Influence of Provider Burnout on Quality of Care During the COVID-19 Pandemic

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PICO Question: What are the effects of provider burnout during the COVID-19 pandemic on quality of care?

Definition of Burnout

- Clinical psychologist Herbert Freudenberger first described burnout as exhaustion resulting from increased stress and demand in the workplace (Reith, 2018).
- Burnout is a work-related syndrome depicted by emotional exhaustion, detachment, and reduced personal accomplishment (Bradley and Chahar, 2020).

Introduction

- Physician burnout is an emergency world-wide problem, but the COVID-19 pandemic has exacerbated it through the increase in physical and emotional stress (Omar et al., 2021).
- The stress of longer work hours with no rest and the fear of catching the COVID-19 virus are stressors that increased provider burnout (Omar et al., 2021).
- Providers have experienced a high workload, strict guidelines, and a lack of support and time to cope with the challenges COVID-19 has brought (Sultana et al., 2020).

Quantitative Outcomes

- In a Saudi Arabian study, 60% of health care workers during COVID-19 were working 40-49 hours a week with 75% reporting burnout (Alsulimani et al., 2021). This was higher than similar studies done in 60 different countries before COVID-19.
- 47% of participants experienced increased working hours during COVID-19 (Alsulimani et al., 2021). There is a positive correlation between health care burnout rates and hours worked.
- Burnout rates were significantly higher from ages 27 to 31 and lowest in the 40+ group (Alsulimani et al., 2021).
- Staff in this study showed a higher level of burnout in all three dimensions in maslach inventory, including EE (mean difference 6.78, P<0.001), DP (mean difference 2.21, P<0.001), and PA (mean difference -8.90, P<0.001) in comparison with the previous study (Mousavi-Asl et al., 2021).

Effect of Burnout on Quality of Care

- Depersonalization is an effect of burnout from health care providers that negatively affects the quality of care for patients by lacking professionalism (Vahey et al., 2004). This can cause patients to be treated as objects rather than people (Patel et al., 2018).
- There is a strong relationship between burnout syndrome scores and medical errors, creating distress for providers and allowing more room for more errors (Patel et al., 2018).
- Successful discharge management could be affected by burnout of providers moving too quickly and treating the patient like a number (Vahey, 2004).

Strategies to Decrease Burnout

- Redesigning the workflow at a healthcare practice can help prevent burnout by allowing professionals to redistribute their work to others. For example, a psychiatrist treating someone with improving depression might opt to delegate that case to a psychiatric nurse practitioner who can continue to prescribe the patient’s medication (Crowley, 2020).
- An electronic health record (EHR) system can help reduce the incidence of burnout for healthcare professionals. EHRs can remove the stress and time drain associated with creating documentation the traditional way, and often can help with administrative tasks like scheduling and sending out appointment reminders (Crowley, 2020).
- The implementation of support systems in healthcare facilities focusing on provider well being can greatly reduce burnout. Providers who do not have this support are more likely to have negative feelings toward their job and experience burnout (Crowley, 2020).

Summary

- The COVID-19 pandemic has exacerbated provider burnout, leading to decreased quality of care for patients in the form of depersonalization and medical errors.
- Studies have shown that increased work hours due to the COVID-19 pandemic are the primary culprit of increased provider burnout.
- Workload redistribution, EHRs, social support, and increasing attention to emotional well-being are all useful strategies in combating burnout.

References

- Crowley, S. (2020, April 22). How to prevent burnout as a healthcare professional. RIAVoice Behavioral Health EHR.  