



Impact of Burnout on the EMS Workforce

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Background: Burnout is a major workforce concern for Emergency Medical Services (EMS). However, no national estimates exist. Our objectives were to 1) estimate the prevalence of burnout among Emergency Medical Technicians (EMTs) and paramedics, 2) identify characteristics predictive of burnout, and 3) assess the relationship between burnout and factors that negatively impact the workforce. We hypothesized that burnout would be associated with more reported sick days and greater reported likelihood of leaving EMS.

Methods: A random sample of 21,160 nationally-certified EMTs and paramedics was selected to receive an electronic questionnaire. The questionnaire utilized the Copenhagen Burnout Inventory (CBI), a validated instrument that measures burnout in three dimensions: personal, work-related and patient-related. Survey weights for non-response by certification level, gender and race/ethnicity were applied. Multivariable logistic regression models were used to estimate adjusted odds ratios (ORs) and 95% confidence intervals (95% CI) to quantify the association of employment characteristics with burnout in each dimension. We also assessed the association of burnout with reporting more than 10 sick days over the past 12 months and reported likelihood of leaving EMS.

Results: We received 2,650 responses (response rate = 13%). More paramedics exhibited burnout in each dimension compared to EMTs: personal (38.3% vs. 24.9%, $p < 0.05$), work-related (30.1% vs. 19.1%, $p < 0.05$), and patient-related (14.4% vs. 5.5%, $p < 0.05$). The final model for personal burnout was adjusted for provider level, experience, sex, agency type and weekly call volume. Predictors of work-related burnout included provider level, experience, agency type and weekly call volume. Variables associated with patient-related burnout included provider level, sex, weekly call volume, and education. After controlling for variables associated with each dimension, increased odds of reporting 10 or more sick days were observed for those with personal (OR: 2.32, 95% CI: 1.39–3.87), work-related (OR: 2.30, 95% CI: 1.39–3.83), or patient-related burnout (OR: 2.35, 95% CI: 1.25–4.42). Odds of reporting being likely to leave the EMS

profession were elevated for those with personal (OR: 2.70, 95% CI: 1.94–3.74), work-related (OR: 3.43, 95% CI: 2.47–4.75), or patient-related burnout (OR: 3.69, 95% CI: 2.42– 5.63).

Conclusions: Burnout was associated with greater reported sickness absence and likelihood of leaving the EMS profession. Future initiatives to reduce burnout among EMS professionals may positively impact the workforce.