

PA Burnout and Intention to Leave Principal Clinical Position: A National Cross-Sectional Analysis

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Background

- Burnout can have a detrimental impact on both medical providers and patients.
- We sought to quantify burnout in the 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 2021 included responses from 111,726 Certified PAs who worked in at least one clinical position and updated their information or certified that their responses are up-to-date 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.
- In addition to descriptive and bivariate analyses, two multivariate logistic regressions were conducted. The first examined the relationship between the 14 abovementioned factors and burnout while the second explored burnout as a predictor of intending to leave the principal position in the next year when adjusting for covariates.

Significant Predictors of Increased and Decreased Odds of 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 35. 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 position.



Results

- Overall, 30.6% of Certified 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 three-and-a-half higher odds of planning to leave principal position in the next 12 months.

Discussion

- Burnout levels among providers has been increasing.
- Understanding PAs' burnout levels 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 planning to leave principal clinical position in the next year.

References

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