

Organizational Factors in Physician Burnout After COVID-19: Lessons for the Future

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Background

- Burnout continues to occur at a **6.3% higher rate** than before the pandemic began^{1,2}
- Burnout is not just an individual problem in coping strategies; rather, the prevalence of burnout indicates organizational issues^{3,4,5}
- Potential theoretical bases
- Burnout as an extreme form of exhaustion⁶ (final stage of general adaptation syndrome)
- Burnout as the result of not fulfilling the conditions for intrinsic motivation⁷ (as defined by self-determination theory)

Rationale

- Decreased work engagement due to burnout is associated with increased workload for colleagues⁸
- Lower quality of care due to compassion fatigue and **increased** clinical mistakes among providers experiencing burnout^{9,10}
- **Longer wait times**, especially in acute care settings¹¹
- It is crucial that we analyze contributing factors and prepare our healthcare system for future public health crises
- Gap in the literature is an analysis of burnout in physicians with a structural lens, rather than micro-level processes

Thesis

This narrative review demonstrates that physician burnout in the aftermath of COVID-19 is still highly prevalent because it is mediated by structural factors such as (1) workplace environment, (2) job demands, and (3) understaffing.

Methods

- Databases: PsycINFO, PubMed, Web of Science, Google Scholar
- Keywords: physician burnout, organizational support, post-pandemic, understaffing, work-life balance, role conflict, role strain, workplace environment
- **Exclusion** Criteria
 - Focus on burnout during the pandemic
 - Focus on micro-level processes
 - No distinct analyses for physicians
- Foreign studies were included due to lack of American literature

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Contributory Fa

- factors that continue to exist beyond the pandemic • Workplace environment & general adaptation theory:
- prevention of chronic stress in the workplace
- autonomy in work-life boundary formation and equitable reward for competence
- <u>Understaffing & role strain</u>: need for manageable workload via adequate staffing



- Physician burnout is associated with persistent structural
- Job demands & self-determination theory: support of

- Limitations of this review
 - Lack of American literature available
 - Lack of post-pandemic data due to recency of the pandemic
- Longitudinal investigation of how burnout rates recover from the pandemic must be conducted to find stronger conclusions
- The cycle of burnout should be addressed at a structural level to ensure sustainable change

Understaffing

High case volume per provider^{17,18} Lack of fully staffed teams (3 support staff per 1 primary care provider)¹⁸ High turnover rate¹⁸

References:

