Introduction

• The COVID-19 pandemic has exacerbated already high levels of burnout among healthcare providers (HCPs). 1
• Previous studies have shown there is a significant relationship between the HCP work environment and burnout; however, it is unclear how the work environment during the COVID-19 pandemic has impacted HCPs.

Purpose

• To evaluate the relationship between HCPs’ work environment during the COVID-19 pandemic and self-reported levels of burnout.

Methods

• Study Design: cross-sectional study

  • Participants and Setting: HCP and non-HCPs (n=56), tertiary medical center in LA, CA

  • Data Collection: an online survey used to collect data on participant’s perceptions of COVID-19 work env. and burnout.

  • Measures:
    • Burnout: Maslach Burnout Inventory (subscales: emotional exhaustion, depersonalization, personal accomplishment)
    • Work Environment: Areas of Worklife Survey (subscales: workload, control, reward, community, fairness, values)
    • Pandemic Work Env.: Pandemic Exp. & Perception Survey (subscales: resources, worklife, leadership)

  • Analysis (for this presentation): descriptive statistics, bivariate analysis to assess relationship between work env. and burnout

Results

<table>
<thead>
<tr>
<th>Work Env. Factors</th>
<th>Emotional Exhaustion (EE)</th>
<th>Depersonalization (DP)</th>
<th>Personal Accomplishment (PA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assoc. w/ Burnout</td>
<td>HCP n=31</td>
<td>Non-HCP n=25</td>
<td>HCP n=31</td>
</tr>
<tr>
<td></td>
<td>M (SD)</td>
<td>M (SD)</td>
<td>p-value</td>
</tr>
<tr>
<td>Workload</td>
<td>4.53 (1.28)</td>
<td>3.66 (1.57)</td>
<td>0.71</td>
</tr>
<tr>
<td>Control</td>
<td>2.25 (1.03)</td>
<td>1.32 (1.12)</td>
<td>0.17</td>
</tr>
<tr>
<td>Reward</td>
<td>2.55 (1.00)</td>
<td>2.00 (0.96)</td>
<td>0.09</td>
</tr>
<tr>
<td>Community</td>
<td>3.15 (1.93)</td>
<td>2.55 (1.93)</td>
<td>0.18</td>
</tr>
<tr>
<td>Fairness</td>
<td>4.48 (2.10)</td>
<td>3.48 (2.10)</td>
<td>0.08</td>
</tr>
<tr>
<td>Value</td>
<td>4.53 (0.90)</td>
<td>4.53 (1.06)</td>
<td>0.59</td>
</tr>
<tr>
<td>Resources</td>
<td>3.79 (0.70)</td>
<td>2.36 (0.54)</td>
<td>0.03</td>
</tr>
<tr>
<td>Worklife</td>
<td>3.82 (0.68)</td>
<td>2.65 (0.34)</td>
<td>0.02</td>
</tr>
</tbody>
</table>

Discussion and Conclusions

• HCP reported higher levels of EE and DP as compared to non-HCP.

• A positive work environment may have a greater impact on HCP burnout as compared to non-HCP.

• For HCPs, community (collegial support) was associated with improving all areas of burnout (↓ EE, ↓ DP, ↑ PA).

• HCP peer support group in addition to comprehensive wellness program aimed at improving various aspects of the work environment may mitigate negative impact of HCP burnout.

• Findings from this study may be used to help healthcare systems implement adequate organizational structures and processes to help mitigate HCP burnout, particularly during a pandemic.

References


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