CAPSULE COMMENTARIES

Capsule Commentary on Helfrich et al., The association of team-specific workload and staffing with odds of burnout among VA primary care team members

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Policy makers appropriately have focused much attention on advancing the Triple Aim. However, it is the health care workforce that drives progress toward these goals. For this reason, some have suggested broadening the focus to include the goal of bettering work life for health care workers—the so-called “Quadruple Aim.”¹ Perhaps in no specialty is this more important than primary care, which requires constant vigilance and frequent interpersonal interaction.

In this issue of JGIM, Helfrich et al. undertake the important task of trying to understand factors associated with primary care burnout at the VA.² The first key finding from their analysis is that burnout is rampant, reported by an alarming 41% of VA primary care staff. Sadly, this is consistent with prior studies in other health systems.³ Second, rates of burnout were similar among all types of primary care force work members—providers (49%), nurse care managers (42%), clinical associates (MAs, LPNs) (32%), and administrative clerks (36%). This is an important addition to the literature, since most prior research has focused on physicians and nurses. Finally, Helfrich et al. found, perhaps not surprisingly, that clinicians and staff are more likely to suffer burnout when they are part of under-staffed teams with frequent turnover and when they have an over-capacity patient panel. There is no way of knowing, however, whether these factors are the cause or the consequence of burnout (indeed, it is likely a bi-directional association).

While the study by Helfrich et al. brings important attention to the issue of burnout, what is most needed

are prospective, controlled studies of interventions aimed at improving conditions for the primary care workforce. Such studies should assess the impact of these interventions not just on burnout rates, but also on key clinical outcomes. These interventions should address the factors associated with burnout identified in this study, as well as frustrations with electronic health records that have been highlighted in other studies.⁴

Ironically, it may prove that the best strategy for achieving the Triple Aim will involve strategies for addressing the last of the Quadruple Aims.

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