

Primary Care Provider Burnout in an Urban Community During COVID-19 and Racial Injustice

Sydney Black, M.A., Sarah Shelton, Psy.D., M.P.H., M.S.C.P., Kimberly Janiszewski, M.A., Ryan McPeak, M.A., Lolita Wiggs, M.S., Carrie French, M.A., Brian Collin, Ph.D., M.A., & Steve Katsikas, Ph.D.

School of Professional Psychology, Spalding University, Louisville, KY



STATEMENT OF THE PROBLEM

- Burnout amongst healthcare providers has been well documented (Shanafelt, et al., 2017; Hoff et al., 2019) and the year of 2020 has notably been stressful with the emergence of COVID-19.
- According to the World Health Organization (WHO), burnout is an “occupational phenomenon” (World Health Organization, 2019).
- As per the ICD-11, burnout is defined as “a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed...characterized by three dimensions: feelings of energy depletion or exhaustion; increased mental distance from one’s job, or feelings of negativism or cynicism related to one’s job; and reduced professional efficacy” (World Health Organization, 2019).
- The effects of physician burnout are numerous and can impact overall patient care. This includes lower patient satisfaction, reduced productivity, increased medical errors, increased costs, increased substance use among physicians, increased occurrence of depression and/or suicidal ideation among physicians, and overall poor self-care habits of clinicians (West et al., 2018).
- According to the American Psychological Association (APA), COVID-19 was a significant source of stress in 8 out of 10 adults (2020). Little is known about the immediate effects of COVID-19 on burnout in primary care providers (PCPs), nor what the further impact may be of working with racially diverse patients during increased discussion of racial injustice.
- A study conducted shortly after COVID-19 was declared a pandemic showed increased rates and symptoms of burnout in physicians and nurses, including those working directly with COVID-19 patients and those who had no contact. Symptoms of burnout were increased among providers directly engaging with COVID positive patients as well as with providers who have pre-existing mental health issues (Lasalvia et al., 2021).
- Additional studies found high rates of mental health issues among health care workers with more than 50% of the participants presenting with symptoms of PTSD and anxiety, 46% presenting with depressive symptoms, and about 41% reporting feeling emotionally drained (Luceño-Moreno et al., 2020).
- Similar results are being found both domestically in the U.S. and abroad (Denning et al., 2021)
- Generally the majority of adults (59%) report police violence at this time directed toward minorities is a significant source of personal stress (APA, 2020). Little research has evaluated the impact of police violence and racial injustice on rates of burnout in health care workers working with diverse populations and/or holding marginalized identities themselves.

RELEVANCE TO INTEGRATED PRIMARY CARE & THE ROLE OF THE BHC

- Burnout in health care providers may be intensified by a lack of access to overall resources within the community. This often places a greater obligation on the Primary Care medical team to provide many of these resources that the community is lacking. Services may include mental health, social services, language services, and community referrals.
- Providers often encounter patients who have not previously had access to comprehensive physical and mental health care, and the burden to provide these services is great. This can lead to burnout.
- Integration of physical and mental health care in the primary care setting allows Health Psychologists the chance to educate staff on the warning signs, characteristics, and solutions for burnout. In addition, they may also assist in providing direct services to patients that help alleviate many specific problems that arise from being medically underserved.
- Behavioral health consultants (BHCs) are uniquely fitted to provide resources for preventing and addressing burnout in primary care based on their training in mental health.
- The presence of BHCs can reduce physician stress, one of the factors contributing to burnout (Miller-Matero et al., 2016; Patel et al., 2019). This may be done by providing resources to help physicians address patient’s mental health.
- In addition to providing primary care staff with access to information about burnout and reducing burnout, BHCs are equipped to provide primary care professionals with education to improve provider understanding of the mental health impacts of COVID-19 and the fight for racial justice.
- BHCs can provide information to providers and patients about the mental health impacts of COVID-19 and strategies for managing the psychological impact of COVID-19.
- BHCs can also serve as a resource to educate providers about how COVID-19 may have varied impacts for individuals with different preexisting mental health conditions. Some examples of mental health conditions with unique interactions with the COVID-19 pandemic include obsessive-compulsive disorder (OCD), depression, anxiety, and ADHD (Hawes et al., 2021; Jelinek et al., 2021; Merzon et al., 2020; Kavor & Mitra, 2021)
- BHCs may serve as a resource to provide education to primary care staff about racial trauma and the likely mental health impacts of the fight for racial justice (Polanco-Roman et al., 2016).
- BHCs can provide educational resources for identifying and managing accumulated racial trauma symptoms among BIPOC primary care staff and BIPOC primary care patients.

EVALUATION OF PRIMARY CARE CLINICS

- Three primary care clinics in West Louisville, KY were asked to participate in a presentation and program evaluation regarding prevalence of burnout amongst PCPs over the course of COVID-19. PCPs in this area faced unique circumstances in the care of their patients during COVID-19, as they were directly impacted by the fight for racial justice in their communities (e.g. death of Breonna Taylor).
- One primary care facility agreed to participate in the presentation. Instead of having participants complete the presentation asynchronously, it was recommended that this presentation be given live with a survey to follow. The presenter was invited to present during a regularly scheduled meeting of all medical practitioners at the individual site. This presentation was conducted virtually due to COVID-19 precautions.
- 47 individual practitioners heard the presentation, 26 responded to the survey, resulting in a 55% response rate. The survey was a three question, five-point, Likert-type scale. The three questions included, “After hearing this presentation, I believe I have experienced burnout over the course of this year,” “This presentation helped me recognize when I may be experiencing burnout,” and “This presentation helped me recognize ways to prevent burnout.” Answers ranged from “Strongly Disagree,” “Somewhat Disagree,” “Neutral,” “Somewhat Agree,” to “Strongly Agree.”
- Overall, those who participated scored an average score of four on each question. This suggested that participants somewhat agreed that, as providers, they noticed they had experienced burnout over the course of this year and having this presentation was somewhat likely to be beneficial to learning about burnout.
- This presentation sparked conversation amongst the presenter and providers about changes that could be made within their clinics to assist in lightening the load that impacts the experiences of burnout (e.g utilizing BHCs for treating psychosocial aspects of healthcare was discussed with providers). Providers also proposed suggestions for their clinic that could lessen the load.

DISCUSSION & FUTURE DIRECTIONS

- The project was only conducted in one clinic and therefore, it needs to be repeated in other clinics to see if the results can be generalized. Therefore, it is proposed that a second phase of this study be conducted to present this information to other primary care clinics. It is estimated that similar results would be obtained from the other clinics.
- The results of the study apply to levels of burnout from 03/2020 – 04/2021 and not any other time. Additional time spans should be analyzed.
- The obtained results suggests that the hypothesis of individual primary care clinicians working in a community that has been impacted by both COVID-19 and significant racial injustice believe they have experienced burnout this year.
- This presents a good case for utilizing the BHCs in working with patients and with medical providers. BHCs can work with medical providers in how to identify and manage stressors that may be influencing burnout.