

# The impact of survey nonresponse on estimates of workforce burnout

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VA  
HEALTH  
CARE | Defining  
EXCELLENCE  
in the 21st Century

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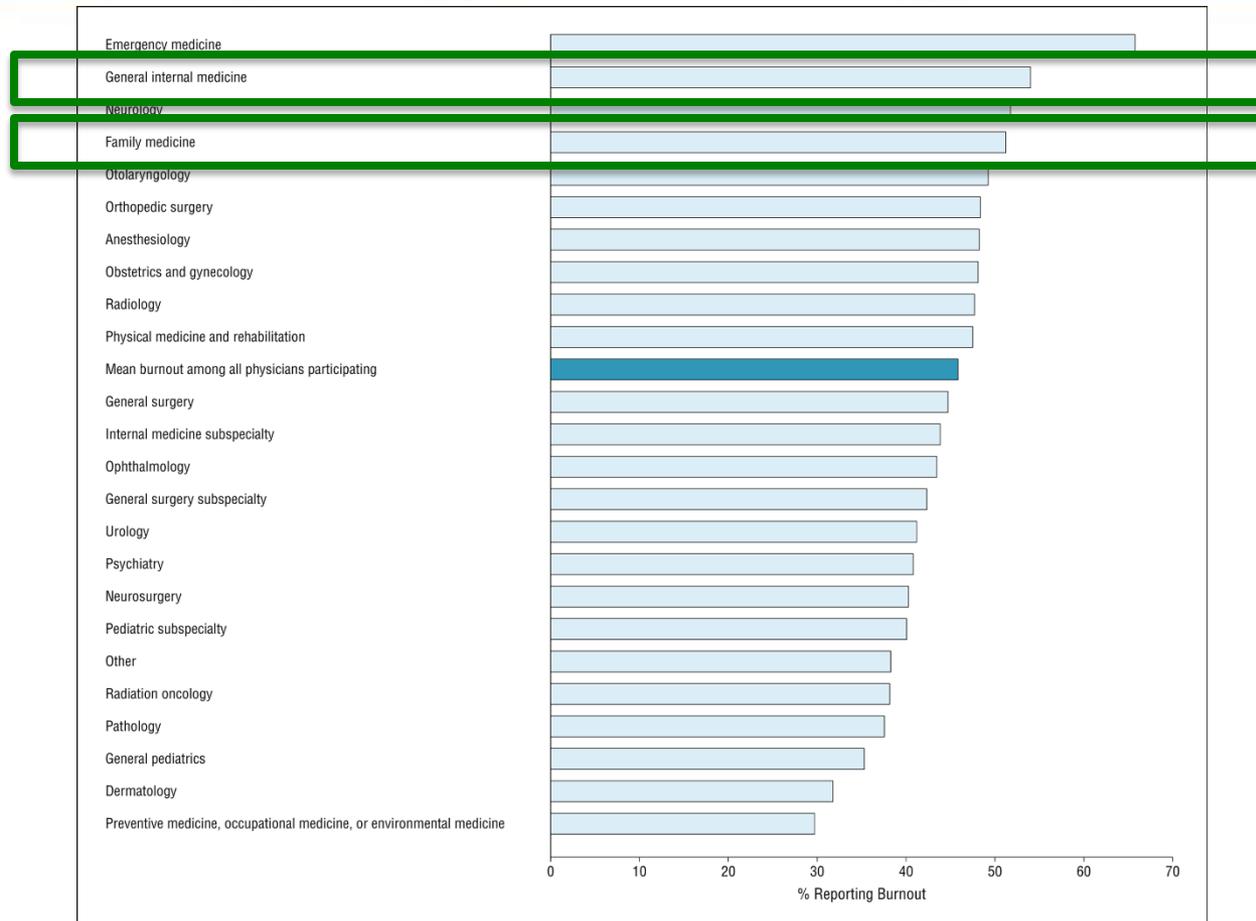
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# Burnout

- Burnout is a syndrome characterized by work-related:
  - Emotional exhaustion (i.e., cynicism)
  - Depersonalization
  - Reduced personal accomplishment
- Burnout now widely acknowledged as a critical work force issue

# Burnout & the US Healthcare Workforce



# The Consequences of Burnout

- Patients cared for by providers with burnout...
  - Less satisfied with care
  - Receive suboptimal care
- Providers with burnout...
  - Mental health and relationship problems
  - Job absenteeism
  - Intention to quit
  - Leave clinical practice
  - Lower productivity

# The measurement of burnout

- Assessed by validated screening measures embedded in voluntary workforce or research surveys
  - *“I feel burned out from my work”*
    - Never->Daily
- Nonresponse present in nearly all survey work
  - Response rates have been falling

# Poll Question #1

**Hypothetical Scenario:** You want to estimate the prevalence of burnout in a certain workforce. However, when you field a survey to screen for burnout, only 20% of the workforce responds.

# Answer options – please choose one

What will be the prevalence of burnout among your respondents in comparison to the prevalence among the overall workforce?

- a. Burnout will be higher among the respondents
- b. Burnout will be the same among respondents
- c. Burnout will be lower among the respondents
- d. I'm way too burned out to think about this question

# Survey Nonresponse

- Does this affect our estimates of burnout prevalence?
  - Mechanism 1: Burnout associated with respondent characteristic
  - Mechanism 2: Burnout directly related to response likelihood

# Aims

1. Detect nonresponse bias in a nationwide survey of Veterans Health Administration (VHA) primary care employees
2. Estimate the impact of such bias on estimates of burnout prevalence available from a large sample of non-respondents

# Data Source & Study Sample

- Categorized primary care employees based on response/nonresponse to the VHA 2016 Patient Aligned Care Team (PACT) Survey
  - ~19.2% response rate
- Linked to administrative data:
  - Age
  - Gender
  - Primary care role
  - VHA career tenure
  - CBOC vs VAMC

# Physician Worklife Study Burnout Measure

Rate your burnout:		
Burnout	1	I enjoy my work. I have no symptoms of burnout
	2	Occasionally I am under stress, and I don't always have as much energy as I once did, but I don't feel burned out
	3	I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion
	4	The symptoms of burnout that I'm experiencing won't go away. I think about frustration at work a lot
	5	I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help

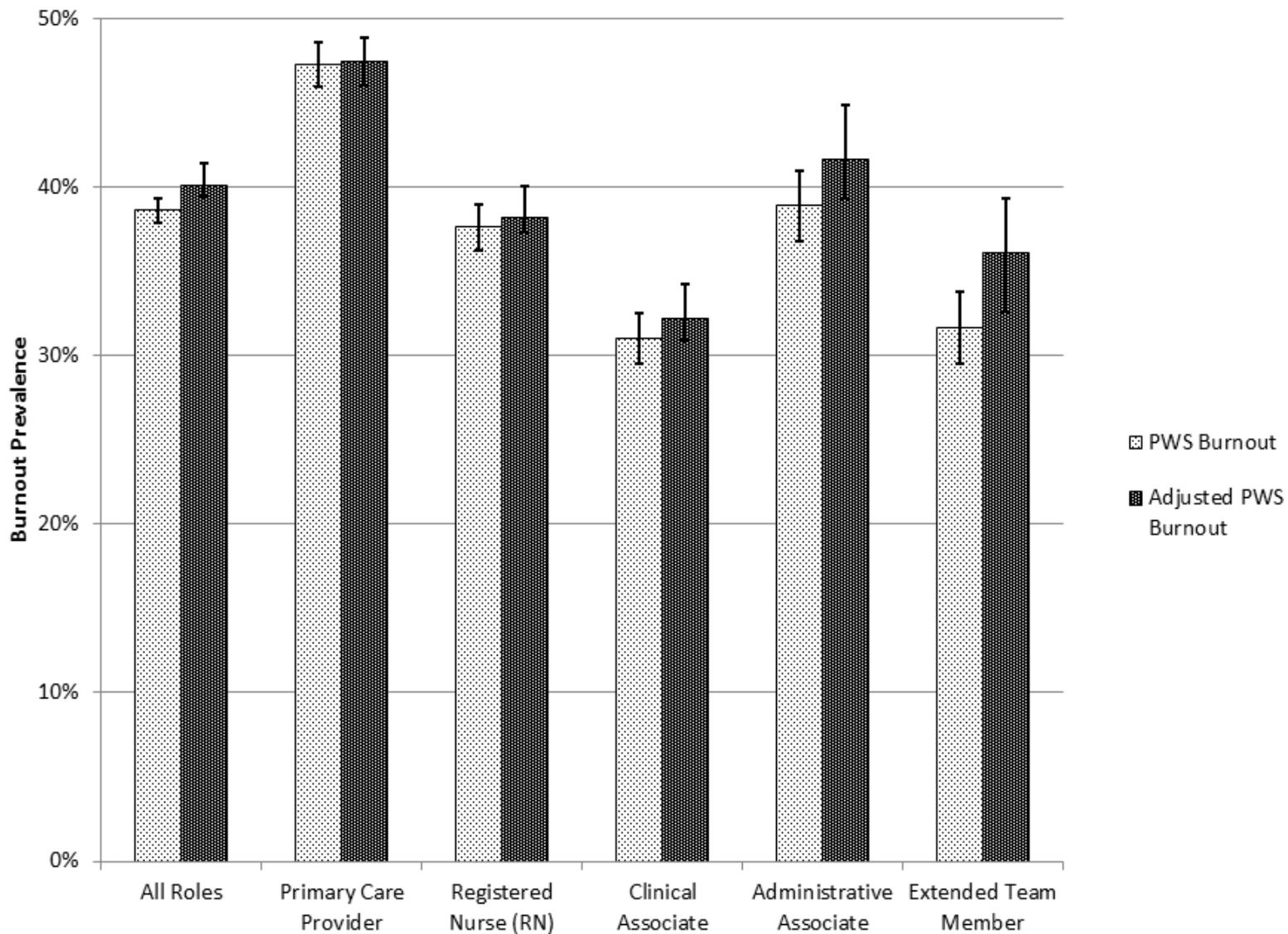
# Analysis

- Estimated overall prevalence among respondents
- Compared characteristics b/w respondents & non-respondents
- Mixed effects logistics regression to estimate propensity to respond (yes/no) based on available administrative data
- Propensities then used to form adjustment cells
- Respondents weighted by the inverse of the observed response rate in that cell
- Re-estimated burnout prevalence

	<b>Nonrespondents</b>	<b>Respondents</b>
	<b>22508 (82.7%)</b>	<b>4718 (17.3%)</b>
<b>Female</b>	72%	78%
<b>Age 50 years or older</b>	47%	49%
<b>Occupation</b>		
Primary care provider	32%	29%
Nurse care manager	23%	28%
Clinical associate	18%	21%
Administrative clerk	16%	12%
Extended team member	11%	11%
<b>VHA tenure</b>		
< 1 year	11%	11%
1 to 5 years	29%	32%
> 5 years to 15 years	41%	39%
Greater than 15 years	19%	19%
<b>CBOC</b>	46%	48%
<b>Burnout</b>	-	39%

\*all p<0.05

PWS burnout prevalence by clinical role before and after adjusting for nonresponse



# What aren't we accounting for?

- Could only adjust for observable characteristics (e.g., age)
- Could not account for a direct relationship between burnout and response likelihood

# Conclusions

- Burnout prevalence is high
  - Consistent with findings from various other surveys
- Demographic and career differences between respondents and non-respondents (though small)
- No evidence that this substantially affects our estimates of burnout
  - More work to be done within certain subgroups
  - Is burnout directly related to survey response?
- Findings should be generalized to other survey variables

# PACT National Survey Review

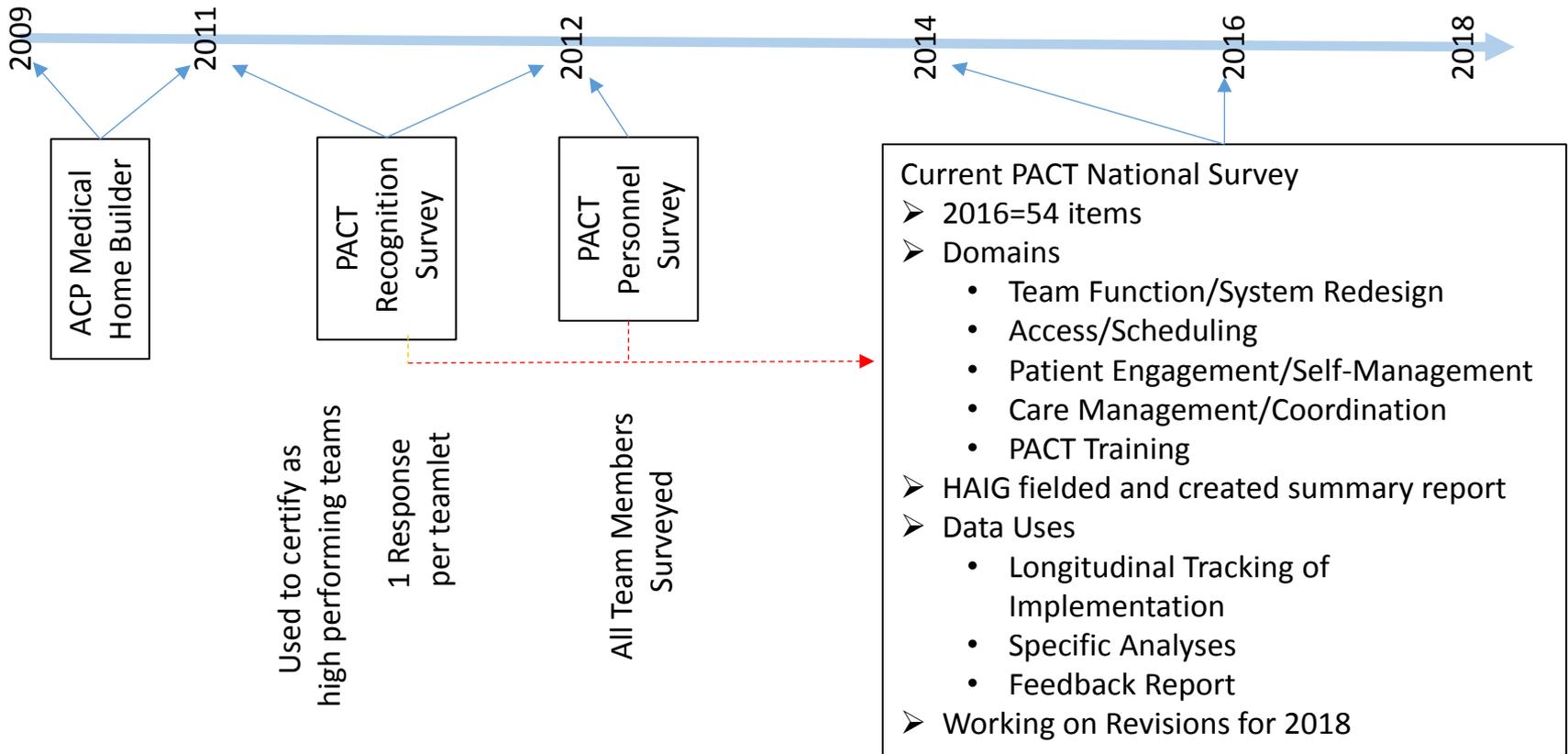
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# National PACT Survey Timeline



# Poll Question

- Which of the following do you think is most helpful in terms of increasing survey response rate?
  - Shorter survey
  - Messages of support from leadership
  - Make the items more interesting
  - Provide summary feedback after the survey
  - Nothing—There is not much that can be done

# Response Rate is Too Low



## 2018 Plan

- Direct email to participants
- Shorten length of survey

# Item Revisions



- Eliminate some items
- Focus items in fewer strategic areas that benchmark outside VHA
- Add items in emerging areas
- Directed open-ended responses
- 6 categories

# Access



- Tool usage (carve outs, telephone visits, group visits)
- Challenges (requests about specialty care, obtaining outside tests, community provider prescriptions)

# Care Management/Coordination



- Tool/Program Usage (Care Coordination Agreements, Telehealth, e-consults)
- High risk tools (CAN scores, PCAS, housing instability)
- High risk approaches (from within team, to specialty PACT, to specialty clinics)

# Work Distribution/Coordination



- Delegation/Reliance
- Top of skill working
- Education/Training

# PACT Staffing



- 3:1 Ratio
- Turnover
- Contingency Plans

# Work Environment



- Psychological Safety
- Leadership
- Team Processes
- Burnout

# Patient Centeredness



- Participation in care plans
- Updating patients
- Incorporating plans into future care

# Questions or Comments?

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