biannually from 2018-2023) and 8 for residents (once in 2018 and biannually from 2020-2023). Average survey sample size was 97 for faculty and 92 for residents. Population Studied: Faculty and residents from 8 family medicine residency clinics across Minnesota. Intervention/Instrument: The Mini Z Survey is a validated, 10 question measure of physician burnout, job satisfaction and related risk factors. Questions were answered on a 5-item Likert scale. Burnout was assessed using one question with responses ranging from no symptoms of burnout to completely burned out. Outcome Measures: The primary outcome measure was burnout, which was dichotomized by grouping the three items that include burnout symptoms. Results: The proportion of faculty with burnout was around 30%, with the exception of Aug. 2020 and 2021, which were 40% and 46%, respectively. Residents with burnout gradually increased over time from 29% in Aug. 2018 to 62% in Feb. 2023. Compared to faculty and residents not experiencing burnout, those with burnout consistently rated their job satisfaction worse. Similarly, those with burnout had worse ratings regarding value alignment with leadership, level of control over their workload and care team efficiency. Residents with burnout also consistently reported poorer ratings for the three EMR-related questions. Conclusions: Targeted efforts at aligning values, improving care team efficiency and addressing workload expectations may help reduce family medicine faculty and resident burnout. Additionally, residents might benefit from focused and intentional EMR support to address EMR-related burnout.