

# **Blueprint for Addressing Physician Assistant Well-being and Burnout**

**REPORT OF THE AAPA TASK FORCE ON BURNOUT**

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## INTRODUCTION

Understanding of PA burnout and well-being is in the early stages but clearly the current healthcare environment threatens the delivery of quality care in the United States for all providers and patients.<sup>1</sup> Since the first PA class graduated from Duke University in 1967, the founding principle for the profession was to create a workforce of skillfully trained Physician Assistants to help meet the increasing demand for healthcare. Although that initial pillar for the profession remains, the practice of modern medicine has drastically changed and continues to evolve even for the recent graduates of PA programs. The current environment in healthcare exposes PAs to numerous challenges that involve multidirectional pressures from competing stakeholders. Although PAs may have been drawn to the profession for the opportunity to make a difference, pursue intellectual challenges, and help others, the demands of clinical practice have shifted the focus away from those priorities. The increased focus on billing, documentation, and productivity metrics, as well as the increased time spent interacting with the electronic health record all take away from the meaning a provider derives from the personal interactions in patient care. The cumulative effects of the mismatch between the ambitions of the provider and the increasing demands of the work environment can lead to decreased engagement at work, lack of satisfaction with one's career, and ultimately burnout. The unintended consequences of these work environment demands can significantly impact provider well-being and the ability to deliver high quality patient care.<sup>1</sup>

To address this crisis, the American Academy of PAs (AAPA) in 2019 created a task force to raise awareness of burnout and strategies to mitigate its risk. In addition, the Task Force on Burnout was asked to evaluate the current research in the field, identify resources on burnout, and convene stakeholder organizations to help develop strategies to manage and prevent burnout in the profession. The goal of the current report is to provide a brief overview of what is currently known about PA burnout and well-being, and more importantly, provide an enduring framework for increasing PA engagement at work and improving the well-being of the profession.

## BURNOUT AND PROVIDER WELL-BEING

It is important that we clearly define the impact that the work environment can have on PAs in order to shape the discussion on improving the practice environment. With regard to burnout, it is defined as a psychological syndrome that occurs in individuals in response to interpersonal stressors related to their workplace. It is often understood according to three key components: (1) emotional exhaustion, (2) cynicism and detachment from the job, and (3) reduced sense of personal accomplishment or effectiveness.<sup>2-4</sup> Emotional exhaustion represents the individual level of burnout that includes feelings of being overextended and depleted of one's emotional and physical resources. Cynicism signifies the interpersonal level of burnout that includes negative or detached responses to various aspects of work. Reduced sense of personal accomplishment characterizes the self-evaluation of burnout that

includes negatively evaluating oneself and feeling dissatisfied due to lack of achievement and productivity on the job.<sup>2-6</sup>

Provider well-being involves the overall physical, mental, and emotional health of individuals providing healthcare services to others.<sup>7-10</sup> Provider well-being, in addition to burnout, encompasses multiple dimensions of provider distress such as depression, anxiety, stress, fatigue and quality of life. In addition, provider well-being often includes the meaning and satisfaction providers obtain from work.<sup>8</sup> Instruments such as the Well-Being Index (WBI) and the Stanford Professional Fulfillment Index (PFI) help screen individuals for distress across a variety of domains, as well as identify providers with high well-being.<sup>7,8</sup> While these measures define wellness in relationship to the presence or absence of distress, experts have encouraged a definition of provider well-being that includes positive elements such as being challenged, thriving, and achieving success in different aspects of personal and professional life.<sup>10,11</sup>

## IMPACT OF BURNOUT

Efforts to promote provider well-being are certainly warranted, as burnout not only adversely affects clinicians but negatively impacts the healthcare system and patient care.<sup>12</sup> Studies show that physician burnout is correlated with depression and is independently associated with increased odds of alcohol use disorder and suicidal ideation.<sup>12-14</sup> In addition, burnout is linked to lower clinician productivity, greater resource utilization, and higher turnover, which are consequences associated with reduced access to care and significantly increased healthcare costs.<sup>12,15-17</sup> The potential for burnout to reduce the quality of patient care is perhaps of greatest concern. Among hospital nurses, mean burnout levels have been shown to predict healthcare-associated infections<sup>18</sup>, and studies involving physicians suggest that burnout is related to medical errors as well as lower patient satisfaction.<sup>12,15,19,20</sup> Moreover, results of a longitudinal study involving 2,100 nurses and physicians in intensive care units suggest that burnout adversely impacts teamwork, which in turn may have a detrimental impact on patient safety.<sup>21</sup> Although little research on the consequences of PA burnout in particular exists, considering the effects of burnout among healthcare professionals with whom PAs work closely, it is likely that the impact of PA burnout is also substantial.

## WHAT IS KNOWN ABOUT BURNOUT AND PA WELL- BEING

The research that has been focused on PA burnout and well-being has varied in both methods and reporting, making comparisons of data challenging. Despite these limitations, it is clear PAs are at risk for developing professional burnout and a negative work-life experience.<sup>8,22-24</sup> In the largest national study of PAs on the topic, low or moderate levels of enthusiasm for work, feelings of cynicism, and a low sense of personal accomplishment were reported in 37.9%, 21.4%, and 10.4% of respondents, respectively.<sup>22</sup> In another large study of PAs and Nurse Practitioners, 38.5% of participants had at least one symptom of burnout and 14.4% reported a low quality of life.<sup>8</sup> Other studies have focused on PA specialties with high rates of

emotional exhaustion, depersonalization, and a low sense of personal accomplishment in the fields of primary care, emergency medicine, palliative care, and oncology.<sup>23,24</sup>

Of the risks factors associated with burnout, gender most notably may have significant implications for the PA workforce. In 2018, 73.9% of recently certified PAs identified as female and 68.8% of all certified PAs were female.<sup>25</sup> It is therefore alarming that female PAs appear more likely to quit their job due to stress and report symptoms of burnout compared to male PAs. Other factors associated with burnout in the PA profession have included increasing age, working in a primary care setting, time spent on indirect patient care, the PA relationship with the collaborating physician, number of hours worked per week, and being a member of a health system as compared to being part of a privately owned practice.<sup>22-24,26</sup>

Several potential protective factors in the development of burnout have been identified. These include having a positive team culture, consistent and appropriate support staffing, positive relationships with the collaborating physician(s), and having educational or teaching elements as part of the job responsibilities.<sup>26</sup>

An in-depth review of the literature on the PA profession and burnout is available in the National Academy of Medicine discussion paper, Burnout and Job and Career Satisfaction in the Physician Assistant Profession: A Review of the Literature.<sup>26</sup>

## **CURRENT STRATEGIES TO ADDRESS BURNOUT AND WELL-BEING**

Strategies to address burnout can be classified into system-level interventions, team-based interventions, and individual interventions. System-level interventions include large scale changes to the industry including interventions within the health professions, education systems, and changes to the healthcare system. Team-based interventions are changes that can be made within a healthcare team and involves an interprofessional approach. Individual strategies are focused on techniques an individual can implement into their lives to prevent or reduce burnout. As providers, we have the most control and greatest ability to implement individual techniques; however, the burnout epidemic has occurred in large part due to systematic practices. While system-level interventions are more difficult to implement, they can have the largest impact. System-level interventions and strategies include implementing burnout education and prevention strategies into PA education and the healthcare system.

## **SYSTEM-LEVEL INTERVENTIONS**

Many system-level factors that lead to provider burnout are related to the demands of the job and the available resources and should be the focus of interventions and strategies to reduce burnout and improve provider well-being. The consensus study report published by the National Academy of Medicine suggested that systemwide actions should be focused on the goals of creating a positive work environment, creating positive learning environments, reducing administrative burdens, enabling technology solutions, providing

support to clinicians and learners, and investing in research.<sup>1</sup> To accomplish these goals a fundamental change for many organizations may be needed to focus on the systemwide factors as opposed to interventions that focus on the individual provider. The Mayo Clinic has shared their experience in addressing provider burnout, consisting of a deliberate nine-step strategy.<sup>27</sup> In their approach, they focus on leadership at all levels of the organization, working with teams and units at the local level, to engage in targeted work interventions to facilitate improvements in care delivery. This strategy allows members of the work unit to focus on drivers of burnout that they deem most important. Other steps included in their strategy focus on community, rewards and incentives, values and culture, flexibility in work-life integration, self-care, and research.

Noted below are a few select strategies that have been the focus of organizations to help mitigate burnout:

- **Electronic Health Records:** EHRs have been widely adopted by the healthcare system and significantly contributed to the burnout crisis.<sup>28,29</sup> Administrative tasks are the highest-cited factor contributing to burnout, adding one to two hours of work per day.<sup>30</sup> Organizations providing additional EHR training, designating super-users, and creating established templates may help to mitigate some of the EHR stressors. Additionally, when a provider reaches a predetermined threshold of outstanding charts, they may be taken “off the line,” or out of clinic, to allow for chart completion and provide those individuals with specific education on EHR efficiency. Additional research shows training and improved EHR efficiency improves provider satisfaction.<sup>31</sup>
- **Team Communication Skills:** Implementing burnout strategies within the healthcare team can impact the daily work environment and improve communication and efficiency within the team. Incorporating team huddles into the daily routine can prevent burnout and increase efficiency by ensuring that all necessary information is obtained prior to a patient’s appointment and helps to prevent workflow disruptions by addressing potential challenges before they arise. They also provide an opportunity to build rapport within the team and allow for collaboration. This can be easily implemented twice daily, once in the morning and again in the afternoon. It allows all members of the healthcare team to provide input and updates regarding each patient’s needs and improves continuity of care.<sup>32</sup> These huddles may consist of obtaining and reviewing records such as discharge summaries, consult notes, and lab reports prior to the patient’s appointment.
- **Reconstruction of Team-Based Care:** The University of Colorado in a pilot study redesigned their outpatient care model with a focus on high functioning teams.<sup>33</sup> In this model, they increased the ratio of medical assistants to providers to 2.5 to 1. In addition the medical assistants had expanded roles before, during, and after the visit. The new model decreased symptoms of burnout for providers, increased visit volume and access to care, and improved quality of care metric scores. Importantly, the cost of adding staff was offset by the improvement in clinical efficiency, increased patient

volume, and downstream revenue generated by the model. The increase in patient volume was acceptable for providers due to the improved efficiency of the model.

## **EDUCATIONAL SYSTEM INTERVENTIONS**

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) Standards of Accreditation 5th edition requires that PA programs need to include provider wellness in PA curriculum, including education on impairment and burnout. How this will be accomplished is not clear. Research in the area of student interventions is limited.<sup>34</sup> One approach with early success included the incorporation of mindfulness and decentering training into the curriculum of first year PA students. The curriculum included activities both in class as well as outside of the classroom. This approach demonstrated a sustained improvement in mindfulness of PA student four months following completion of the curriculum. Mindfulness was also associated with improvement in life satisfaction and perceived stress. As programs incorporate provider wellness activities into the curriculum, it will be important to methodically evaluate the success of initiatives to establish best practices for incorporating burnout education and interventions in PA programs.

## **PERSONAL INTERVENTIONS**

Mindfulness-based stress reduction activities are an example of an intervention focused on the individual that has shown to decrease provider burnout.<sup>35</sup> Mindfulness and meditation can provide the power to observe feelings without being overwhelmed by them. The practice can also improve feelings of gratitude. Actively recognizing positive influences and being grateful for them helps to overcome negativity, a common manifestation of burnout.<sup>36</sup>

As clinicians we must also be mindful of our limitations and be cautious to not over-extend ourselves. Efforts to keep our personal and work lives separate may help to protect personal time for family and activities of personal enjoyment. While it is often times necessary to perform work activities at home, whether it is charting or being on call, being able to do so without multiple interruptions may decrease stress and improve efficiency, returning you to your personal life quicker. In other words, be fully present in what you are doing. If you are working, even from home, create a time or space with minimal distractions in order to do so and refrain from work activities outside of designated work hours whenever possible to allow for personal activities and enjoyment.

## **KEY KNOWLEDGE GAPS FOR PA BURNOUT AND WELL-BEING**

The body of empirical research examining PA burnout and well-being is constantly emerging. However, key knowledge gaps exist regarding prevalence, antecedents, and outcomes of PA and PA student well-being. Also lacking are longitudinal studies examining the effectiveness of well-being interventions among PAs and PA students.



## **INTERPLAY BETWEEN PA CAREER SATISFACTION AND BURNOUT**

Studies examining the prevalence of PA burnout and well-being have uncovered simultaneously high levels of satisfaction and burnout.<sup>24,37</sup> The reverse trend has been seen in physician burnout research – as burnout levels have increased, satisfaction with work-life balance has decreased.<sup>38</sup> Research aimed at identifying why PAs may report concomitant satisfaction and burnout, with explicit consideration for possible protective factors related to the occupational model, would make an important contribution to the body of healthcare professional well-being literature.

## **GENDER, RACIAL, AND ETHNIC FACTORS AND BURNOUT**

Also important is an exploration of how demographic factors of PAs and PA students may contribute to professional well-being. Demographics of PA students currently reflect a higher proportion of Caucasian students and a lower proportion of African American and Hispanic students as compared to the general population.<sup>39</sup> Such disparities persist in the PA workforce, and may influence the well-being of both students and practicing PAs. Additionally, underrepresented minorities may disproportionately shoulder responsibility for diversity and inclusion activities in the workplace, which may serve as an increased job demand, possibly leading to greater burnout.<sup>40</sup> Finally, a majority of PA students and currently practicing PAs are female. In a 2002 study examining burnout factors among emergency medicine PAs, female respondents were more likely to report symptoms of burnout.<sup>41</sup> In a more recent, population-level study, female PAs rated stressors at work as more important than males, though differences found among actual burnout responses were not meaningful.<sup>22</sup> A deeper exploration of how subgroups of PAs may experience well-being at work is important.

## **PA APPLICANT CHARACTERISTICS AND BURNOUT**

Additionally, all students who matriculate into PA programs after 2020 will graduate with a master's degree. This increase in the academic qualifications required to attend PA school may result in a loss from the applicant pool of the traditional PA student, who was older and more professionally experienced.<sup>42</sup> Well-being may trend differently as the average PA student age and patient care experience level changes in response to the terminal master's degree transition.

## **PA TRAINING CHARACTERISTICS AND BURNOUT**

There is a limited understanding of how aspects unique to the PA training model may interact to influence the job satisfaction of future members of the profession. The ARC-PA's endorsement of burnout as a worthy addition to the PA training curriculum comes in the absence of a complete understanding of how aspects of PA training itself may influence well-being. For example, PA training is characterized by an expedited timeline in which students



learn the practice of medicine over an average of 27 months.<sup>43</sup> Studies comparing the mental health of PA students alongside that of medical students, whose training timeline is more protracted, may contribute to an understanding of how such differences may influence well-being.<sup>44</sup> PA training has also traditionally taken place within a brick and mortar facility, but online options are now available. Comparing the satisfaction and stress levels of online versus in-person students may be valuable.

## PA OCCUPATIONAL MODEL AND BURNOUT

Aspects of the PA occupational model may also influence well-being. The scope of practice of working PAs depends not only on their experience, competency level, and state and facility regulations, but also on endorsement by a collaborative physician.<sup>45</sup> As such, the scope of practice of experienced and competent PAs living in states with lenient practice acts may still be limited by restrictive collaborative physicians, which may have implications for engagement and burnout.

Specialty mobility may also influence PA well-being. Unlike other healthcare providers, PAs may change specialties without additional training.<sup>46</sup> As the PA profession has matured, the number of times PAs changed specialties has increased, averaging 1.95 times per decade in a study by Warner, Maio, and Hudmon.<sup>47</sup> However, the influence on PA well-being of the ability to change specialties has not been examined. Finally, PA well-being may be positively or negatively influenced by task-shifting, in which both clinical and administrative tasks usually reserved for physicians and other healthcare leaders are shifted to PAs.<sup>46,48</sup> Opportunities exist for an expanded understanding of how PA scope of practice determinants may interact and manifest as either burnout or engagement.

## INTERVENTIONS AND BURNOUT

Studies among samples of physicians indicate that organization-level interventions are more effective at improving well-being than individual-level interventions.<sup>49</sup> Considering differences seen in the prevalence of PA well-being compared to physicians, as well as unique occupational factors that may trigger or attenuate burnout, findings from physician well-being studies may not be generalizable to the PA population. Reproducing well-being intervention studies among PAs is necessary to understand what actions may be implemented at the practice level to better support the well-being of PAs.

## BLUEPRINT FOR ADDRESSING PA WELL-BEING

AAPA's Task Force on Burnout created the following recommendations to provide a framework for the profession to improve PA well-being and mitigate the detrimental impact of burnout on providers and the patients for whom they provide care. The goal was to create a plan that starts to address the current needs of PAs practicing medicine while having the flexibility to anticipate and plan for the changes in healthcare. To that end, the task force

proposes the following recommendations to guide AAPA's support for PA well-being and fight against provider burnout.

## **RECOMMENDATION 1:**

It is recommended that AAPA formalize its dedication to PA well-being through the formation of an AAPA commission so that an enduring effort is established to mitigate the risk of burnout and improve PA well-being.

- **Background/Rationale:**

The current PA burnout task force was created through the resolution passed by the House of Delegates in 2018 in response to the unmet needs of the profession. Mirroring the broad scope of the burnout in medicine, the specific charges requested of the HOD for the PA profession are broad and expansive. From early discussions of the task force members it became evident that the tasks of the HOD would require an approach that addresses the current needs of the profession – of which there are many – but also an approach that would anticipate and adjust to the ever-changing landscape in medicine. As such, a task force alone to address what is and will likely remain an ongoing challenge would be insufficient.

- **Action Plan:**

Step 1: Create a commission for PA well-being. The commission will be responsible for the ongoing effort of addressing PA burnout and well-being. Specific duties of the commission should include but not be limited to: increasing awareness of PA burnout and well-being; expanding the research opportunities to increase our understanding of PA burnout; and promoting solutions for PA burnout. Furthermore, the commission should be empowered to identify and advocate in arenas where PA representation should be included in the national discussion of burnout. The commission should have well defined parameters for the composition of the task force, to include eligibility and qualification requirements and terms of service for an organized and sustainable effort.

## **RECOMMENDATION 2:**

It is recommended that AAPA should add an informational platform on the website for PA well-being and burnout.

- **Background/Rationale:**

The AAPA website lacks a central location for addressing PA well-being. Given the scope and importance of PA burnout, having a dedicated platform with a focus on PA well-being is needed.

- **Action Plan:**

Step 1: The primary goal of the platform should be to educate the PA community at large about PA well-being and burnout. This can be done through original and existing content dedicated to PA well-being in the form of a wellness blog, educational resources, and reports from the proposed commission on burnout. The initial educational focus could serve to raise awareness about burnout in the profession, reduce the stigma associated with seeking care for burnout, as well as provide resources and guidance for those in need of assistance.

Step 2: To further support AAPA online educational opportunities, the development of a continuing medical educational track dedicated to provider well-being will offer a value-added programmatic addition to the platform. The content of the program could include education about the impact of burnout on providers and patients, and provide strategies to reduce the risk of PA burnout and promote engagement at work.

Step 3: Over time, the platform could expand and develop in order to attract the attention of a larger audience such as administrators, policymakers, and medical boards. Additional content on the site could be developed to educate and influence other stakeholders that influence the PA profession.

### **RECOMMENDATION 3:**

It is recommended that AAPA promote and expand the research opportunities on PA well-being and burnout through the development of an intentional research agenda that serves to expand the conduct and dissemination of research in the field.

- **Background/Rationale:**

Compared to other healthcare professions, limited research has been conducted on PA well-being and burnout. Despite the apparent slow start, a solid foundation has been established regarding the incidence of PA burnout and some of the associated risk factors. However, as noted previously, there are significant gaps in the literature and the current research opportunities for PAs to expand the knowledge base are limited. Furthermore, almost all research in the field has been limited to survey methodology with no prospective interventional studies conducted. Fortunately, research on PA burnout would support the high priority topics of the four pillars of the PA research agenda (PA value and impact, PA workforce, PA role and practice, and PA education)<sup>50</sup> and would significantly impact the health and growth of the PA profession. It will be important for AAPA to be forward thinking and identify early trends in healthcare that may negatively impact the well-being of the profession. In doing so, AAPA will be better informed about options to mitigate the risk of burnout and opportunities to improve the well-being of the PA workforce.

- **Action Plan:**

Step 1: Research on PA burnout and work engagement conducted by AAPA through the annual AAPA salary survey should continue to monitor trends and changes in the field. AAPA should meet these challenges through the use of validated survey instruments and methods to assess the well-being of the profession.

Step 2: To help ease the desperate underfunding of research on PA burnout, AAPA and the PA Foundation should establish independent research grants focused on advancements in knowledge of PA burnout and work engagement. The grants will have the potential to expand the methods available to researchers and support novel studies with direct and meaningful impact on the profession.

#### **RECOMMENDATION 4:**

It is recommended that AAPA advocate to include PAs on task forces and committees on burnout that are producing guidelines on provider burnout and well-being. It is also recommended when necessary, AAPA produce original guidelines to meet the specific needs and concerns of the profession.

- **Background / Rationale:**

High rates of burnout are reported throughout U.S. healthcare professions. Studies indicate the effects of burnout are far reaching and a problem among all clinical disciplines and healthcare settings. These high rates of burnout correlate with not only the quality of healthcare but also patient safety. Additionally, clinician burnout may negatively impact the interaction amongst healthcare teams, leading to reduced professional effort, job dissatisfaction and turnover in staff. The environment in which clinicians provide care, throughout the U.S. healthcare system, affects a clinician's well-being and is just as important to address as the individual (personal) factors.

- **Action Plan:**

Step 1. Inclusion of PAs on task forces and committees with other national organizations that are currently developing guidelines and strategies to mitigate burnout should be pursued. This can be accomplished through established contacts with organizations as well as investment in new relationships. It will be vital to explore opportunities with organizations such as the American medical Association and the National Academy of Medicine to include PAs in shaping the national dialogue on burnout and well-being. Working in collaboration with other organizations will help to establish uniform guidelines with a clear message.

Step 2. There will also be circumstance for which it will be of benefit for AAPA to create original guidelines. Such guidelines may encourage the redesign of current healthcare system environments specific to PA practice. These guidelines should be

based upon the current relevant burnout research and may include changes such as: creating an environment that cultivates collaboration, communication, teamwork, allows for reduced stress and encourages well-being for healthcare providers. Additionally, these guidelines should give consideration to reducing the administrative burden for clinicians, optimizing the efficiency of required technology and eliminating barriers to patient care; thereby allowing clinicians to feel more meaningful in their work. Finally, it is necessary to establish environments that are free of mental health stigma and empower healthcare professionals to obtain the necessary support to mitigate burnout.

## RECOMMENDATION #5

It is recommended that AAPA support PAs in seeking teams to optimize roles within clinical care models as a means to improve the well-being of all team members. This includes working interdependently and ensuring each team member is performing at the functional level intended and that each patient's needs are met by the most qualified member of the team to deliver each service.

- **Background/Rationale:**

To create high-functioning teams in healthcare requires thoughtful and intentional action. The Institute of Medicine publication, *Core Principles & Values of Effective Team-Based Health Care*, outlines 5 key principles for team-based care which are shared goals, clear roles, mutual trust, effective communication, and measurable processes and outcomes.<sup>51</sup> Training healthcare teams to achieve these objectives can improve with well-being of each team member and the team as a whole.

- **Action Plan:**

Step 1: Provide training/tools to PAs that are evidence-based and designed to improve team functionality and well-being.

Step 2: Encourage PAs to participate in collaborative learning opportunities that enhance the knowledge of the team as a whole.

Step 3: Encourage PAs to apply principles of team science to best leverage the expertise of each team member.

## RECOMMENDATION 6

It is recommended that AAPA raise awareness about interventions focused on the individual PA that serve to improve PA well-being and reduce the stigma associated with burnout.

- **Background/Rationale:**

It is clear that a focus on system-level interventions to improve provider well-being

will have a greater impact than solutions focused on individuals.<sup>1</sup> However, despite only having a modest benefit, interventions that focus on the individual should not be discounted. Recommended evidence-based interventions and approaches to improving provider well-being often face barriers to implementation and acceptance. One challenge is that interventions focused on an individual often have the negative consequence of misattribution of provider burnout being an individual responsibility.<sup>52</sup> This may have the unintended consequence of decreasing provider engagement and feelings of isolation and lack of connection to the workplace.

- **Action Plan:**

Step 1: Enhance awareness of available evidence-based individual-level practices that have been shown to improve resilience, well-being, or reduce burnout among members of a healthcare team. This could be accomplished through development of comprehensive educational offerings that are made available in diverse formats and settings.

Step 2: Develop strategies to reduce the stigma associated with burnout that encourage an open dialogue for PAs with well-being concerns. The strategies should also serve to educate those at risk or suffering with burnout about available options for seeking care.

## **RECOMMENDATION 7:**

In support of the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) Standards of Accreditation (5th edition) that requires PA programs include provider personal wellness in the curriculum, including education on impairment, it is recommended that AAPA address burnout prior to PA graduation and provide resources to promote student well-being.

- **Background/Rationale:**

Little is known about the rates of burnout, depression, and overall mental health of PA students during their education and training.<sup>53</sup> High levels of burnout and depression have been reported among U.S. medical students.<sup>54</sup> Given the similarities of the training, it would not be surprising that these findings would be mirrored in PA students. A role of PA education is to develop a new generation of PAs through medical training and instill tools for lifelong learning and professional development. As such, preparing the next generation of PAs with the needed awareness and knowledge to champion their own mental health, well-being, and resilience provides a valuable skill set to positively impact PAs throughout their careers.

- **Action Plan:**

Step 1: Provide support to PA educators and PA students. The support should foster the importance of professional well-being as it relates to patient safety and quality of

patient care. Additionally, the support should be nonjudgmental and free from stigma, encouraging the use of wellness tools, coaching, mentorship, and mental health resources. The support could include well-being resources for students, resources and recommended trainings for PA educators, and models of innovative wellness programs. Additionally, AAPA, PAEA and other organizations should collaborate with PA programs to help meet the ARC-PA standards for well-being curricula while fostering an environment where the institutional culture promotes professional and personal support programs.

## **RECOMMENDATION 8:**

PAs should be encouraged to participate in advocacy efforts related to burnout recognition and prevention and share information on this important issue with their practice leadership, health system leadership, and lawmakers and their staff.

- **Background/Rationale:**

In 2014, the Triple Aim (improving population health, reducing costs, and enhancing patient experience) of Berwick and colleagues was expanded to the Quadruple Aim by Bodenheimer and Sinsky.<sup>55</sup> The fourth aim focuses on improving the work life of clinicians and non-clinical members of the healthcare team. Understandably, the potential to achieve the tenets of the Triple Aim hinges on the well-being of the healthcare team. In order to raise awareness about burnout recognition and prevention and address the issue of improving the work life of all members of the healthcare team, PAs should aspire to raise awareness of these issues with key decision and policy makers.

- **Action Plan:**

Step 1: Provide tools for PAs to facilitate thoughtful discussions and advocacy with healthcare system and practice leaders, government officials and their staff, or others, related to the organizational drivers of burnout and encourage these entities to commit to action to address these issues.

Step 2: AAPA, as the representative organization of the PA profession, should join forces with other national professional healthcare organizations in policy-related efforts to reduce administrative burden.

Step 3: PAs should encourage local and national lawmakers to approve positive legislation that is aligned with the quadruple aim and encourage clinician wellbeing to be incorporated as a performance measure for healthcare organizations.



## RECOMMENDATION 9

It is recommended that the proposed commission on PA well-being, in collaboration with AAPA leadership, convene a PA Burnout Research and Advocacy summit with a panel of external stakeholders to explore collaborative opportunities to improve the well-being of the healthcare system.

- **Background/Rationale:**

To improve the health of the workforce, a collaborative approach is required in order to determine and achieve the desired changes. Importantly, medicine is practiced in teams of teams, and the inclusion of input from both clinical and non-clinical members is needed to improve the healthcare system. Furthermore, approaches to PA wellness that highlight and include other team members will further complement optimal team practice (OTP) initiatives.

- **Action Plan:**

Step 1: Identify key external stakeholders that interact with and influence the PA profession and could influence PA wellness initiatives.

Step 2: Convene a PA burnout, research, and advocacy summit. Primary goals of the summit would be to further refine the AAPA research agenda related to PA burnout and identify opportunities to collaborate with other organizations and researchers in the field. In addition, the summit will help organizations review the current evidence on provider wellness and use that information to improve the well-being of PAs and other members of the medical team through advocacy and strategic planning.

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