



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

