

Associating Work After Work with Primary Care Physician Burnout

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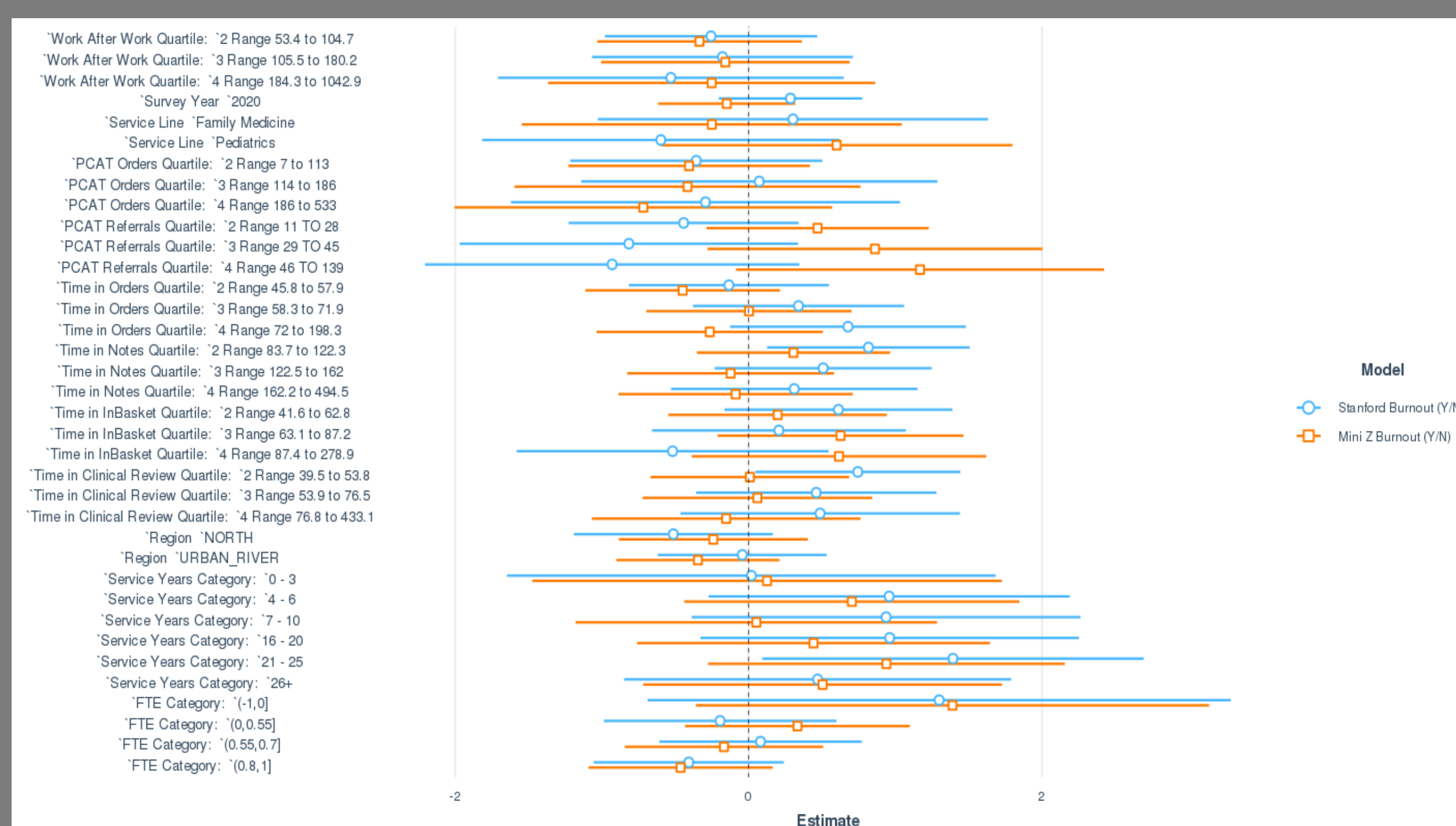
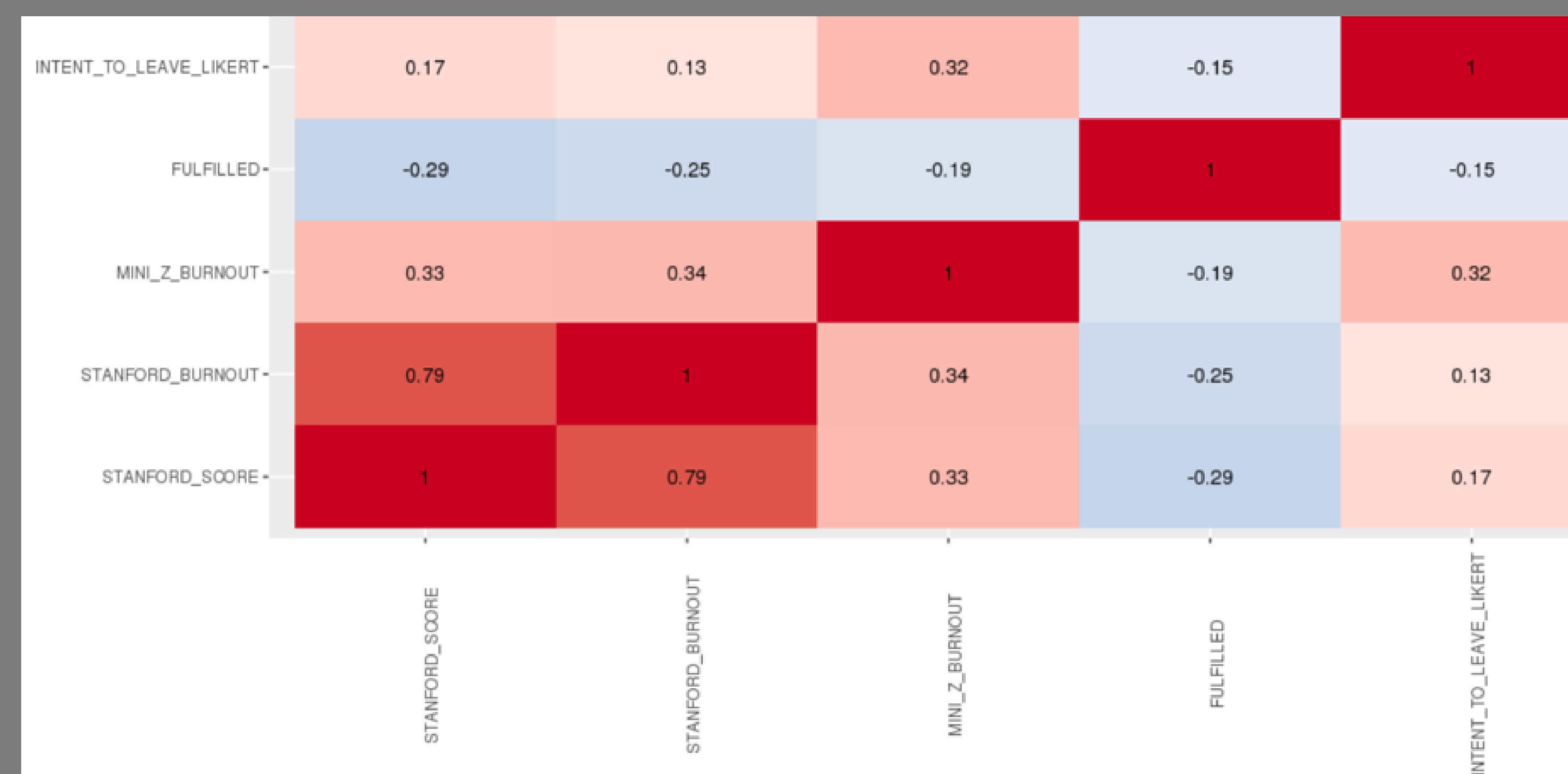
INTRODUCTION

- Clinician well-being is important to the long term strategic success of a health care organization.
- Standard measures of burnout exist, such as the Maslach Burnout Inventory (MBI), but they are lagging indicators and do not provide an indication of clinician workload.
- We aimed to identify novel measures of workload that could serve as an early warning indicator for community primary care physicians at risk for burnout.

METHODS

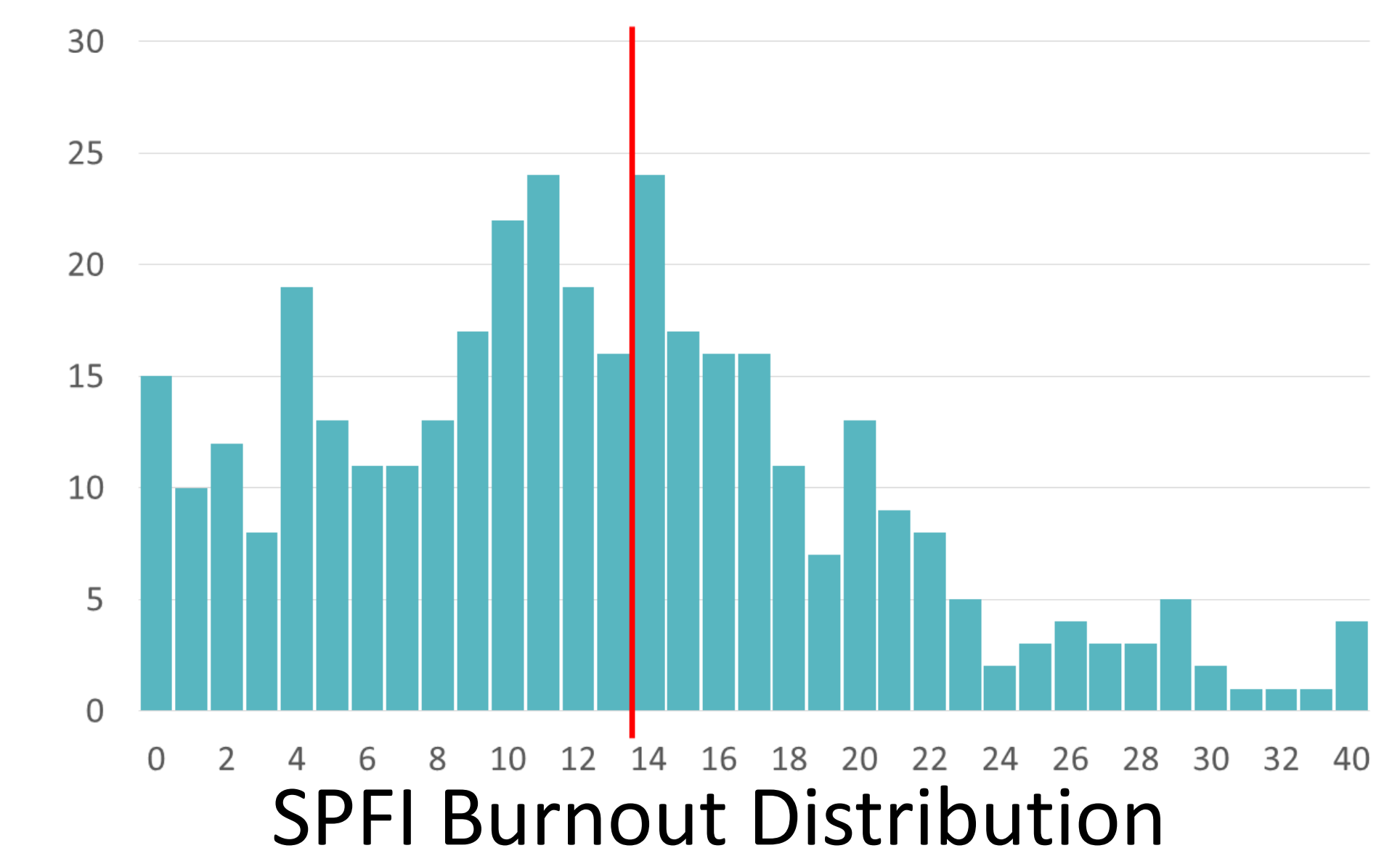
- Performed a retrospective, observational analysis using data covering a diverse patient base in 2019 and 2020.
- **Qualitative Analysis:** Analyzed survey data from 365 primary care physicians using Stanford Professional Fulfillment Index (SPFI), Mini Z, and Intention to Leave.
- **Quantitative Analysis:**
 - Defined and calculated EHR-based workload metrics including Work After Work, time in notes, Time in InBasket, Lab order and referrals.
 - Correlation analysis of burnout outcome metrics.
 - Adjusted multivariable analysis of workload metrics as predictors of burnout.

Work After Work – normalized was not associated with an increased odds ratio for SPFI Burnout



RESULTS

- 155 (42%) of providers endorsed burnout.
- Average Work After Work - normalized ranged from 112 min for Pediatrics to 152 min for Internal Medicine.
- SPFI Burnout was weakly positively correlated with Mini Z (0.34) and Intent to Leave (0.13) and weakly negatively correlated with professional fulfillment (-0.25).



	SPFI Burnout		SPFI Burnout	
	YES	NO	YES	NO
Total N	155	210		
By Service Year				
0 - 3			14	25
4 - 6			28	25
7 - 10			24	36
11 - 15			44	51
16 - 20			19	34
21 - 25			15	24
26+			11	15
By FTE Category				
0			8	2
(0,0.55]			30	48
(0.55,0.7]			32	40
(0.7,0.8]			50	59
(0.8,1]			35	61
By Region				
North	28	52		
Southwest	69	86		
Urban / River	58	72		

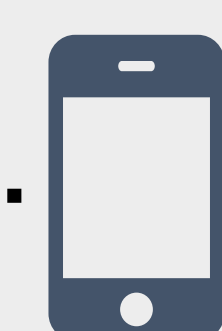
SPFI Burnout Distribution

DISCUSSION

- Measuring Work after Work – normalized may provide a window into the experience of many physicians, but did not predict burnout among a large group of primary care physicians.
- Future work is needed to understand what role EHR metrics play in supporting providers and if there are alternative ways to anticipate provider burnout for early intervention.



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