



Evaluating Rural-Urban Differences in Burnout Among Primary Care Professionals During COVID-19



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INTRODUCTION

- Burnout may differ in rural settings where primary care professionals face unique pressures (*ie*, longer working hours, less support, lower reimbursement levels).
- COVID-19 has further exacerbated pressures and disparities in rural settings.
- Understanding the impact of rurality on primary care professionals during this pandemic will be critical to developing and implementing needed support.

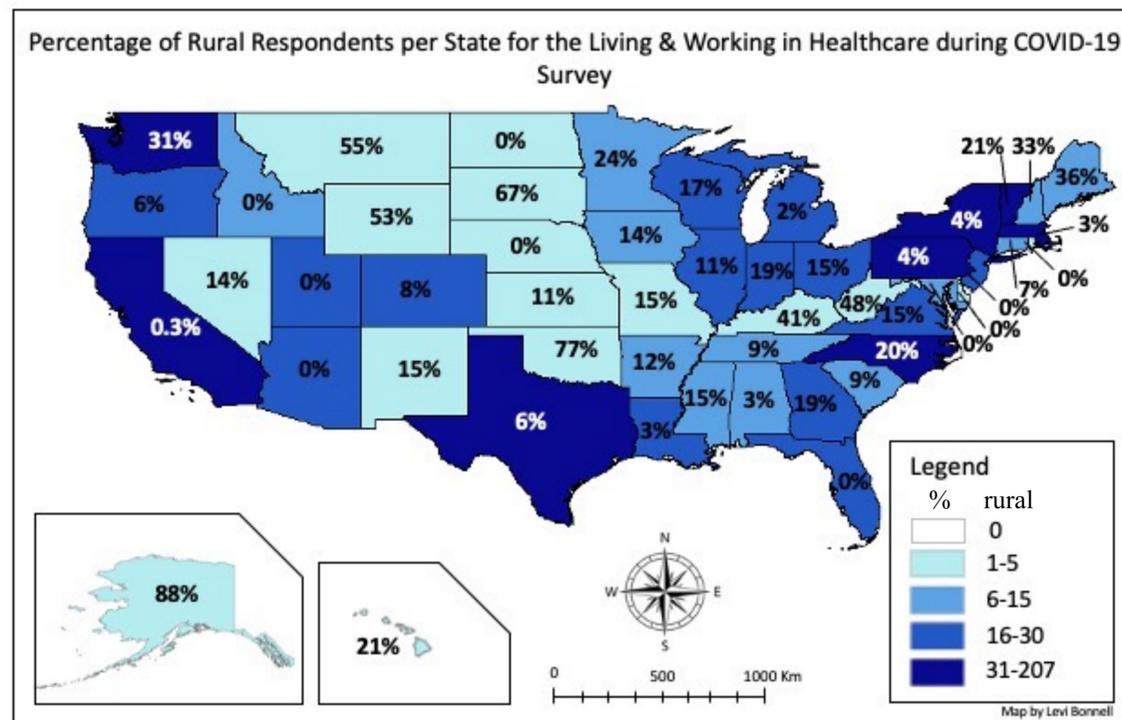
STUDY OBJECTIVE

To examine rural-urban differences in burnout among Primary Care Professionals during the COVID-19 pandemic.

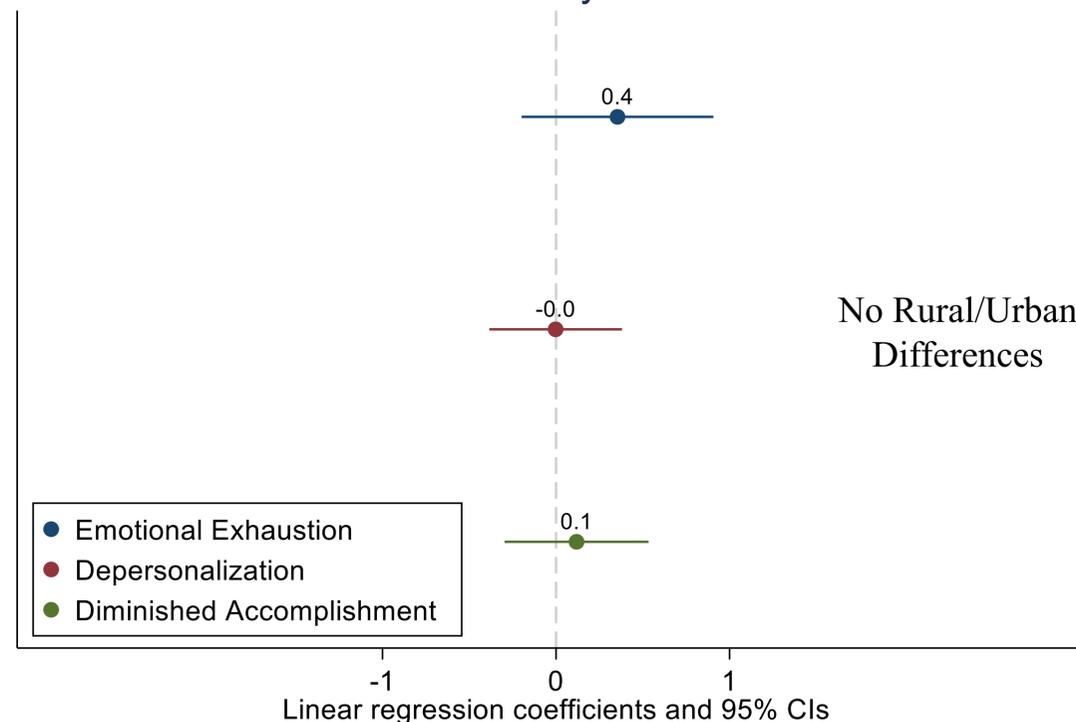
METHODS

- Design:
 - Convenience sample of primary care professionals across the United States recruited online (*ie*, email, Reddit, Facebook).
- Setting:
 - Online weekly surveys
- Sub-study:
 - *N* = 1,510 participants consented and completed at least one survey between May 2020 and June 2021.
 - Participants completed an average of 10 surveys (1-49) throughout the year.
- Outcomes
 - Participants reported gender, race, ethnicity, job role, years working in field and practice-based zip code.
 - Rurality identified via Rural-Urban Commuting Area (RUCA) codes based on practice-based zip code.
 - A modified version of the 9-item burnout survey based on the Maslach Burnout Inventory was used to assess acute burnout (every day; most days; some days; few days; not this week) resulting in
 - 3 domain scores: depersonalization, emotional exhaustion, diminished personal accomplishment.

RESULTS



Effect of Rurality on Burnout



SAMPLE CHARACTERISTICS (N = 1,510)

	Rural (n = 168)	Urban (n = 1,342)
Female	75%	74%
Work years, mean (sd)	13 (11)	14 (12)
Hispanic	7%	9%
White	88%	77%*
Black	<1%	4%*
American Indian/Alaska Native	4%	2%
Native Hawaiian/Pacific Islander	<1%	<1%
Asian	0%	8%*
Other	7%	8%
Primary Care Provider	55%	51%
Medical Resident	4%	6%
Behavioral Health Provider	11%	10%
Nurse	12%	13%
Other Clinical	12%	14%
Non-Clinical	6%	6%
Emotional Exhaustion	49%	42%
Depersonalization	22%	23%
Diminished Accomplishment	39%	38%

Note: * χ^2 test revealed racial differences between rural vs. urban settings. Domain scores were dichotomized using suggested clinical cut-offs, Kruskal Wallis tests revealed no differences.

DISCUSSION

- Emotional exhaustion and diminished accomplishment are high among primary care professionals.
- Professionals working in rural settings during the pandemic are not experiencing more burnout than their urban counterparts.
- These findings suggest that the unique pressures of rural settings do not result in more burnout.

LIMITATIONS

- Convenience sample and lack of rural representation in all states limits generalizability.
- Modified self-report measurement not validated.

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