



# The relationship between burnout and severe and persistent mental illness among primary care providers

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## BACKGROUND

- Patients frequently present with mental health concerns in primary care<sup>1</sup>; mental health symptoms are associated with increased primary care utilization.<sup>2</sup>
- Exposure to patients/clients with severe and persistent mental illness is associated with increased compassion fatigue and burnout.<sup>3</sup>
- Burnout is associated with productivity losses, financial repercussions, and lower-quality patient care.<sup>4</sup>

## OBJECTIVES

- We aim to explore the relationship between provider visit frequency with patients with severe and persistent mental illness (SPMI) and provider burnout symptoms.

## METHODS

- This cross-sectional study used data from an electronic survey administered to PCPs within primary care clinics in the Samaritan Health Services system.
- The survey measured provider burnout via the Maslach Burnout Inventory – Medical Providers (MBI-MP)<sup>5</sup> and captured providers' perceptions of factors contributing to their burnout and demographic variables.
- Data was extracted from electronic medical records on PCP's number of total patient visits in the past 3 months and number of visits with patients with SPMI in the past 3 months.
- Analytic plan: Spearman's correlations were used to analyzing the association between MBI scores and frequency of visits with SPMI patients.

## RESULTS

- 44 providers responded to the survey, of whom 5 were excluded. The final study sample included 38 primary care providers.
- 71.1% of providers indicated they were "Confident" in working with individuals with SPMI.

Figure 1. Top Identified Contributors to Burnout



Table 1. Correlation between MBI Scores and Number of Visits

Total number of outpatient visits completed within 90 days before survey	Spearman's Rho (95% CI)	P-value	Interpretation
MBI Emotional Exhaustion Score	0.27 (-0.05, 0.55)	0.10	Weak, not significant
MBI Depersonalization Score	0.05 (-0.27, 0.37)	0.75	Very weak, not significant
MBI Personal Accomplishment Score	0.03 (-0.29, 0.35)	0.84	Very weak, not significant
Number of SPMI outpatient visits completed within 90 days before survey	Spearman's Rho (95% CI)	P-value	Interpretation
MBI Emotional Exhaustion Score	0.31 (-0.01, 0.57)	0.06	Weak, not significant
MBI Depersonalization Score	-0.03 (-0.35, 0.29)	0.85	Very weak, not significant
MBI Personal Accomplishment Score	0.10 (-0.23, 0.41)	0.55	Very weak, not significant
Percent of completed outpatient visits that were for SPMI within 90 days before survey	Spearman's Rho (95% CI)	P-value	Interpretation
MBI Emotional Exhaustion Score	0.21 (-0.12, 0.50)	0.20	Weak, not significant
MBI Depersonalization Score	-0.08 (-0.39, 0.24)	0.62	Very weak, not significant
MBI Personal Accomplishment Score	0.12 (-0.21, 0.43)	0.47	Very weak, not significant

- Overall, no significant correlations were observed between visits and burnout, and all correlations were weak or very weak (Table 1;  $p > .05$ ).

## CONCLUSIONS

- Over 95% of providers indicated some level of burnout; however, their level of burnout was not significantly correlated with an increase in treating patients with SPMI.
- Through self-report, 45% of providers identified that treating patients with SPMI contributed to their burnout.
- It is clear that PCPs are experiencing burnout; however, the correlation with treating patients with SPMI is still unclear. Research has shown that with increased levels of burnout, patient care suffers. Although statistical significance was not found in support of our hypotheses, provider's self-report indicated that further support in treating SPMI may help alleviate some PCP burnout.

## FUTURE IMPLICATIONS

- Continued research may be helpful to identify how an increase in treating patients with SPMI may impact the health care team.
- Improving work-flow related to treating patients with SPMI may help promote best patient care and provider health and wellbeing.
- Continue exploring ways to increase access to both medical and mental health care for patients with SPMI, as well as providing additional support for the medical team.

## REFERENCES & ACKNOWLEDGEMENTS

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<sup>4</sup>Maslach, C., & Leiter, M. P. (2016). Understanding the burnout experience: Recent research and its implications for psychiatry. *World Psychiatry, 15*(2), 103-111. <https://doi.org/10.1002/wps.20311>

<sup>5</sup>Maslach, C., Jackson, S. E., & Leiter, M. P. (2016). Maslach Burnout Inventory: Fourth edition.