

Associations Between Physician Burnout & Satisfaction and Health Outcomes in HIV-Infected Outpatients



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Background

Patients' health outcomes have been examined in the context of patient-centered factors, and despite research examining the effect of structural-level factors on patients' health and physician burnout on care quality, existing literature has not reported on the impact of physician burnout on objectively-measured patient health outcomes, particularly in the with chronic diseases characterized by repeated visits with the same healthcare provider.

The present study assessed the effect of burnout and satisfaction in HIV primary care physicians on virological suppression at an inner city clinic.

Methods

Physician Burnout (Depersonalization, Emotional Exhaustion) and Satisfaction (Personal Accomplishment, Satisfaction with Medicine) from the Abbreviated Maslach Burnout Inventory^{1,2,3} was assessed in 9 HIV primary care physicians. Virological suppression (<20 copies/mL) and virological failure (>200 copies/mL) over 34 months were examined in 1961 HIV-infected outpatients.

Setting

University of Miami/Jackson Memorial Medical (UM/JMMC) Center Adult HIV Outpatient Clinic
-Primary HIV care for 3250 patients/year
-11 physicians, 1 ARNP, 1 PA (UM)
-2 clinical assistants, 1 RN, 1 clinical pharmacist (JMMC)

Abbreviated Maslach Burnout Inventory^{1,2,3}

7-point Likert-type scale indicating how often (Every day - Never)

Physician Burnout

Depersonalization

- I feel I treat some patients as if they were impersonal objects.
- I've become more callous towards people since I took this job.
- I don't really care what happens to some patients.

Emotional Exhaustion

- I feel emotionally drained from my work.
- I feel fatigued when I get up in the morning and have to face another day on the job.
- Working with people all day is really a strain for me.

Physician Satisfaction

Personal Accomplishment

- I deal very effectively with the problems of my patients.
- I feel I'm positively influencing other people's lives through my work.
- I feel exhilarated after working closely with my patients.

Satisfaction with Medicine

- I think of giving up medicine for another career.
- I reflect on the satisfaction I get from being a doctor.
- I regret my decision to have become a doctor.

Gender n = 1961	
Male	1180 (60.2%)
Female	781 (39.8%)
Race	
Black	57.7%
White	32.8%
Other	9.5%
Ethnicity	
Hispanic/Latino	38.7%
Mean Age (years ± SD)	
	50.23 ± 11.5
Risk	
MSM	25.8%
IDU	4.0%
Hetero	68.1%
Other	2.1%
Labs	
Suppressed (>20 copies/ml; n,%)	1761 (89.8%)
Virological Failure (<200 copies/ml; n,%)	123 (6.3%)

Results

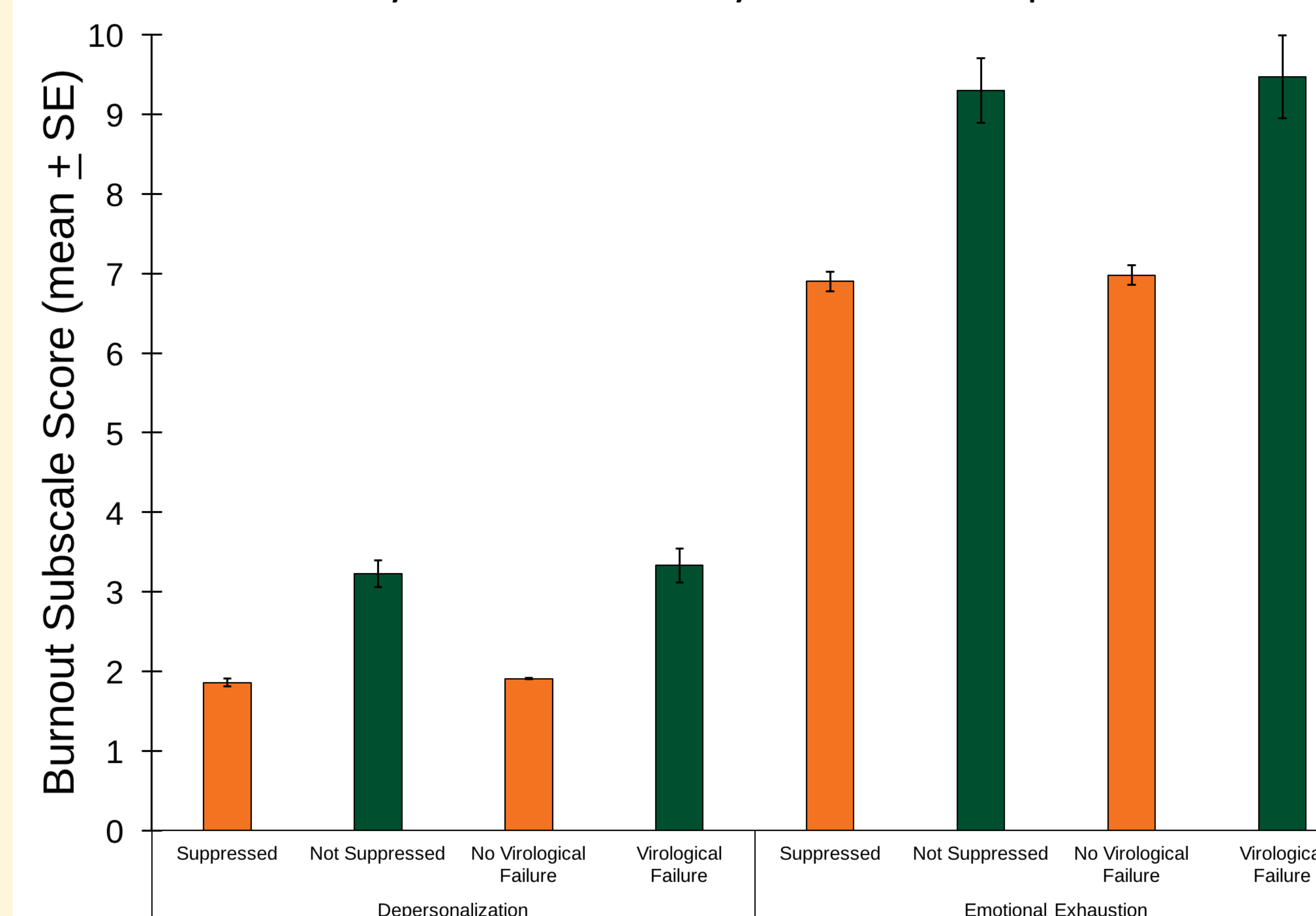
Patients were more likely to be virologically suppressed when their provider had lower ratings of depersonalization (AOR 1.30, 95% CI 1.12-1.50) and emotional exhaustion (AOR 1.08, 95% CI 1.03-1.13); physicians with higher personal accomplishment (AOR 1.24, 95% CI 1.05-1.47) and satisfaction with medicine ratings (AOR 1.14, 95% CI 1.05-1.23) were more likely to have undetectable patients.

Patients were more likely to experience virological failure when their provider had higher ratings of depersonalization (AOR 1.21, 95% CI 1.03-1.44) but not emotional exhaustion (AOR 1.05, 95% CI 0.99-1.12); physicians with higher ratings of personal accomplishment (AOR 1.37, 95% CI 1.11-1.69) and higher satisfaction with medicine (AOR 1.11, 95% CI 1.01-1.21) were less likely to have patients with virological failure.

References

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Physician Burnout by Viremia Group



	Virologically Suppressed (<20 copies/mL)	Virological Failure (>200 copies/mL)
Physician Burnout	Adjusted Odds Ratios (95% CI)	
Depersonalization	0.77 (0.67-0.89)	1.21 (1.03-1.44)
Emotional Exhaustion	0.93 (0.88-0.97)	1.05 (0.99-1.12)
Physician Satisfaction		
Personal Accomplishment	1.24 (1.05-1.47)	0.73 (0.59-0.90)
Satisfaction with Medicine	1.14 (1.05-1.23)	0.90 (0.83-0.99)

Adjusted for physician's years of experience as an HIV care provider, patient's age, patient's gender, physicians' patient caseload, and lowest CD4 count to control for disease severity

Conclusions

Taken together, these findings implicate physician-related factors as an integral component of health outcomes, namely virological suppression and virological failure, in HIV-infected patients.

Although patient-centered factors on both an individual and structural level affect patients' health, the psychosocial characteristics of the physician should not be ignored, particularly in chronic diseases such as HIV that require recurring visits with the same provider.

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Poster PDF



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