

Relationship Between Healthcare Providers' Work Environment and Burnout Experienced During COVID-19 Pandemic

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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



Source: <https://www.forbes.com/sites/nicolefisher/2020/11/25/there-are-words-to-describe-our-health-workforce-and-burnout-is-not-it/?sh=500248ac51e9>

Results

BURNOUT (Scale 0-6)	HCP (n=31) M (SD)	Non-HCP (n=25) M (SD)	p-value
Emotional Exhaustion (EE)	3.26 (1.28)	2.58 (1.20)	0.047
Depersonalization (DP)	2.09 (1.35)	0.74 (0.75)	<0.001
Personal Accomplishment (PA)	4.37 (0.85)	4.56 (1.09)	0.389

Work Env. Factors Assoc. w/ Burnout	EMOTIONAL EXHAUSTION (EE)			
	HCP n=31		Non-HCP n=25	
	beta	p	beta	p
workload	3.26	0.386	10.52	0.001
control	-5.66	0.063	-3.10	0.177
reward	-6.02	0.027	-3.66	0.164
community	-6.67	0.010	-1.55	0.580
fairness	-6.52	0.007	-1.54	0.562
value	-8.27	0.002	-0.45	0.892
resource	-3.87	0.102	-4.46	0.157
worklife	-8.94	0.012	-5.08	0.056
leadership	-5.75	0.028	-2.31	0.430

Work Env. Factors Assoc. w/ Burnout	DEPERSONALIZATION (DP)			
	HCP n=31		Non-HCP n=25	
	beta	p	beta	p
workload	1.53	0.490	1.19	0.328
control	-4.24	0.016	-1.12	0.157
reward	-2.65	0.104	-1.03	0.261
community	-3.15	0.043	-0.71	0.465
fairness	-4.46	0.001	-0.71	0.441
value	-4.53	0.004	-0.68	0.559
resource	-3.12	0.022	-0.66	0.551
worklife	-3.82	0.075	-0.60	0.530
leadership	-2.25	0.154	-1.28	0.201

Work Env. Factors Assoc. w/ Burnout	PERSONAL ACCOMPLISHMENT (PA)			
	HCP n=31		Non-HCP n=25	
	beta	p	beta	p
workload	1.05	0.637	0.61	0.830
control	2.02	0.269	2.03	0.276
reward	2.86	0.078	4.36	0.034
community	3.78	0.014	3.99	0.067
fairness	2.55	0.082	2.33	0.271
value	5.46	0.000	4.60	0.078
resource	1.51	0.283	1.10	0.670
worklife	4.69	0.027	2.44	0.267
leadership	2.56	0.104	5.15	0.021

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

1. Prasad, K., McLoughlin, C., Stillman, M., Poplau, S., Goelz, E., Taylor, S., ... & Sinsky, C. A. (2021). Prevalence and correlates of stress and burnout among US healthcare workers during the COVID-19 pandemic: A national cross-sectional survey study. *EClinicalMedicine*, 35, 100879.

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