

# Prevalence and Predictors of Burnout among Hospice and Palliative Care Clinicians in the U.S.

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## Abstract

**Context.** Many clinical disciplines report high rates of burnout, which lead to low quality of care. Palliative care clinicians routinely manage patients with significant suffering, aiming to improve quality of life. As a major role of palliative care clinicians involves educating patients and caregivers regarding identifying priorities and balancing stress, we wondered how clinician self-management of burnout matches against the emotionally exhaustive nature of the work.

**Objectives.** We sought to understand the prevalence and predictors of burnout using a discipline-wide survey.

**Methods.** We asked American Academy of Hospice and Palliative Medicine clinician members to complete an electronic survey querying demographic factors, job responsibilities, and the Maslach Burnout Inventory. We performed univariate and multivariate regression analyses to identify predictors of high rates of burnout.

**Results.** We received 1357 responses (response rate 30%). Overall, we observed a burnout rate of 62%, with higher rates reported by nonphysician clinicians. Most burnout stemmed from emotional exhaustion, with depersonalization comprising a minor portion. Factors associated with higher rates of burnout include working in smaller organizations, working longer hours, being younger than 50 years, and working weekends. We did not observe different rates between palliative care clinicians and hospice clinicians. Higher rated self-management activities to mitigate burnout include participating in interpersonal relationships and taking vacations.

**Conclusions.** Burnout is a major issue facing the palliative care clinician workforce. Strategies at the discipline-wide and individual levels are needed to sustain the delivery of responsive, available, high-quality palliative care for all patients with serious illness.

## Strengths:

- Well-designed study
- Large sample size, using total target sample (n=4456)
- Comprehensive strategies to enhance recruitment and response rates (use of social media, two follow-up letters)
- Well-designed survey, including use of psychometrically sound burnout measure

## Weaknesses:

- Low response rate (N=1357, 30%)
- Potentially biased sample (older age, women, married, children at home, physicians)
- Unable to determine causality of predictor variables
- Limited generalizability to AAHPM Membership and other settings

## Relevance to Palliative Care:

Health care providers working in palliative care are at risk of developing compassion fatigue and burnout. The high prevalence rates in this study reinforce the need to develop diverse approaches at an organizational/systemic level, as well as at a personal/individual level. Given the expanding role of palliative care into non-cancer settings and earlier integration within oncology, preventative approaches for wellness and self-care need to be embedded within palliative care clinical frameworks and service delivery models.