

Burnout among palliative care providers

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ABSTRACT

Background: Burnout among health care professionals contributes to high job turnover. Within the United States, burnout among specialty palliative care (PC) providers will accentuate provider shortage problems.

Objectives: This systematic review was conducted to answer the question “what is known about burnout among specialty PC providers practicing in the United States?” More specifically, it was designed to identify the rate of burnout and factors that influence or mitigate it among PC nurse practitioners (NPs), physician assistants (PA), and physicians and to inform future research.

Data sources: An electronic literature search of studies conducted in the United States between 2012 and September 2022 was completed in Embase, PubMed, CINAHL, and PsycINFO.

Conclusions: Analysis of 14 studies showed that there are five primary themes related to burnout among PC providers: (1) the rate of burnout, (2) the physical, psychological, and clinical manifestations of burnout, (3) predictors of burnout, (4) factors of resiliency, and (5) interventions piloted to decrease burnout. The majority of studies have delineated the physician role but have failed to determine the rate and factors of burnout among PC NPs and PAs.

Implications for practice: As NPs and PAs are integral to the PC provider workforce, future research should be designed to understand more clearly how burnout affects these two PC roles to inform efforts to sustain the PC workforce.

Keywords: Burnout; nurse practitioner; palliative care; physician; physician assistant.

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Introduction

Burnout is said to be “insidious” rendering the experimenter unaware of its mounting consequences (Kavalieratos et al., 2017, p. 4). Initially conceived by Fruedenberger in the 1970s (Reith, 2018), the paradigm of burnout was later defined by Maslach and Jackson (1981) as the physical and psychosomatic consequences of prolonged strain in the workplace. The symptoms of burnout include apathy, anger, emotional exhaustion, physical distress, depersonalization, and reduced professional accomplishment (Maslach & Jackson, 1981; Reith, 2018). When burnout is not mitigated, these symptoms become chronic and lead to unhealthy coping mechanisms, compassion fatigue, and, in some cases, thoughts of

suicide (Maunder et al., 2021 p. 4; Reith, 2018; Sorenson et al., 2017).

The effects of burnout contribute to medical errors, job turnover, nosocomial infections, decreased productivity, and suboptimal patient care (Maslach & Jackson, 1981; Reith, 2018; Sorenson et al., 2017). Burnout is problematic enough that the World Health Organization (2019) has identified it as an occupational hazard classified within the *International Classification of Diseases*. Burnout among health care professionals is expected to continue to rise due to an increase in older adults with serious illness coupled with a predicted shortage in palliative care (PC) providers (Kamal et al., 2016, 2017).

Hospice and PC professionals provide specialized medicine as part of an interprofessional team that consists of providers, nurses, social workers, chaplains, and others, who work together to improve the quality of life for patients and families suffering from serious illness (Center to Advance Palliative Care, n.d.). In the United States, PC is provided from the time of diagnosis through bereavement, and patients become eligible for hospice care during the last 6 months of life. For the purpose of this review, the term PC is taken to include hospice care.

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For many reasons, the dearth of PC providers is expected to accelerate in the coming years (Kamal et al., 2016, 2017, 2019). It has been projected that roughly 12% of Medicare patients annually require PC in the United States (Kamal et al., 2019). Using this projected need, and the projected number of PC providers, Kamal et al. (2016) predicted an impossible provider-to-patient ratio by the year 2030.

In the United States, nurse practitioners (NPs) and physician assistants (PAs) are qualified providers meeting growing health care needs, including specialty PC (Beresford, 2021; Collins & Small, 2019; Dahlin & Coyne, 2019). It is fundamentally important to identify gaps in our knowledge regarding burnout among all PC providers (Kamal et al., 2017, 2019). This systematic review aims to examine what is known about the rate, factors, and manifestations of burnout among PC NPs, PAs, and physicians in the United States and to identify gaps that can inform future research efforts in this area.

Methods

Review question

This systematic review was conducted to answer the research question “what is known about burnout among specialty palliative care providers practicing in the United States?” In particular, the researcher was interested in identifying the rate of burnout among specialty PC NPs, PAs, and physicians and to identify factors that influence or mitigate it among this population.

Search strategy

A search for relevant data was conducted using the electronic bibliographic databases hosted by Embase, PubMed, CINAHL, and PsycINFO. Searches were conducted combining the terms “palliative care” or “hospice care” and “burnout” and “physician or medical doctor or MD” or “nurse practitioner or advanced practice registered nurse or advanced practice provider” or “physician assistant” yielding more than 2,300 results. To identify the most current information and to narrow the results, the search was limited to studies within the past 10 years (2012–2022), which yielded 1,540 results. The research was again narrowed by studies published in English (1,066 results) and then by age of the subject older than 18 years (542 results). Non-peer-reviewed articles, dissertations, and books were excluded yielding 516 results. The search string was first accessed February 24, 2022, and again on September 2, 2022. The inclusion criteria were those that reported on burnout or factors of it among palliative providers (NP, PA, MD), the adult population (age >18 years), published in English, and conducted in the United States. The exclusion criteria were studies not specific to the specialty of PC, not specific to burnout, conducted on populations aged 18 years or younger, not available in English, and conducted outside the United States. Studies were reviewed for quality using the Joanna Briggs

Institute guidelines (Moola et al., 2020). Each study was reviewed, duplicates were discarded, and studies that did not meet the inclusion criteria outlined above were excluded (**Figure 1**).

Results

The literature search returned 516 articles; duplicates of 113 of these were discarded, leaving 403 unique studies that required further review. Three hundred and fifty-nine of these studies were subsequently excluded following a preliminary screening of titles and abstracts for the following reasons: not relating to the specialty of PC (46), not conducted among physicians, NPs, or PAs (196), not among populations older than 18 years (53), did not research burnout (38), not conducted in the United States (19), and not research (7). The full text of the remaining 44 studies were then reviewed, and it was determined that 30 of them did not meet the eligibility criteria. The remaining 14 studies form the basis of this review. Five primary themes relating to specialty PC provides were identified: (1) the burnout rate, (2) the physical, psychological, and clinical manifestations of burnout, (3) predictors of burnout, (4) factors of resiliency, and (5) and interventions piloted to decrease burnout among PC clinicians. Each of these themes will be reviewed in the following sections. See Supplemental Digital Content 1 (Appendix 1, <http://links.lww.com/JAANP/A219>) for a summary of all articles included in the review.

Burnout rate

Prior to 2018, estimates of burnout among all US health care professionals ranged from 33% to well more than 50% (Reith, 2018). The COVID-19 pandemic has likely increased the rate of burnout (Maunder et al., 2021). How does the burnout rate reported for NPs, PAs, and physicians practicing within PC compare over the same time frame? Of the 14 studies included within the review, 11 report statistics on burnout among PC providers, and all but one were conducted before the onset of the pandemic.

The rate of burnout was estimated to be 80% of NPs practicing on a PC service at an academic center, 52% in Hospice and PC-trained fellows, 38.7% in Hospice and PC clinicians, 38% of physicians who voluntarily completed a survey, 35.7% of Vitas hospice care professionals working in California, 18.5% among PC interprofessional team members, and 18% of attendings and PC fellows who completed a 2018 online survey of palliative care clinician members of the American Academy of Hospice and Palliative Medicine (Hotchkiss, 2018; Kamal et al., 2020; Marchalik et al., 2019; Podgurski et al., 2019; Reddy et al., 2020, 2022; Soper, 2022). A final study using the Maslach Burnout Inventory did not specifically report that hospice clinicians had high burnout, but their emotional exhaustion and depersonalization scores demonstrate that they did (Gerhart et al, 2016). All respondents of the Kavalieratos et al.

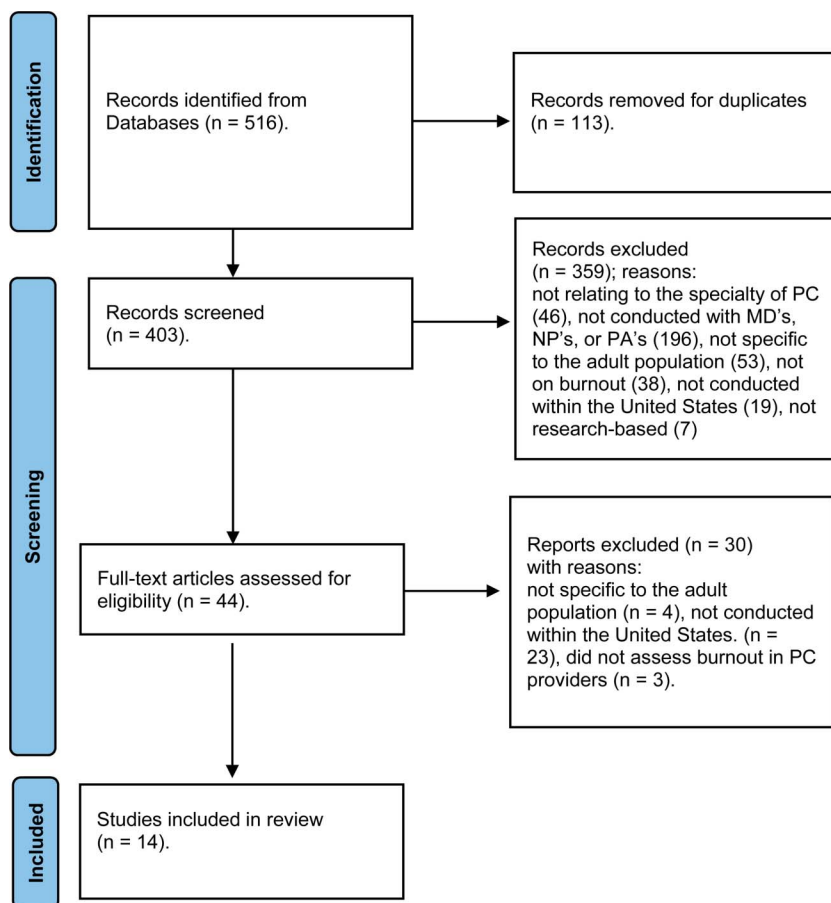


Figure 1. PRISMA 2020 flow diagram for new systematic reviews, which included searches of databases, registers, and other sources. PC = palliative care; MD = medical doctor; NP = nurse practitioner; PA = physician assistant. Adapted from Page et al. (2021). Adaptations are themselves works protected by copyright. So in order to publish this adaptation, authorization must be obtained both from the owner of the copyright in the original work and from the owner of copyright in the translation or adaptation.

(2017) phenomenological study, who were stratified by physician vs. nonphysician role and focus groups, agreed that burnout negatively affected their personal and professional lives and their patients' care. Two studies found that burnout levels were low among PCC's; those working at an academic center in the Midwest and hospice RNs and NPs working in Minnesota (O'Mahony et al., 2018; Whitebird et al., 2013). Yoon et al. (2017) used a validated single-item questionnaire to screen for burnout among all physicians who responded to their national survey of "Physician burnout and the call to care for the dying." They separated respondents into end-of-life specialties and general specialties and found that there was no statistically significant difference in burnout rates between the two groups (20% and 24%, respectively).

Physical, psychological, and clinical manifestations of burnout

The physical and emotional consequences of burnout can be profound and effect all realms of the professional's life (Mauder et al., 2021; Reith, 2018; Sorenson et al, 2017).

Multiple studies have reported emotional exhaustion and depersonalization as significant features of burnout (Kamal et al., 2020; Kavalieratos et al., 2017; Podgurski et al., 2019; Reddy et al., 2020, 2022; Yoon et al., 2017). Although fatigue, anxiety, depression, boredom, irritability, and sleeplessness have been manifestations of burnout (Kamal et al., 2020; Kavalieratos et al., 2017; Marchalik et al., 2019; Whitebird et al., 2013), feelings of self-doubt and inadequacy have been ascribed to heighten the risk for it (Lawton, et al., 2020).

Predictors of burnout

The main predictors of burnout are: an inability to meet the demands of the job, age, working long hours, workplace policies, and the use of the electronic medical record (Maslach et al., 2001; Mauder et al., 2021; Reith, 2018).

Predictors of burnout within this review are being aged younger than 50, having a nonphysician clinical role, working long hours (>50 per week), working weekends, working with limited colleague support, female gender, administrative job duties, younger age, reading habits, fatigue, and being single or separated (Kamal et al., 2020; Marchalik et al., 2019; Reddy et al., 2020, 2022). In a study

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that looked at whether personality traits and experience contribute to burnout, secondary traumatic stress, and compassion satisfaction, O'Mahony et al. (2018) found that neuroticism was positively associated with burnout. Other sources of burnout were conflicts with other providers managing patient care, repetition of the PC role, discrepancy between the PC physician and the non-physician role, difficulty from becoming too "immersed" in the care of the patient and family, and following a particularly stressful event (Kavalieratos et al., 2017, p. 6). The older practicing physicians interviewed for this study suggested that burnout among PC providers is natural, whereas younger respondents felt that it is not. All the respondents agreed, although, that PC providers are vulnerable to burnout, and some were surprised at how early burnout had developed for them in their career.

Extrinsic factors, those outside the provider's control, perceived to contribute to burnout within this review are the electronic medical record, managing insurance requirements, policy issues, such as reimbursement for PC services and the Medicare hospice benefit, and when an institution is perceived as profit centered and not patient centered, PCCs are more likely to associate burnout with the clinical environment (Kavalieratos et al., 2017; Reddy et al., 2020; Yoon et al., 2017).

Factors of resiliency

Although factors associated with stress contribute to burnout, other factors, such as peer support and self-care, are known to build resiliency and mitigate the potential for it (Reith, 2018).

Personal characteristics such as agreeableness, self-motivation, the ability to say no, and maintaining boundaries were factors associated with resiliency within this review (Kavalieratos et al., 2017; O'Mahony et al., 2018; Reddy et al., 2020; Whitebird et al., 2013). Although many physicians working in end-of-life specialties feel that they were called to care for the dying, that particular characteristic is not associated with resiliency (Yoon et al., 2017). Reading for pleasure, reading habits, physical activity, exercise, taking vacations, spiritual practices, maintaining hobbies, mindful relaxation, and a careful work-life balance were factors of self-care associated with resiliency (Hotchkiss, 2018; Kamal et al., 2020; Marchalik et al., 2019; Whitebird et al., 2013). Finally, years of experience, colleague support, social support, and supportive organizations were thought to protect PCCs from burnout (Kamal et al., 2020; Kavalieratos et al., 2017; O'Mahony et al., 2018; Whitebird et al., 2013).

Interventions intended to decrease burnout

A personal development (PD) day was the only intervention that was found to decrease burnout (Soper, 2022). It also improved compassion satisfaction and reduced secondary traumatic stress. Other interventions

that were piloted were a Mindfulness-Based Stress Reduction program, the Aware Compassionate Communication: An Experimental Provider Training Series (ACCEPTS), and a Relaxation Response Resiliency Program (Gerhart et al., 2016; Mehta et al., 2016; Podgurski et al., 2019). However, although respondents from each study reported that the mindfulness practices they learned reduced stress and improved feelings of wellness, none of the interventions demonstrated a reduction in burnout among PCCs (Gerhart et al., 2016; Mehta et al., 2016; Podgurski et al., 2019). It is notable that ACCEPTS reduced depersonalization, which is a factor of burnout as measured by the MBI (Gerhart et al., 2016).

Discussion and conclusions

This review has highlighted that the majority of prepandemic estimates of burnout among PC providers in the United States fall somewhere between 18% and 52% of the workforce; these estimates are similar to those reported for burnout among all health care professionals (Marchalik et al., 2019; Podgurski et al., 2019; Reddy et al., 2020, 2022; Reith, 2018). In one recent, small study, Soper (2022) measured burnout before an intervention to be an alarming 80%.

The onset of burnout is subtle (Kavalieratos et al., 2017). In PC providers, burnout manifests as emotional exhaustion and depersonalization, as well as fatigue, anxiety, depression, boredom, irritability, sleeplessness, and self-doubt (Kamal et al., 2020; Kavalieratos et al., 2017; Lawton et al., 2020; Marchalik, et al., 2019; Podgurski et al., 2019; Reddy et al., 2022; Whitebird et al., 2013; Yoon et al., 2017).

Predictors of burnout for PCCs identified in this review were being aged younger than 50 years, or being "young", non-physician-related duties, excessive working hours (>50 hr per week or working weekends), being female, being single, the use of the electronic medical record, and insurance submission (Kamal et al., 2020; Marchalik et al., 2019; Reddy et al., 2020, 2022). It has also been documented that burnout in PCCs is more likely to occur in providers that have the personality trait of neuroticism, work in circumstances where colleague support was lacking, experience conflicts with other patient's physicians, perceive a discrepancy between the physician and nonphysician role, and may develop following a stressful event or among those experiencing self-perceived inadequacy (Kamal et al., 2020; Kavalieratos et al., 2017; Lawton et al., 2020; O'Mahony et al., 2018).

Resiliency to burnout among PCCs is found when they are part of a supportive team, in self-care habits such as participating in hobbies, exercise, taking vacations, spiritual practices, or extracurricular reading, and as they become more experienced with the PC role (Kamal et al., 2020; Marchalik et al., 2019; O'Mahony et al., 2018). Hotchkiss (2018) found that purposeful self-care can help to reduce burnout, whereas Lawton et al. (2020) recommended specific strategies to counteract self-doubt associated

with Impostor Phenomenon, including being mindful of the phenomenon, educating other professionals about PC, and seeking colleague support or professional mental help. Finally, studies have shown that interventions, such as Mindful Based Stress Reduction, Relaxation Response Resiliency, or ACCEPTS, did not lead to statistically significant reductions in burnout; yet, a PD day did (Gerhart et al, 2016; Mehta et al, 2016; Podgurski et al., 2019; Soper, 2022).

Implications for future research

There is a rapidly growing need for PC services, which has led to the development of programs that are limited in size (Back et al., 2016; Granek & Buchman, 2019), which threatens to undermine the benefit of colleague support. As the need for PC services grows, community hospitals, academic centers, clinics, and hospice agencies have responded to the physician-provider shortage by hiring NPs and PAs. Given that burnout among health care professionals contributes to high job turnover, it is important to understand how burnout affects the PC NP and PA workforce. Unfortunately, only one study within this review specifically targeted the NP role (Soper, 2022), and although many of the remaining studies included NPs and PAs, they were not powered specifically measure burnout among them.

This review identified notable gaps in what is known about burnout among PCCs. In particular, NPs and PAs have been significantly understudied. Working less favorable shifts and weekends, limited opportunities outside the clinical role, and reduced salaries may heighten the risk of burnout for PC NPs and PAs compared with their physician counterpart. If NPs and PAs are to play an integral role in the deficit of PC providers in the United States now and the coming decades, it is critical to understand how burnout affects them. The following are recommendations for future research:

1. Determine the rate and manifestations of burnout among PC NPs and PAs within their practice setting.
2. Explore whether burnout influences the intention for NPs and PAs to remain in their PC role or predisposes them to change specialties.
3. Examine how factors, such as team size, number of hours worked per week, working weekends, ability to work outside clinical role, years of experience, PC education, personal feelings regarding self-doubt or inadequacy, marital status, gender, and age contribute to burnout among PC NPs and PAs.
4. Designed to understand what personal practices and self-care habits contribute to resiliency toward burnout, and pilot interventions that can mitigate it.
5. Explore the experience of burnout among PC NPs and PAs.

Competing interests: The author reports no conflicts of interest.

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