Addressing Social Determinants of Health: Drivers of Burnout, Staff Resiliency & “Joy in Work”

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Abstract

Background

Clinicians are often reluctant to ask their patients about their social determinants of health needs because they are concerned about opening a Pandora’s box and learning about issues they are unable to “fix.” Lack of resources and knowledge to address patient needs can contribute to providers’ stress and frustration about their work. Shanafelt et al. (2015) found that 54% of physicians are burnt out, and staff turnover is extremely costly for health systems. Furthermore, with the transition to value-based payment, and an emphasis and accountability for addressing social determinants of health, the role(s) and workflows of staff are rapidly changing. Shanafelt and his AMA colleague Dr. Christina Sinsky identified the burden of documentation into the EHR as a key driver of burnout for physicians. In an effort to understand the current state of CCHL practices in terms of readiness for Value-Based Payment (VBP), and resources for professional growth, we developed questions to assess staff comfort screening and addressing SDH needs.

Aims

Our goal was to utilize our CCHL staff survey data to identify actionable results that could inform the development of strategies to improve CCHL, decrease staff burnout and improve staff well-being and “joy in work” within our partner organizations.

Methods

The MHVC CCHL Staff Survey was developed by a research team at the Einstein COM, and utilized validated instruments and scales (Figure 1) as well as internally developed questions to assess staff comfort screening and addressing SDH needs.

In Spring of 2018, the survey was administered by partner organizations to their staff via an email link. Participation in the survey was optional and participants were entered into a raffle for a chance to win a gift card. There were varying numbers of responses per item because completion of each individual survey question was also optional.

Multiple linear regressions were then performed to analyze the survey data and identify key relationships between different measures.

Results

The survey yielded 1,930 responses from providers and staff working in diverse organizations (Table 1) in a wide variety of roles (Table 2).

Using the single item, Malach Burnout Inventory, and considering our entire sample (n=1930) across all organizational types, 63% of providers and staff were either burnt out or “at risk” for burnout (55%) (Figure 2). “Joy in work” was measured on a 10 point scale. 55% of responders indicated they were at their happiest at their current job (8-10), 5% responded that they were unhappy (1-3), with the remainder in between (Figure 3). Figure 4 examines the relationship between burnout and “joy in work.” Of interest is the population who despite being burnt out, still had joy in their work.

For our analyses “job roles” were grouped together based on the level of interaction with patients and their job responsibilities (Table 3 & 4). Table 3 illustrates the drivers of burnout for each role. For example, aligned with Shanafelt’s research, documentation burden was a primary driver of burnout for physicians (red color), but despite this finding, physicians still had relatively higher levels of “joy” in their work (green color) compared to other roles. Table 4 shows the impact of factors contributing to employee engagement by role.

Discussion and Future Directions

Our data showed that staff at the front lines of care including case managers, substance abuse counselors, and peer workers, who care managers had the highest rates of burnout, and lower levels on measures of engagement, (i.e. belief that their work had meaningful impact, “joy in work,” and retention plans). In contrast, senior leaders and peer roles (people with lived experience) were more likely to have “joy in work” and organizational alignment of values, employee recognition, readiness for VBP, and resources for professional growth, were predictive of Joy in Work. Organizational alignment of values, readiness for VBP, and resources for professional growth, were also found to significantly predict burnout scores.

Although we found that staff at the front lines of care were more likely to be burnt out, it is also concerning and speaks to the need for additional supports and programming. The Institute for Healthcare Improvement recently published a framework for improving joy in work which provides a series of steps organizational leadership can take to identify “what matters most” to staff. Using this framework leaders can detect easily actionable improvements and use rapid cycle improvement to design and implement quick collaborative interventions that could make a significant difference.

Inadequate cultural competence and low support for health literacy increases unnecessary spending (including preventable ED visits and hospitalizations—Tables 3 & 4), while staff who are hungry for professional development opportunities and pathways for growth, and clarity around how the organization will transition to a value-based payment model (Tables 5 & 6) had lower levels of burnout and “joy in work.”

One possible explanation for our findings regarding senior leaders and peers may be related to the level of autonomy, control and empowerment that both roles possess compared with front line staff. Peers were found to have the greatest joy in work. This may be due to a strong sense of purpose stemming from lived experience, or perhaps a less structured/regulated environment. Peers are also not burdened by strict documentation requirements.

We found that staff at the front lines of care—such as physicians—are more likely to be burnt out, is also concerning and speaks to the need for additional supports and programming. The Institute for Healthcare Improvement recently published a framework for improving joy in work which provides a series of steps organizational leadership can take to identify “what matters most” to staff. Using this framework leaders can detect easily actionable improvements and use rapid cycle improvement to design and implement quick collaborative interventions that could make a significant difference.

We also identified a population with “joy in work” despite being burnt out (Figure 4.) Further understanding of contributors to resiliency can have implications for workforce development, retention, recruitment and organizational strategies to improve burnout. In addition we identified that staff willing to try more improvement approaches and strategies were less likely to have burnout and more likely to have “joy in work” in their job. Empowering these staff members as organizational change agents (“boat rockers”) while they have the drive to champion change may be an effective strategy to move change within an organization before they become burnt out (“falling out of the boat”).

Further study on the “buffer” role played by administrative managers will be helpful in understanding the impact of “joy in work” and burnout. “Buffer” positions—such as administration or front desk staff—had responses which fell in between the two groups (intermediate level).

For future research directions, collecting qualitative data on resilience among employees working with Medicaid and under care management, may help yield meaningful data about what qualities make certain employees more resilient than others. Additionally, further investigating the reasons why peers have the highest joy in work and lowest rates of burnout may have important implications for employee recruitment strategies.

There are some limitations to these findings. Organizational participation was robust at some sites and limited at others, it should also be noted that each survey question was optional, so there are varying numbers of responses per item. Additionally, since survey participation was voluntary, all responders were “self-selected” due to unknown factors. As we share survey results with partners, we will seek feedback about the validity of our results, and how they may be influenced by these selection factors.