Physician Assistant/Associate Burnout and Intention to Leave Principal Clinical Position: **A National Cross-Sectional Analysis**

Background

- Burnout can have a detrimental impact on both medical providers and patients.
- We sought to quantify burnout levels in the Board Certified PA workforce using a robust national dataset from the National Commission on Certification of Physician Assistants (NCCPA).
- We assessed the association of burnout with PA demographic and practice characteristics and explored burnout as a predictor of intending to leave principal clinical position in the next 12 months while adjusting for covariates.

Methods

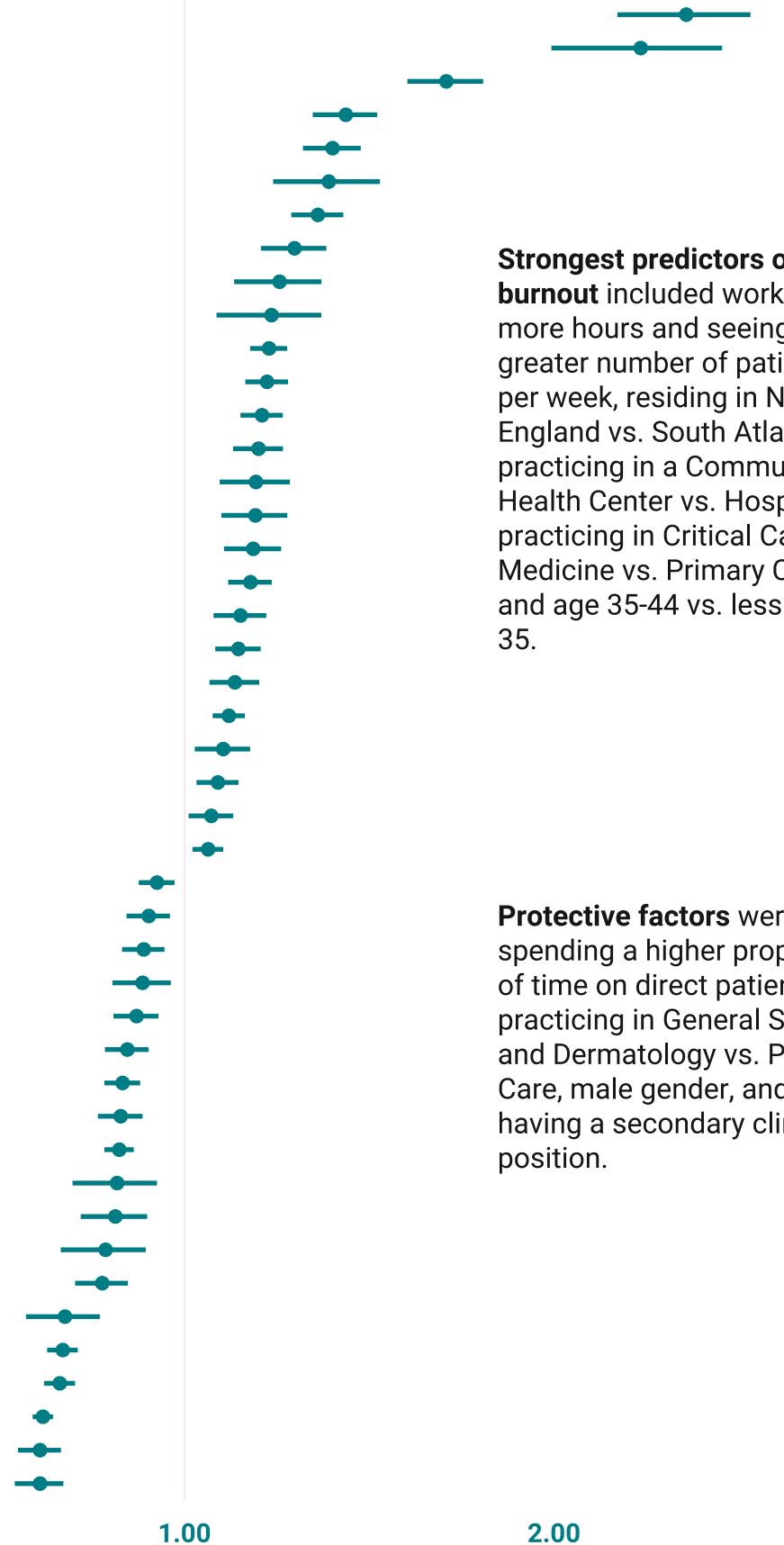
- NCCPA data from the end of 2021 (n=111,726) included Board Certified PAs who worked in at least one clinical position and updated their information or certified that their responses are up-todate within the past three years.
- Burnout was assessed through a single validated item with a five-point response scale that was dichotomized into "no symptoms of burnout" and "one or more symptoms," as in prior studies.
- Predictors of burnout included age, gender, race/ethnicity, highest degree, census divisions, hours worked, patients seen per week, proportion of time spent on direct patient care, hours on-call, managing a patient panel as primary provider, having a secondary position, specialty, and practice setting.
- Descriptive statistics, bivariate analyses, and two multivariate logistic regression models were conducted. The first examined the relationship between the 14 above-mentioned factors and burnout, while the second explored burnout as a predictor of intending to leave principal position in the next 12 months when adjusting for covariates.

51-60 Hours Work Per/Week vs. 30 or Fewer (aOR 2.36; p<0.001) 60+ Hours Work Per/Week vs. 30 or Fewer (aOR 2.24; p<0.001) 41-50 Hours Work Per/Week vs. 30 or Fewer (aOR 1.71; p<0.001) 101+ Patients Per/Week vs. 40 or Fewer (aOR 1.44; p<0.001) 81-100 Patients Per/Week vs. 40 or Fewer (aOR 1.40; p<0.001) 61-80 Patients Per/Week vs. 40 or Fewer (aOR 1.36; p<0.001) *Community Health Center vs. Hospital (aOR 1.26; p<0.001)* Critical Care Medicine vs. Primary Care (aOR 1.24; p<0.001) Age 35-44 vs. Less than 35 (aOR 1.23; p<0.001) 41-60 Patients Per/Week vs. 40 or fewer (aOR 1.22; p<0.001) 31-40 Hours Work Per/Week vs. 30 or Fewer (aOR 1.20; p<0.001) Urgent Care vs. Hospital (aOR 1.19; p<0.001) *Emergency Medicine vs. Primary Care (aOR 1.19; p<0.001)* Age 45-54 vs. less than 35 (aOR 1.18; p<0.001) Mountain Census Division vs. South Atlantic (aOR 1.15; p<0.001) On-Call 10+ Hours/Week vs. None (aOR 1.15; p<0.001) Pacific Census Division vs. South Atlantic (aOR 1.14; p<0.001) On-Call 6-10 Hours/Week vs. None (aOR 1.11; p<0.001) Bachelor's Degree vs. Master's (aOR 0.93; p<0.001) Asian vs. White (aOR 0.87; p<0.001) Other Practice Setting vs. Hospital (aOR 0.85; p<0.001) Other Specialty vs. Primary Care (aOR 0.83; p<0.001) Hispanic/Latino vs. Non-Hispanic/Latino (aOR 0.83; p<0.001) Office-Based Private Practice vs. Hospital (aOR 0.82; p<0.001) Pediatrics- Subspecialties vs. Primary Care (aOR 0.82; p=0.003) Other Degree vs. Master's (aOR 0.81; p<0.001) Occupational Medicine vs. Primary Care (aOR 0.79; p=0.001) African American vs. White (aOR 0.78; p<0.001) Obstetrics and Gynecology vs. Primary Care (aOR 0.68; p<0.001) Surgery-Subspecialties vs. Primary Care (aOR 0.67; p<0.001) Male vs. Female (aOR 0.62; p<0.001) Dermatology vs. Primary Care (aOR 0.61; p<0.001) Surgery - General vs. Primary Care (aOR 0.61; p<0.001)

<25% Time Spent in Direct Patient Care vs. >75% (aOR 1.39; p<0.001) New England Census Division vs. South Atlantic (aOR 1.30; p<0.001) 25%-50% Time Spent in Direct Patient Care vs. >75% (aOR 1.21; p<0.001) Work in Second Non-Clinical Position vs. Only Clinical Position (aOR 1.19; p<0.001) Manage Patient Panel as Primary Provider vs. Not (aOR 1.12; p<0.001) Middle Atlantic Census Division vs. South Atlantic (aOR 1.09; p<0.001) East North Central Census Division vs. South Atlantic (aOR 1.07; p=0.006) 51%-75% Time Spent in Direct Patient Care vs. >75% (aOR 1.06; p<0.001) West South Central Census Division vs. South Atlantic (aOR 0.90; p<0.001) Internal Medicine - Subspecialties vs. Primary Care (aOR 0.89; p<0.001) East South Central Census Division vs. South Atlantic (aOR 0.89; p=0.004) Work in Two or More Clinical PA Positions vs. One (aOR 0.66; p<0.001)

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Significant Predictors of PAs Experiencing One or More Symptoms of Burnout



Strongest predictors of **burnout** included working more hours and seeing a greater number of patients per week, residing in New England vs. South Atlantic, practicing in a Community Health Center vs. Hospital, practicing in Critical Care Medicine vs. Primary Care, and age 35-44 vs. less than

Protective factors were:

spending a higher proportion of time on direct patient care, practicing in General Surgery and Dermatology vs. Primary Care, male gender, and having a secondary clinical

Results

- Overall, 30.6% of PAs had at least one symptom of burnout.
- Almost 8% indicated planning to leave their principal clinical position in the next year.
- In bivariate analyses, all 14 PA demographic and practice characteristics were significantly associated with burnout.
- Strongest predictors of burnout included workload, census divisions, age, specialties, and practice settings.
- After controlling for 14 covariates related to PA personal and practice characteristics, having one or more burnout symptoms was associated with over 3.5 higher odds of planning to leave principal position in the next 12 months.

Discussion

- Burnout levels among providers have been increasing.
- Understanding PAs' burnout is vital to ensuring support to optimize their utility, retention, and sustainability to provide high-quality patient care.
- Multivariate analysis revealed that burnout was a strong independent determinant of PAs planning to leave their principal clinical position in the next 12 months.

References

- Gisewhite S, Reith A. Burnout Among Physician Assistants: A Systematic Review. J Med Pract Manag. 2021;36(4):195-204.
- Dolan ED, Mohr D, Lempa M, Joos S, Fihn SD, Nelson KM, Helfrich CD. Using a Single Item to Measure Burnout in Primary Care Staff: A Psychometric Evaluation. J Gen Intern Med. 2015 May 1;30(5):582-7.

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