

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

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Title

Drowning in Paperwork: The Burden of Administrative Responsibilities in Primary Care

Priority 1 (Research Category)

Qualitative research

Presenters

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Abstract

Context: For over 25 years, the burden of clinical administrative services has been cited as contributing to the stress and burnout experienced by family physicians. Objective: To describe family physicians' (FPs) experiences of administrative burden in practice. Study Design and Analysis: Constructivist Grounded Theory study using in-depth interviews via Zoom. Individual and team analysis. Setting: FP practices in Ontario, Canada. Population Studied: 38 FPs practicing in Ontario, who completed their training between 2017 – 2022. Results: Participants spontaneously raised the issue of administrative burden, describing it as both the volume of paperwork and “never ending” inbox management decreasing time for direct patient care. They expressed feeling frustrated, stressed, and overwhelmed with the many hours (2-3 hours) per day spent on administrative tasks. Participants strongly emphasized the lack of compensation for this work. Some participants described being “sheltered” from the realities of administrative burden during medical school and residency, leaving them unprepared to manage multiple administrative tasks. Participants perceived administrative burden as contributing to burnout and their declining joy in practicing comprehensive care. Participants offered solutions to address administrative burden at both personal and system levels. On a personal level, they proposed creating “flex time” to complete administrative tasks and setting boundaries to prevent administrative burden from “bleeding” into personal time. However, often the volume of the work eroded this solution. At the system level, participants underscored the need for compensation for administrative time and funding to increase clinic staff (e.g. physician assistants, nurse practitioners) to help “de-clutter the inbox” and manage referrals. The need for dedicated funding for an integrated EMR in the province and establishment of a centralized referral system were also proposed system solutions. Conclusions: Study

findings support prior literature regarding challenges posed by administrative services, including the negative impacts of administrative burden on physician well-being (e.g. burnout) and reduced time for direct patient care. Furthermore, the findings provide personal and system solutions to guide practitioners and policymakers.

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