Moderator: Welcome to the VA HSR&D Investigator Insights Podcast Series. In this episode Center for Information, Dissemination, and Education Resources' writer Karen Jamrog talks with Erica Apaydin of the Center for the Study of Healthcare Innovation, Implementation and Policy at the VA Greater Los Angeles. They're discussing Eric's work regarding burnout among VA primary care providers during the COVID-19 pandemic.

Karen Jamrog: Welcome, Eric, so nice to have you.

Erica Apaydin: Thank you for having me here.

Karen Jamrog: Thank you for taking the time to talk to us today. Now, I think, we've all heard about how COVID-19 has led to burnout among many healthcare workers. Eric is here to tell us about his work studying burnout among VA primary care healthcare workers during the COVID-19 pandemic, and how the workers' engagement in some cases acted as a buffer against burnout. Eric, could you please tell us more about the goals of the study and the approach that you took?

Erica Apaydin: Sure. Thanks for the introduction, very nice. First, we, sort of, had a more standard analysis. We just wanted to see how COVID was going to be affecting burnout. We had some conversations with local primary care leaders in our VISN, and they said, this was early on in the pandemic, remember, maybe the first six months or so. There was a lot of contingency staffing so people were being pulled from the clinic to help out with the wards or emergency departments.

And there was also loss of primary care clinic space because of testing, right? At the very beginning of the pandemic everyone who's being tested every day. We were thinking, okay, the pandemic itself is probably putting a lot of stress on people in primary care. We also wanted to look at the rise of telehealth because VA, in primary care at least, there were not a lot of telehealth appointments at that time.

When everyone had to go home and all the patients for primary care, for the most part, were not allowed to go into the clinic, they were using telehealth appointments. And that was a new process for a lot of primary care providers and staff. We thought maybe they'll be frustrated or maybe it will be difficult to do. Or maybe on the other hand, it will be easier because they can do a lot more visits at once. They don't have to go into their office or something like that.

Those are the main two drivers we wanted to look at for burnout initially. And then also, we wanted to, secondarily, we wanted to look at work climate, which was engagement and facility-level burnout. And this was because in a prior pilot study we did among two sites during that same period, during the pandemic, we found that work sites that had better work climate, better perceptions of the organizational climate or setting by workers, those workers had lower burnout. We thought, okay, maybe that might be another factor that could affect burnout during the pandemic.

Karen Jamrog: Can you give me some examples of, like, when you say climate?

Erica Apaydin: Sure. Yeah. Some examples are, like, is your boss fair? Do you feel like you're part of a community at work? Do you feel like you get non-monetary rewards? Is your workload manageable, and that kind of thing?

Karen Jamrog: Okay. When you looked at engagement, it's a bit of a nebulous term, so how did you define that? And what are some examples of worker engagement?

Erica Apaydin: Sure. We use the same definition that the VA does in the all employee survey. We use four questions. One, that I recommend my organization as a good place to work; two, my organization inspires me to do my best in terms of job performance; three, I always do more work than is required; and four, my job is more than a paycheck.

But what does all that mean together? You don't want to think of an example as something external happening, right? A more highly engaged worker may make less mistakes and may make patients happier. But the engagement is leading to those behaviors. The engagement is an internal drive that they like their job more than just for money. They think of it as fulfilling a mission or something like that.

Karen Jamrog: It's almost a little bit of a chicken and egg thing, trying to figure out what is leading to what.

Erica Apaydin: Yes, exactly.

Karen Jamrog: Yeah, yes, they go hand in hand. What did you find? What were the results of your research?

Erica Apaydin: Right. The headline results were that highly engaged healthcare workers, providers, and staff in primary care were less likely to be burned out during this period. And those that worked in facilities that had high burnout in the prior year were also more likely to be burned out. However, interestingly enough, COVID-19 patient case, and death rates, and the rate of telehealth visits were not related to burnout.

Contrary to what we thought in the beginning, it wasn't really COVID that was related to burnout in this time period. It was how the work climate was for these workers during this stressful period of the beginning of the pandemic.

Karen Jamrog: You found that more than a third of primary care healthcare workers reported burnout. More than a third intended to leave their job within two years, that's a lot.

Erica Apaydin: Yeah. Burnout is pretty high in VA and in healthcare in general. Primary care in VA has some of the highest burnout rates compared to other services. Another VA researcher, Separ Rene [PH], did a paper on this a few years ago. Interestingly though, burnout did fall in primary care in 2020, relative to a high, I think, in 2014. Obviously, there was something there with engagement and feeling a sense of mission that people were less burned out even though we thought they would be more burned out.

Karen Jamrog: That's interesting. You were surprised that employee engagement rather than virtual care use, and COVID-19 burden especially, was associated with less primary care worker burnout, and turnover intent during the pandemic? To me, that's very surprising.

Erica Apaydin: Initially, we were pretty surprised. We thought that these physical changes to one's working environment or more pressures on their workload –

Karen Jamrog: Yes.

Erica Apaydin: – Would be more impactful on their burnout.

Karen Jamrog: Yes.

Erica Apaydin: But it turned out this was not true. I think we can all relate as, even if we're not healthcare workers, that we had a big psychological change when the pandemic happened. Right? For a lot of people, that ended up being less engaged, more lonely because you were at home. I think for healthcare workers, they were more engaged because they had a sense of mission and purpose. They were trying to defeat this huge increase of workload and in the virus.

Karen Jamrog: It's interesting. I've read more and more about how finding meaning in your work is so important. The social aspect of life in general, and when Harvard –

Erica Apaydin: Yes.

Karen Jamrog: – They just did a really long study, right, about, sort of, the secret of happiness, the life, and a lot of it comes down to, like, connection, and that social connection. That piece is just so huge in everything, it seems.

Erica Apaydin: It's big. Yes.

Karen Jamrog: Yes, yes.

Erica Apaydin: And I think it's probably underappreciated. People, especially in burnout research, people traditionally focus on things like workload, staff you have, and that kind of thing. And while it is true; I mean, you see burnout increased in 2021, again, I think, because the pandemic it just lasted too long. Right, people can only take it for so long. I think this sense of meaning in work or being participatory in your workplace is perhaps as powerful as these other external factors.

Karen Jamrog: Yes. Even though burnout and turnover intent were high during the height of the pandemic, they were similar to pre-pandemic levels. It definitely appears that something else, not the pandemic or not just the pandemic, has been driving burnout, and turnover among healthcare workers. You think it comes down primarily to engagement? Do you think that other factors are very notable?

Erica Apaydin: Other researchers have done research on burnout for a while. And I think that that the main factors in VA and outside are the workload, staffing, and leadership are the big three for drivers of burnout. Engagement, I think, can be a bulwark against all of those. If you are engaged, even though you have a lot of work or you don't like your boss, you can still not be burned out. But I think people have a limit. People are still having a high workload because the pandemic two, three years on, you're still going to be burned out.

Karen Jamrog: What do you see as next steps for you or that other researchers maybe should address regarding this area?

Erica Apaydin: Yes. I want to explore engagement more. I was just awarded a Career Development Award. And we are going to pilot test an intervention that is co-developed between providers, and staff, and leadership. The idea is that providers, and staff, and leaders of a specific clinic know what's causing them burnout, and they want to try X, Y, Z to reduce it; maybe different schedules, change the number of alerts that come up on the chart, something like that.

And we think that not only the intervention will reduce burnout, but the idea of working together will reduce that burnout. And it's not that my idea as an external investigator is going to reduce it. It's that people who are most affected by these work processes know how to change them, and by participating in changing their working environment will be less likely to be burned out.

Karen Jamrog: Yeah, yes, it makes sense. They'll be more invested in it, right?

Erica Apaydin: Yes.

Karen Jamrog: And just as a general question that might interest our audience, what brought you to the VA? What keeps you here?

Erica Apaydin: Sure. It was by chance. I was looking for a postdoc and I wrote my dissertation in my doctoral studies on physician job satisfaction. And I was interviewing with different professors at different institutions. And some of the researchers at VA said, "We have a lot of burnout now."

Okay, I don't know much about burnout, but I know a lot about working life. That's interesting to me, I'll jump into it. And it seems to, and it's really opened up my research career now. I won a five-year grant on this, right, so I'm very happy that I pursued this line of work.

Karen Jamrog: Yes.

Erica Apaydin: It's certainly very interesting.

Karen Jamrog: Well, congratulations. And you should find it very –

Erica Apaydin: Yeah.

Karen Jamrog: – Gratifying too, because this could be helping a lot of people and patients in the long run.

Erica Apaydin: I think working life is something that is, sort of, under-examined. We all go to work. And the way that we do things can definitely impact our own lives and the lives of patients. But often, especially in a research and healthcare research, we just, sort of, gloss over it. And I think, if healthcare workers are happy, then their patients will be happy, ultimately.

Karen Jamrog: Yes. It makes sense. Well, thanks again. It was great having you.

Erica Apaydin: Thank you so much.

Moderator: The views and opinions expressed in the preceding podcast are concerned with the scope of recently included or ongoing VA HSR&D funded research and do not necessarily reflect current or to be implemented VA policy. To learn more about this research, visit the VA HSR&D website at www dot hsrd dot research dot VA dot gov.

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