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Commentary

Addressing VHA Employee Burnout and Well-being

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Burnout is an epidemic within healthcare systems, and organizations are increasingly seeking strategies to address healthcare worker well-being. The Veterans Health Administration (VHA) has a long-standing commitment to supporting the whole health and well-being of employees and recognizes the imperative to further implement evidence-based recommendations for addressing rising burnout and supporting a culture of well-being.

Burnout, as defined in the International Classification of Diseases-11, is an occupational phenomenon. It is the result of chronic workplace stress, often triggered by organizational and system-level etiologies. It is further characterized by Maslach et al as having increased emotional exhaustion, cynicism, and depersonalization, and decreased sense of personal achievement.¹ Burnout is not new to healthcare systems, however, the current COVID-19 pandemic highlights the urgency of addressing healthcare worker well-being, as many organizations have been experiencing greater challenges in supporting the mental and physical well-being of employees² and difficulties in recruitment and retention of employees to maintain optimal staffing. While burnout is a significant manifestation of workplace stress, one cannot ignore the continuum of emotions that can emerge before burnout, including moral distress and injury, compassion fatigue, secondary trauma, and social isolation, to name a few.

This continuum then necessitates a proactive approach to supporting employees before symptoms of burnout emerge.

According to VHA's 2021 All Employee Survey (AES), approximately 25 percent of respondents reported one symptom of burnout on a weekly basis, 20 percent reported two symptoms of burnout on a weekly basis, and 5 percent reported three symptoms per week. AES results show that burnout is trending up slightly, with most of the increase in the 2 out of 3 (2/3) symptoms per week category. Moderate burnout (2/3 symptoms) is up across the board and non-clinical scores tend to be slightly higher than clinical scores.

Additionally, in 2020 and 2021, the AES included the question, "How much stress has the COVID-19 pandemic added to your day-to-day work?" High and extreme COVID-19 stress was down, as of June 2021, but still meaningful, at approximately 25 percent across VISNs and occupations. With the resurgence of COVID-19 variants after implementation of the 2021 AES survey, VHA is concerned for increases in COVID-related stress and burnout during the 2021-2022 period.

Dimensions of Employee Engagement and Well-being

Several professional societies have outlined drivers of burnout to create awareness in addressing system-level solutions. As an example, for physician well-being, Shanafelt

et al (2017) identified seven dimensions that, when deficient, can lead to burnout, and when optimized, can lead to improved employee engagement. These include meaning and purpose at work, workload and job demands, control and flexibility, work-life integration, social support and community at work, the efficiency of resources, and organizational culture and values.³

The National Academy of Medicine recently recognized six essential elements to address healthcare worker well-being. These include advancing the organizational commitment to employee well-being, strengthening leadership culture, using proactive workplace assessments, examining current policies and procedures, creating a culture of community and support, and enhancing efficiencies in workplace practice.⁴

VHA's National Center for Organization Development has identified five strategic drivers for employee engagement that highlight many of these same dimensions. These drivers include: 1) servant leadership; 2) employee voice; 3) innovative environment; 4) employee development; and 5) connection to the mission. Additionally, VHA's Whole Health model provides a conceptual framework for well-being, anchored around individual meaning and purpose, and influenced by eight domains of self-care, many of which are highly relevant to workplace well-being, such as personal and professional development, power of the mind,

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DIRECTOR'S LETTER



The COVID-19 pandemic has raised attention to the crisis of burnout in health care, especially to concerns that it is fueling early retirements and turnover. In reality, burnout in health care predated the pandemic, and is only loosely related to working long hours. Feelings of exhaustion and fatigue were common among clinicians during the pandemic and are part of

burnout, but burnout also requires feelings of depersonalization and reduced efficacy. The early months of the pandemic demonstrated that clinicians can work incredibly hard and withstand trauma when they feel they are making a difference and are supported in their work. Things worsened as the COVID-19 pandemic became politicized. Watching patients oppose public health measures, refuse vaccination, attack health care workers and succumb to preventable illnesses accelerated burnout among front-line clinicians.

What were the pre-pandemic contributors to burnout? Outside of VA, byzantine insurance processes, dysfunctional electronic health records (EHR) and reduced autonomy all contributed to a sense of disenchantment among clinicians. VA is largely spared the first

two problems – clinicians like our current home-grown EHR and we don't need to deal with third-party payers – but other factors can promote frustration. Taking care of complicated patients in the face of inadequate staffing, top-down decision-making, and over-emphasis on performance metrics can make it hard to feel one is always delivering high-quality, patient-centered care.

I was struck by two facts at a recent presentation on burnout in primary care at the Society for General Internal Medicine Annual Meeting: 1) prevalence varied widely across VA medical centers – i.e., some sites have figured out how to reduce burnout; and 2) high levels of employee engagement were protective against burnout. While the latter observation may seem tautological – engagement is the opposite of burnout – it reminds us that improving engagement rather than reducing work hours is the best cure for burnout. Improving servant leadership, making work meaningful, reducing unproductive work, and equipping our employees to succeed will make much more of a difference than a 30-minute meditation break. HSR&D is proud to be a part of the REBOOT initiative described in this issue and to have contributed research to help shape the initiative. We look forward to helping to evaluate its impact going forward.

David Atkins, MD, MPH, Director, HSR&D

family, friends, co-workers, surroundings, rest and recharge, for example.

There is clear consensus around the areas that influence organizational health and individual well-being. VHA is now able to test solutions in each of these areas at multiple layers of the organization, and to evaluate their impact. This consensus represents an exciting opportunity to partner with our research colleagues to understand the effectiveness of strategies implemented within a large, integrated healthcare system.

VHA Response to Burnout

To urgently address burnout, VHA has stood up a task force to Reduce Employee Burnout and Optimize Organizational Thriving (REBOOT), which is co-led by Dr. Mark Upton, Acting Assistant Under Secretary for Health for Community Care, Performing the Delegable Duties of the Deputy Under Secretary for Health; Dr. Marcia Lysaght, Associate Director, Patient Care Services at Greater Los Angeles Healthcare System; and Jessica Bonjorni, Chief of VHA Human Capital Management. The task

force brings together key stakeholders across multiple levels of the organization, including front-line healthcare workers. Given the complexity of burnout, the task force is further subdivided into workgroups to address systems solutions, recruitment and retention, leadership culture, and mental health and well-being. Literature reviews and environmental scans will inform evidence-based recommendations that can be used by program offices and individual facilities to implement long-term sustainable solutions.

To inform these recommendations, VHA performed an analysis using AES results and close to 700 emails from VHA employees in response to all employee messages about burnout and information shared by the task force about factors that contribute to workplace stress (Figure 1). Employees rated staffing shortages and workload to be of top concern as well as COVID-related exhaustion, while also sharing recommendations for streamlined hiring processes, flexibility in work schedules, equity in pay, and increased mental health support.

VHA is an innovative organization and recognizes that several strategies already exist to improve the culture of well-being and to diminish burnout. These include flexible work schedules, reducing non-mandatory Talent Management System (TMS) training, decreasing view alerts in the electronic health record, establishing standard work to clarify roles and responsibilities, leadership training and professional coaching, and support from the National Center for Organization Development related to effective AES action planning. An additional important strategy includes an Employee Whole Health approach to work-life integration that empowers and equips employees to explore their connection to meaning and purpose at work. The difficulty lies in communicating these solutions to 350,000 employees and prioritizing the implementation of these practices in an efficient manner.

VHA must also commit to not only mitigating factors that contribute to burnout but also to creating a culture of well-being that supports ongoing individual and team

The Role of Research and Evaluation in Addressing VHA Employee Burnout and Well-being

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VHA has paid increasing attention to burnout and well-being, particularly among clinicians, and those efforts have become more salient during the global COVID-19 pandemic. Since 2013, VHA has collected information on burnout in its annual All Employee Survey (AES). In 2017, VHA hosted a Physician Burnout Research Summit to assess what we know and identify what we still need to learn about the scope, drivers, and outcomes of VHA physician burnout. Since then, VHA efforts to address burnout have expanded in multiple ways.

Established in 2020, the VHA Employee Engagement and Workforce Stability Research Group (VEEWS) serves as a forum for VHA researchers and operational partners to generate ideas, methods, and meaningful organizational change to address employee burnout and well-being. VEEWS also serves as a space for VHA researchers and operational partners to discuss ongoing VHA efforts, and review research and evaluation findings. Since its inception, VEEWS has worked with several VHA operational partners, including the Office of Academic Affiliations and the Office of Patient Centered Care and Cultural Transformation to identify key strategic priority areas.

Recently, VHA's Health Services Research and Development (HSR&D) Service partnered with AcademyHealth, the leading health services research and policy organization, to convene a VHA Clinician Burnout Advisory Group tasked with developing a research agenda to address burnout at VHA. The advisory group will align with the Reduce Employee Burnout and Optimize Organizational Thriving (REBOOT) task force, described in this issue's commentary article. Also, this year HSR&D solicited applications for Researchers and Evaluators in Residence (REiR) to help provide initial evaluation support for pilot programs selected by the REBOOT task force.

Insights from these efforts will inform large-scale evaluations examining the impact of these pilot programs and the potential for systemwide scalability.

VHA must now employ evidence-based approaches toward targeted interventions that address clinician burnout and well-being, while expanding its efforts to better understand the experiences of non-clinician employees.

Clinician Burnout within VHA

Multiple research and operations-funded efforts to understand burnout and employee well-being are underway. We lead two existing HSR&D funded investigator-initiated research (IIR) studies on burnout within VHA (ESW: IIR 15-363; KZ: IIR 17-262). Our work focuses on primary care physicians and mental health clinicians (i.e., psychiatrists, psychologists, and social workers), the two clinical specialties with the highest reported levels of burnout among VHA providers.¹

We have found clear evidence that workload represents the leading driver of burnout.^{2,3} We have less clarity on how to address this organization-level challenge, how to decrease workload to reduce burnout, increase thriving, and improve employee well-being and Veteran outcomes. However, prior VHA research suggests that inadequate staffing explains part of the adverse effect of workload.⁴

Although the AES asks respondents to rate their level of burnout, it does not ask about factors contributing to their burnout. A follow-up AES question asks whether respondents plan to leave VA within the next year (i.e., turnover intention), and "what is the primary factor that has led you to consider leaving your current position?" Responses to this question require further exploration and might reveal preferred ways in which VHA could address clinician (and overall

employee) needs, such as compensation and/or benefits realignment, as well as flexible work arrangements (e.g., telework, alternative work schedules) that could improve workload or otherwise influence employee experience. Further, AES could incorporate items measuring employee well-being used in other health systems.

As REBOOT pivots toward organizational interventions designed to address burnout and employee well-being, these interventions must be evidence-based, actionable, and locally supported. To maintain the momentum of current efforts, those designing and implementing interventions must consider existing employee burnout and employee bandwidth to adopt interventions aimed at addressing their burnout and improving their well-being.

A VHA Research and Evaluation Agenda

As a learning health system, VHA can take several steps to ensure the long-term success of programs such as REBOOT. First, VHA needs better metrics that link employee experiences to behaviors and outcomes. For example, if one of the pilot interventions involves changing training requirements, we must arrive at a consensus on how to measure requirements, how they change, and the impact of the change on employees. Ideally, we would conduct randomized interventions or implement stepped wedge designs if randomization proves infeasible and assess the impact of interventions over time using both subjective and objective measures of employee burnout and well-being.

We must standardize the collection, tracking, and updating of key employee metrics (e.g., date of hire, transitions within VHA between services, tenure in each role, burnout from AES, well-being). We must make metrics available to managers, leadership,

Whole Health for Employee Morale: Addressing Workforce Needs

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The VA Office of Patient-Centered Care and Cultural Transformation (OPCC&CT) launched with the goal of introducing whole health into clinical practice and transforming the approach to Veteran care from “what’s the matter with you” to “what matters to you.” Since that time, OPCC&CT’s priorities have evolved to include the goal of bringing the whole health experience to employees.

VA’s efforts to improve employee well-being started in 2008 and have expanded to encourage VA employees across all medical centers to increase physical activity, improve nutrition, stress management, and pursue smoking cessation along with other health-focused programs. Initially, VA viewed the program as a benefit for employees to allow them the chance to live a healthier life. In the last few years, VA has also emphasized the alignment between whole health systems of care components and empowering employees in areas of self-care, health, and well-being. Offerings for employees include complementary and integrative health (CIH) practices (e.g., meditation, yoga), and self-care education classes (e.g., tobacco cessation, nutrition, stress management).

Research has linked employee whole health practices to the development of greater resilience, the adoption of stress management skills, and better management of burnout and other negative workplace emotions. While systems-level features (e.g., social support, resources, job demands, and work-life integration) can influence burnout, employees who focus on engaging in self-care practices have reported a greater ability to manage these types of stressors at work.

The COVID-19 pandemic led to increased efforts across VA facilities to support employee well-being by expanding their offering and support of Employee Whole Health (EWH). Facilities offered courses and materials through online mediums that allowed

employees access to virtual sessions and expanded the variety and number of offerings. Popular session topics and activities have included mindfulness, building resilience, yoga, and Tai Chi. Managers also encouraged employees to participate and set specific performance goals involving EWH.

A recent evaluation effort conducted by the Evaluating Patient-Centered Care (EPCC) QUERI Partnered Evaluation Initiative (Bedford, Mass.) in 2021 consisted of interviews with 27 members of EWH implementation teams across 10 VA medical centers about factors that facilitated or challenged implementation. Implementation teams identified a variety of these factors, including practices related to leadership commitment and engagement, systematic organizational efforts, communication with employees, champions, and staffing of the implementation team. Implementation teams also reported that dedicated time and recognition of EWH as a priority by middle managers, along with the culture of the medical center are critical for sustaining the EWH program.

A key question resulting from these efforts is whether EWH has impacted workforce morale. Prior work involving the VA All Employee Survey (AES) over the last several years (2018 – 2021) has examined clinician participation in delivering whole health care to Veterans and its association with personal experiences at work. Findings suggest that employees who were able to participate in training, discuss whole health concepts with coworkers, and deliver care to patients aligned with the whole health model reported more favorable ratings of their medical center as a best place to work, experienced greater work motivation, had lower intent to leave, and lower reported burnout rates. One reason why whole health may have influenced these ratings is that EWH can provide clinicians with greater flexibility in how they provide care and can encourage

Key Findings

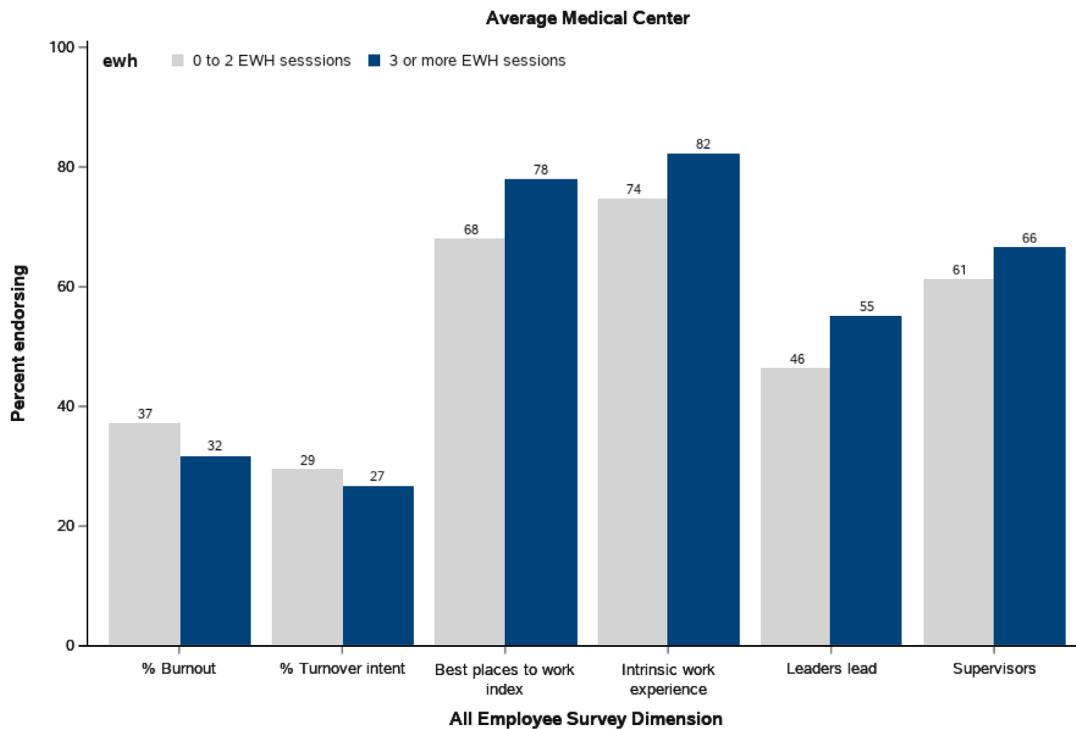
- Research has linked employee participation in whole health practices to greater resilience, improved stress management skills, and better management of workplace burnout.
- VA recognizes the importance of applying its whole health systems of care in order to empower personal engagement and activation among employees in areas of self-care, health, and well-being.
- The 2021 All Employee Survey (AES) found that employees who participated in more Employee Whole Health (EWH) sessions reported lower rates of burnout and perceived their workplaces more positively, including their relations with managers, supervisors, and their own levels of motivation.

better and more personal connections with their patients. In fact, sites that reported greater whole health involvement also reported higher patient ratings of care.

In 2021, the AES asked employees about participation in various EWH activities consisting of CIH and self-education courses. Employees who participated in more sessions reported lower rates of burnout and perceived their workplaces more positively, including their relationships with managers, supervisors, and their own levels of motivation (Figure 1).

Another recent evaluation in 2021 by EPCC involved interviews of 31 employees about their participation in EWH activities, how they felt participation influenced work itself, as well as factors that facilitated participation. Employees indicated that convenience of activities, such as course offering times and virtual or recorded sessions, allowed for greater ease of participation during the day and offered a much-needed mental break from work. Other employees noted that after participating in an EWH activity, they had

Figure 1. National Level: Participation in any Employee Whole Health and AES



a better understanding of what it entails, and greater confidence and willingness to recommend similar activities to patients. Employees also noted the importance of supervisors and medical center directors who send clear and positive messages that support employees' participation in EWH. In fact, a recent pilot study led by OPCC&CT has started to examine the effect of allowing 30 minutes per week of dedicated time for EWH. Further, those who participated in EWH activities reported feeling less stressed and reported that

they felt a greater ability to deal with difficult situations on the job. One individual reported that mindfulness practices would better prepare her to engage in difficult conversations with family members of Veterans.

To support EWH, clear VA policies and guidance would help encourage and support employees in taking time to participate in EWH activities. Such an effort may lead to a more refreshed and focused employee workforce, an important issue given the staff retention

challenges that VA and other health care systems are currently experiencing.

References

1. Reddy KP et al. "Veterans Health Administration's Whole Health System of Care: Supporting the Health, Well-Being, and Resiliency of Employees," *Global Advances in Health and Medicine* 2021; (10): 1–6.
2. Bokhour BG et al. Whole Health System evaluation of care progress report. https://www.va.gov/WHOLEHEALTH/docs/EPCC_WHSevaluation_FinalReport_508.pdf.
3. Burnout and Resilience: Frequently Asked Questions - Whole Health Library (va.gov)

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researchers, and other stakeholders through user-friendly interfaces (e.g., dashboards) that parallel the detailed reporting tools VHA uses to monitor care received by Veterans. VHA should maintain and update these interfaces to identify employees, clinics, and facilities that may exhibit higher readiness or need for workplace interventions or additional support. Data interfaces will enable researchers to employ more complex study designs and analysis of employment outcomes.

We strongly recommend evidence-based, data driven, and rigorously assessed solutions. We must ask ourselves whether evidence shows

an approach has its desired or intended impact. How is the evidence changing over time? How do implemented solutions interact with other organizational changes that affect employees, such as changing telework policies? We should conduct analyses using the metrics described above to determine how representative REBOOT pilot participants and participants in other Program Office- and HSR&D-funded projects and studies are of VHA employees/clinicians.

In addition, what we know about clinician burnout and well-being informs our efforts to address broader employee burnout and

well-being, but we need additional research to understand the non-provider and non-clinician experience. Only by including a diverse set of stakeholders (e.g., frontline employees, managers, clinicians, non-clinicians) in our research can we develop interventions tailored to address the breadth of employee experiences in VHA and seek to make larger impacts. Also, burnout represents only one potential aspect of employees' work experiences. Understanding how employees think about work and make employment decisions beyond burnout can inform additional opportunities for interventions and evaluations that impact employee well-being.

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Differences in Burnout between VA Women’s Health PCPs and General PCPs

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Burnout is high in VA primary care, affecting 45 to 55 percent of providers. High burnout can be associated with increased turnover, reduced patient safety, poorer quality of care, and worse doctor-patient relationships. Drivers of burnout in VA primary care are multifactorial, including difficulties with patient-aligned care team (PACT) model components (e.g., working with the call center),¹ poor job-person fit,² challenges with task delegation, and low levels of staffing.

Women are a numerical minority among the VA patient population, largely due to the historically low participation of women in the military. However, they are the fastest growing segment of new users, and need to be assured of access to high quality, comprehensive primary care. To address their needs, VA has mandated availability of Women’s Health Primary Care Providers (WH-PCPs) at every facility to consolidate their care among trained and proficient providers.

Over 80 percent of women Veterans receive care from WH-PCPs, and 75 percent of WH-PCPs have participated in a VA mini-residency on women’s health issues. While care provided by WH-PCPs is of higher quality and receives higher patient ratings than care provided by general PCPs, WH-PCPs face many challenges

in caring for women Veterans, as they have more service-connected disabilities, use more healthcare services, and have more exposure to harassment, trauma, and violence compared to men. These unique needs, as well as the lack of specialized non-provider staff, may contribute to higher burnout among WH-PCPs. To study this issue, we examined differences in burnout and intent to leave practice between WH-PCPs and general PCPs, adjusting for provider- and facility-level characteristics.

Approach to Studying Differences between WH-PCPs and General PCPs

Our team created a sample of PCPs (physicians, nurse practitioners, and physician assistants; including, 2,751 WH-PCPs and 5,152 general PCPs) from the 2017 to 2019 waves of the VA All Employee Survey, which recorded greater than 60 percent response rates in all three years. Respondents were considered burned out if they stated that they experienced emotional exhaustion or depersonalization once a week or more. Data on intended turnover within the next year, and the reasons for that turnover were also collected. We also obtained provider-level data on WH-PCP status, gender, race, ethnicity, length of job tenure, and supervisory role status.

Key Findings

- This article shares findings from recent research that examined differences in burnout and intent to leave practice between Women’s Health Primary Care Providers (WH-PCPs) and general Primary Care Providers (PCPs).
- This research found that between 2017 and 2019, WH-PCPs were more likely to be burned out compared to general PCPs (55 percent vs. 46 percent) and were more likely to report burnout.
- Literature suggests that organizational approaches are most effective at combating burnout, and that understanding the organizational drivers of burnout is key to improving provider well-being.

We linked individual response data to the facilities where providers worked. Facility data from the VA Corporate Data Warehouse and the VA Office of Women’s Health included medical center vs. community-based outpatient clinic status, presence of a comprehensive women’s health clinic, patient visit volume, support staff per PCP, observed-to-expected panel size, average Nosos (Greek for “chronic disease”) risk adjustment score, academic affiliation, geographic region, and rurality.

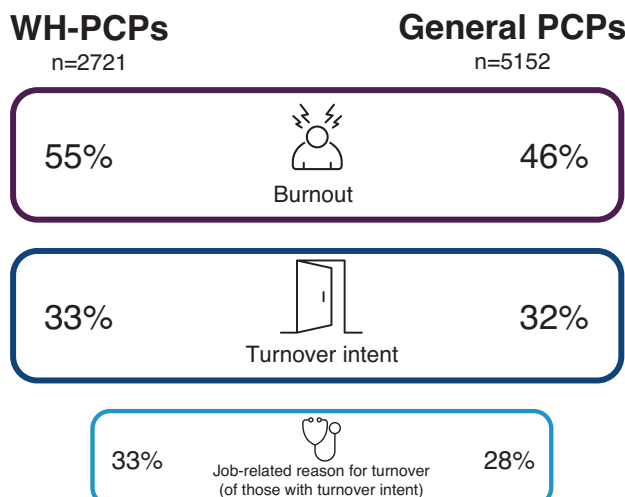
We pooled the cross-sectional data across years and created multi-level logistic regression models, nesting providers within facilities. Burnout and intent to leave were model outcomes, with survey year, provider and facility characteristics, and the interaction between provider gender and WH-PCP designation as model covariates.

WH-PCPs Reported Higher Burnout but Similar Intentions to Leave VA

Between 2017 and 2019, WH-PCPs were more likely to be burned out compared to general PCPs (55 percent vs. 46 percent; Figure 1), and were more likely to report burnout, even after adjusting for other provider- and facility-level factors. Despite these burnout differences, turnover rates were similar (33 percent vs. 32

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Figure 1. Burnout, turnover intent, and reasons for turnover among VA Women’s Health and general primary care providers



percent) and were not related to provider type (i.e., WH- or general PCP). However, WH-PCPs (33 percent) who intended to leave VA were more likely to describe their reason for leaving as job-related (e.g., type of work), compared to general PCPs (28 percent).

The drivers of this burnout disparity are still unclear, but WH-PCPs may be experiencing stressors that are not easily captured in the available data. Interestingly, WH-PCPs have similar or lower workloads compared to general PCPs by conventional measures (patient encounters, staff-to-provider ratios, panel sizes), and WH-PCPs are permitted lower panel sizes if a majority of their patients are women Veterans, given their physical and mental health comorbidities on average. That said, our Nosos risk adjustment measure of facility-level patient clinical complexity captures few patient social conditions (e.g.,

homelessness related to mental health) and does not include exposures to sexual trauma or intimate partner violence in the military, both of which are prevalent among women Veterans who rely on VA for care. Therefore, the complexity of women’s clinical risks may not be accurately represented by standard risk adjustment, so women Veterans’ clinical complexity could still be contributing to these differences in burnout through longer, more complex patient visits.

Colleagues at our Center recently conducted qualitative interviews among WH-PCPs who no longer deliver women’s primary care, and data from these interviews may inform practice and policy changes capable of addressing this burnout disparity. The burnout literature suggests that organizational approaches are most effective at combating this phenomenon, and that understanding

the organizational drivers of burnout is key to improving provider well-being. The new VHA-wide Reduce Employee Burnout and Optimize Organizational Thriving (REBOOT) Task Force will benefit from this and related work as recommendations emerge for how we can support providers, teams, and facilities in their quest to reduce burnout.

References

1. Apaydin EA, et al. “Association between Difficulty with VA Patient-centered Medical Home Model Components and Provider Emotional Exhaustion and Intent to Remain in Practice,” *Journal of General Internal Medicine* 2020; 35(7):2069-75.
2. Apaydin EA, et al. “Burnout Among Primary Care Healthcare Workers During the COVID-19 Pandemic,” *Journal of Occupational and Environmental Medicine* 2021; 63(8):642-5.
3. Apaydin EA, et al. “Differences in Burnout between VA Women’s Health and General Primary Care Providers,” *Journal of General Internal Medicine* 2021. Online first.

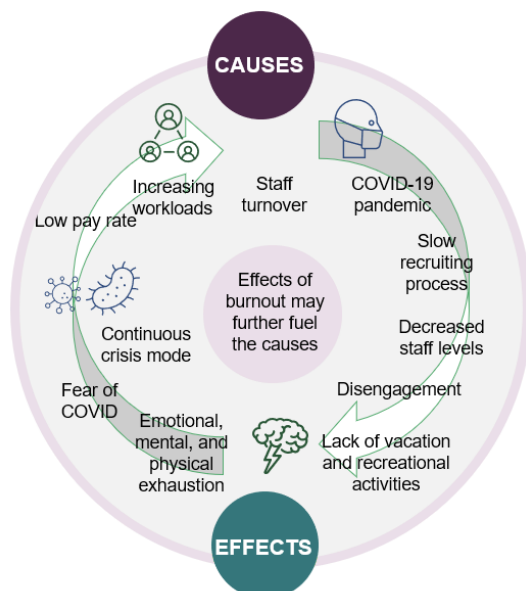
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thriving. REBOOT is focused on long-term sustainable strategies to prevent occupational stressors downstream and create fulfillment and joy in work, while also understanding the feasibility for evaluation of impact. It is therefore important to design strategies for healthcare worker well-being from a system, team, and individual level to support employee engagement. Addressing system-level burdens allows employees to become

more engaged in their work and focus their attention on developing personalized interactions with the Veterans for whom they care. This effort includes continued work on healthcare transformation from a system focused on disease-based care and associated metrics to one focused on a whole health approach with value-based metrics. Developing servant leaders who embrace a culture of well-being supports

team health and psychological safety, creating a high-reliability organization. Empowering individuals through whole health, well-being, and resiliency efforts strengthens opportunities for optimized work-life integration. In addition, helping healthcare workers and leaders proactively recognize signs of distress, physically and mentally, as well as impending burnout, will allow systems to respond in a timely fashion, much

Figure 1. Analysis of Employee Burnout Feedback



Employee recommendations include:

STAFFING

- Hiring more staff
- Streamlined recruiting and onboarding process
- Centralized HR and recruiting

PAY

- Pay commensurate with private sector
- Option to go part-time
- Bonus paid time off for staff working in COVID

SCHEDULES

- Reduce panel sizes and administrative tasks
- Part time reserve nurses for high demand periods
- More consistent and flexible schedules

BENEFITS & POLICIES

- “Leave” category for mental health and well-being
- Employee vaccination requirements
- In-person recreation activities post-pandemic

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Data-Driven Insights to Inform Strategic Recruitment and Retention of VA Primary Care Physicians

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Maintaining a fully staffed and highly functioning Veterans Health Administration (VHA) workforce is one element of VHA's promise of delivering high quality care to Veterans. However, some VHA facilities have faced staffing challenges, with 47,310 staff vacancies reported in public VA Mission Act Section 505 data as of the fourth quarter of 2021.¹ A recent Inspector General report found 90 percent of VHA facilities had a "severe shortage" in at least one physician specialty.² The ability to maintain a fully staffed workforce depends, in part, on the ability to successfully recruit and retain medical staff. However, little work has been done to inform strategic approaches to help stakeholders with these efforts. Such information is particularly timely given the current state of the labor market and the substantial hiring challenges within the healthcare sector.

This FORUM article presents findings from an HSR&D Merit Review Study titled "Identifying Value Driven Approaches to Strengthening the VA Primary Physician Workforce." We focus on issues of recruitment and retention in primary care physicians because primary care functions as the centerpiece for managing and coordinating care for Veterans within the Patient Aligned Care Team (PACT) medical home model. An overall goal of our study is to generate data-driven insights that cut across VA service lines and occupations.

The issue of strategic recruitment of primary care physicians has been scarcely examined but offers substantial potential as VHA is the largest provider of medical training in the United States. Supporting positive experiences in VHA during training and reinforcing the desirable aspects of VHA employment may serve as a catalyst to motivate medical residents to pursue long-term careers in VHA. In partnership with the Office of Academic Affiliations, we conducted semi-structured phone interviews with 24 internal medicine residents and 30 newly hired primary care

physicians to assess their training and employment experiences. For residents, we asked open-ended questions and follow-up probes about their experiences training in VHA and desirability of permanent employment in VHA. For newly hired primary care physicians, we asked about their experiences working in VHA primary care and why they chose VHA for employment. Qualitative content analysis revealed three core themes:

- VHA culture is unique and a major contributor to job satisfaction (Figure 1),
- PACT has the potential to be 'a true Patient-Centered Medical Home,' but didn't always live up to that ideal, and
- VHA employment is better than many expected, but the hiring process was a challenge.

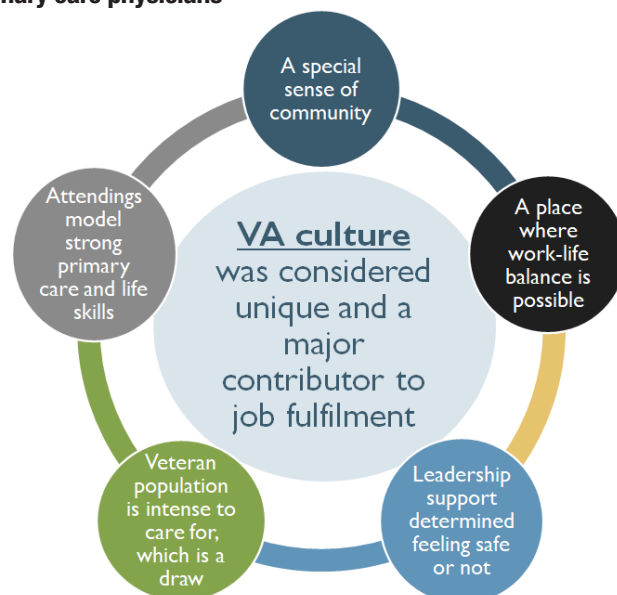
Overall, we found that alignment with VHA's patient-centered mission and community-based culture served important roles in job satisfaction despite administrative and bureaucratic

Key Findings

- Findings from a recent HSR&D Merit Review Study highlight the challenges associated with maintaining an adequate health workforce, particularly in rural VHA clinics.
- As the largest provider of medical training in the United States, VHA has a unique opportunity to reinforce the desirable aspects of VHA employment during resident training.
- By examining a database of primary care physicians practicing at VHA facilities, the authors determined that physicians employed in clinics that ranked higher in delivering accessible care were at lower risk of turnover.

challenges. Future recruitment efforts targeting physicians based on these factors may yield the most success in bolstering the primary care physician workforce.

Figure 1. Key elements of VHA's unique culture indicated by medical residents and new VHA primary care physicians



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To explore primary care physician retention, our study team analyzed individual- and clinic-level determinants of physician turnover. We developed a database of 6,631 primary care physicians practicing at VHA facilities nationally from 2012 through 2016. This database included characteristics constructed from VA's data sources, including the Corporate Data Warehouse (CDW) and Personnel Accounting Integrated Data (PAID). Of particular interest were seven composite measures within the PACT Implementation Progress Index (PI²), which capture the degree to which primary care clinics had integrated core elements of the Patient-Centered Medical Home model.³ Applying discrete hazard models, we found that physicians employed in clinics that ranked higher in delivering accessible care were at lower risk of turnover. Two items in the "access composite" help explain this finding:

- Better staffing and functioning of supporting team members who handle responsibilities such as answering questions after hours and managing timeliness of care in clinic, and
- Better access may reflect shorter appointment wait times for Veterans receiving care at clinics resulting from smaller panel sizes and lower workloads.

Other notable factors associated with lower turnover included higher total compensation, urban location, and internal medicine specialty.

Given the importance of primary care provider staffing, clear metrics are needed to communicate the degree to which a clinic is under or overstaffed. Following a VHA Primary Care directive, full-time primary care physicians and advanced practice providers (e.g., nurse practitioners, physician assistants) have a maximum panel size of 1,200 and 900 patients, respectively. By comparing the number of assigned primary care patients with the number of full-time equivalent (FTE) physicians, one can determine primary care provider staffing levels at the clinic level. Our team developed a "gap metric," which calculates the ratio of theoretical maximum patient capacity to the number of assigned patients at 916 primary care clinics between 2017 and 2021. During this period, 72 percent of VHA clinics were not fully staffed for at least one month and 6 percent of clinics were understaffed for the full tracking period; only 22 percent of clinics were fully staffed the entire four years. On average, rural clinics were understaffed 21 percent of the period, compared to 14 percent of the period for rural clinics. Considering the current 6,202 primary care provider FTE nationally, this represents a national staffing deficit of about 5 percent; it also identifies 10-15 percent of excess capacity that could potentially be re-deployed elsewhere to help with staffing shortages.

Taken together, findings from our study reiterate the challenge of maintaining an adequate health workforce, particularly in rural VHA clinics. While VHA may not be a fit for all VHA trainees, survey data collected from our study indicate over 50 percent of internal medicine residents would consider VHA employment. Regardless, recruitment efforts should focus on these residents, particularly those who connect with VA's unique culture. The findings further suggest that processes to improve access to care for Veterans have the added benefit of protecting against physician turnover. Furthermore, other clinical areas seeking to increase retention may benefit from adapting PACT-related processes to improve access to care as one strategy to support providers.

References

1. Department of Veterans Affairs. VA Mission Act Section 505 Data - FY2021 Quarter 4. <https://www.va.gov/employee/va-mission-act-section-505-data/>. Published 2022.
2. Department of Veterans Affairs Office of the Inspector General. OIG Determination of Veterans Health Administration's Occupational Staffing Shortages Fiscal Year 2021. <https://www.va.gov/oig/pubs/VAOIG-21-01357-271.pdf>. Published 2021.
3. Nelson KM, Helfrich C, Sun H, et al. "Implementation of the Patient-centered Medical Home in the Veterans Health Administration: Associations with Patient Satisfaction, Quality of Care, Staff Burnout, and Hospital and Emergency Department Use," *JAMA Internal Medicine* 2014; 174(8):1350-8.

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the same as proactive care can help mitigate downstream disease for a patient.

As the REBOOT task force brings forward high-impact, feasible recommendations, VHA must partner with frontline leaders and employees to implement these solutions. These recommendations will also present an opportunity to partner with HSR&D to design demonstration projects to evaluate the implementation and effectiveness of

recommendations, thereby informing the larger spread and sustainability of these practices over time.

References

1. Maslach C, Schaufeli WB, Leiter MP. "Job Burnout," *Annual Review of Psychology* 2001; 52:397-422.
2. Hendrickson RC, et al. "The Impact of the COVID-19 Pandemic on Mental Health, Occupational Functioning, and Professional Retention Among Health Care Workers and First Responders," *Journal of General Internal Medicine* 2021:1-12.

3. Shanafelt TD, Noseworthy JH. "Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout," *Mayo Clinic Proceedings* 2017; 92(1):129-46.

4. <https://nam.edu/compendium-of-key-resources-for-improving-clinician-well-being/>

Burnout, COVID-19 Perceptions, and Inclusion, Diversity, Equity, and Authenticity (IDEA) amongst VHA Employees

Anthony Gibson, PhD, Katerine Osatuke, PhD, and Cheyna Brower, PhD, all with the VA National Center for Organizational Development, Cincinnati, Ohio

Our lives have changed dramatically since the COVID-19 pandemic, both personally and professionally (Cho, 2020; Hupkau & Petrongolo, 2020). Most VA employees who can perform their work from home have continued to telework through 2021. However, not all VA jobs can be performed from home (e.g., treating patients), and not all VA employees can continue to put their own (and their family's) health in danger by risking exposure to COVID-19 by working on campus or in person. Clearly, COVID-19 is an added stressor in the VA work environment. Using 2021 VA All Employee Survey (AES) data, this article describes employee attitudes and perceptions about burnout, COVID-19 related stress, and the relationship of these perceptions to inclusion, diversity, equity, and authenticity (IDEA).

Burnout Perceptions of VHA Employees

Overall, 2021 AES data show that few VHA employees (5 percent) reported the highest level of burnout. Because burnout is influenced by environmental factors, different occupation groups typically experience different burnout levels. Amongst the occupation groups (i.e., physicians, nurses, other clinical, administrative, and wage employees), wage employees reported the highest burnout scores. Administrative personnel, nursing staff, and other clinical staff reported similar burnout levels to one another, which were all higher than physicians.

Among physicians, primary care physicians reported the highest average burnout score, followed by psychiatrists. Level one nurses reported the highest burnout across all types of nursing. Among other clinical staff, pharmacists and psychologists reported the highest burnout. Clinical schedulers reported the highest burnout among administrative personnel. Among wage employees, food-

related occupations (e.g., canteen workers, cooks) reported higher burnout than other types of wage employees.

Multiracial and Native American employees reported the highest average burnout score, notably higher than White and Asian employees. Native American employees reported the highest burnout within physicians, nurses, administrative, and other clinical occupations; multi-racial employees reported the highest burnout among wage employees.

Women reported slightly higher burnout levels than men. The burnout gap between women and men was largest for physicians, other clinical occupations, and in wage jobs.

COVID-19 Perceptions of VHA Employees

Overall, VHA employees were satisfied with VA's response to the COVID-19 pandemic. By occupation, wage employees were consistently less satisfied with the COVID-19 response (i.e., having the skills to help coworkers, supervisor's role preparation, and trusting COVID-19 related information from senior leadership). That is, wage employees expressed less satisfaction with the messaging from leadership around COVID-19.

Overall, around 56 percent of VHA employees said that COVID-19 had added at least a moderate amount of stress, and about 23 percent said it had added high or an extreme amount of stress. Of those feeling high and extreme stress, staffing/coverage needs were identified as the greatest source of stress.

The COVID-19 support most requested by VHA employees included improved staffing and coverage, and policy changes such as leave usage. This pattern appeared consistent for administrative personnel, nursing, and other clinical. Wage employees also voiced a need for pandemic response plan communication,

Key Findings

- COVID-19 is an added stressor to employee attitudes and perceptions about burnout. The pandemic has also impacted employee perceptions about inclusion, diversity, equity, and authenticity (IDEA).
- Most employees (56 percent) found that COVID-19 had added at least a moderate amount of stress to their work.
- Overall, 12 percent of all VHA employees reported experiencing discrimination within their workgroup on the 2021 AES, suggesting that more work is needed to make VHA as inclusive a work environment as possible.

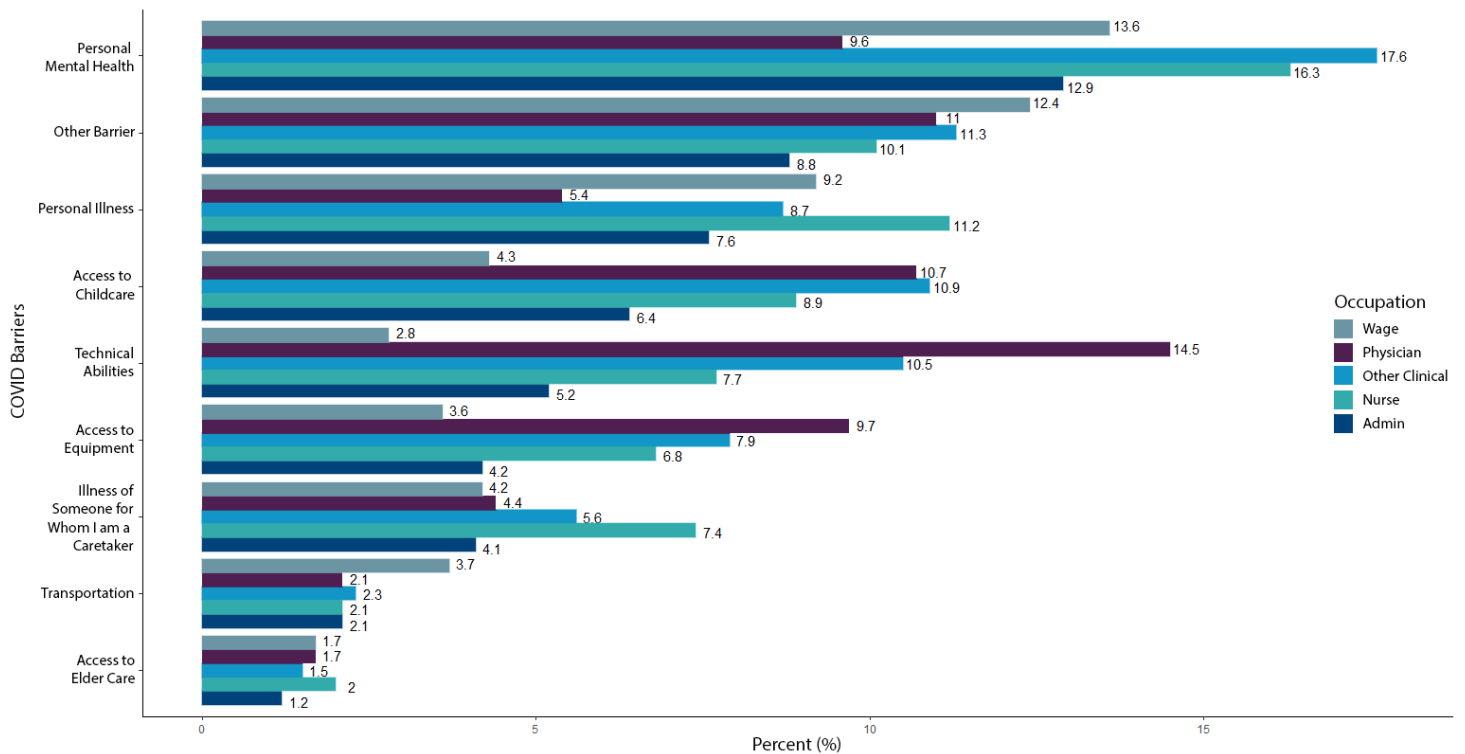
a need that aligns with their expressed lack of trust in the information provided by senior leadership. Physicians were the only occupation group to request logistical support (i.e., supplies, space) as a top priority.

COVID-19 barriers to work identified most frequently by VHA employees included challenges with personal mental health (15 percent), other barriers (10 percent), and challenges with personal illness (9 percent). This pattern held true for administrative personnel, nurses, and wage employees. Other clinical staff and physicians identified access to childcare and technical abilities needed to operate virtual systems (e.g., Skype) as additional barriers.

AES Vaccination Data

By June 2021, 78 percent of VA employees reported having received the COVID-19 vaccine. Vaccination rates varied widely among employees based upon their occupation. VA physicians reported the highest and quickest rate of vaccinations, where 90 percent of VA physicians received the vaccine by March 2021. Only 4 percent of physicians had not received the vaccine by June 2021. Occupations with the lowest reported vaccination rates included wage

Figure 1. Analysis of Employee Burnout Feedback



employees (27 percent), administrative employees (22 percent), and nursing staff (18 percent). As a group, wage employees had the lowest vaccination rate (27 percent) and a high percentage indicated that their position did not enable them to telework (76 percent). In June 2021, 18 percent of VHA employees indicated they would seek medical (8 percent) or other (10 percent) vaccine exemptions. Wage employees, administrative personnel, and nursing staff were most likely to state they would resign if VA mandated the COVID-19 vaccine for employees.

Inclusion, Diversity, Equity, and Authenticity (IDEA) across VHA

Overall, 12 percent of all VHA employees reported experiencing discrimination within their workgroup on the 2021 AES. Black (16 percent), Multiracial (18 percent), Native American/Alaskan (19 percent), and Native Hawaiian/Islander (17 percent) employees reported more discrimination than White employees (10 percent). These employees make up more than a quarter of VHA employees. Employees with disability

(20 percent of VHA employees) had worse experiences than those without disability, reporting more discrimination, less inclusivity, less authenticity, and less opportunity. Women (64 percent of employees) reported lower scores on their experiences of inclusivity and opportunity than did men.

Across sexual orientation identities, bisexual and other employees had worse experiences than straight employees across all IDEA scores. Employees who identified as gay or lesbian reported more discrimination and lower authenticity scores than straight employees.

Employees who identified as transgender (approximately 0.5 percent) reported the worst experiences across all IDEA scores of any demographic measured by AES. That is, transgender employees experienced the highest rates of discrimination (30 percent) and had the lowest scores (i.e., more than half a point lower) of any demographic category for inclusivity, authenticity, and opportunity. Note that 43 percent of transgender employees are

Veterans themselves and have slightly better experiences than non-Veteran transgender employees.

In summary, few VHA employees reported high levels of burnout and wage employees reported the most burnout of any occupation group. Employees are satisfied with the VA COVID-19 response but reported improved staffing as the most common COVID-19 need. Twelve percent of VHA employees reported experiencing discrimination, indicating that we can all help make VHA the most inclusive environment possible.

References

1. Cho, E. "Examining Boundaries to Understand the Impact of COVID-19 on Vocational Behaviors," *Journal of Vocational Behavior* 2020, 119, 103437.
2. Hupkau, C., & Petrongolo, B. "Work, Care and Gender during the COVID-19 Crisis," *Fiscal Studies* 2020, 41(3), 623-51.
3. Maslach, C., Jackson, S. E. and Leiter, M. P. 1996. *Maslach Burnout Inventory*, 3rd ed., Palo Alto, CA: Consulting Psychologists Press.

Innovation Update

Improving Patient Care and Physician Resilience through Effective Veteran-Centered Communication and Documentation Practices

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Burnout: a state of breakdown like a pine forest after a wildfire. Tree trunks standing charred and black having lost their hold on life. It's a bleak and forlorn landscape.

Resilience: like a rubber band, it may become stretched to the breaking point, but once tension is released, it returns to its original shape and elasticity. Unlike burnout, resilience is a renewable resource, a place of restoration and comfort.

Our VA project was designed to look at the relationships between exam room documentation practices, patient- and relationship-centered care principles, and resilience. Computers have been used in clinical practice for decades, mostly in the back office, not as a dominant feature of the clinical encounter. As demands for throughput and numerous documentation requirements have expanded, computers and the electronic health record (EHR) are playing an increasingly visible role in medical visits, so much so, that in one of our early studies, we found that some primary care physicians (PCPs) spent as much as 80 percent of the visit interacting with the computer screen rather than the patient. This pattern of practice is at odds with the commitment of VA and other healthcare organizations to include patient centeredness as a quality measure. In addition to the exam room, there is evidence that PCPs spend an average of 1 to 2 hours at home completing their electronic documentation.

One of the early findings from our current study is that in responding to the complexities of documenting while doctoring, some PCPs have developed ways of remaining patient and relationship focused and at the same time producing highly accurate and complete notes. They also continue to find joy in their practice of medicine. We are now at work converting our observations into a curriculum that will help physicians who are stretched to the max lessen the tensions associated with documenting care in the midst of giving it, and in so doing find renewal and joy in the practice of medicine.

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Finally, we need more evidence on how to implement interventions effectively. Although existing literature provides the basis for long-term sustainable solutions to reduce burnout,⁵ their effectiveness in real-world settings such as VHA, where substantial barriers may exist, is unclear. Implementation trials can help identify strategies that increase awareness and adoption of these promising solutions. VHA needs to implement effective interventions that incorporate proven approaches that become readily accessible to employees; otherwise, we risk exacerbating existing tensions, challenges, and barriers to mitigating burnout and improving employee well-being.

Investing in the future of VHA

We must invest in data infrastructure development that aligns with learning healthcare system and high-reliability organization principles to better inform and support local and national research and improvement efforts on employee well-being in VHA. Accomplishing this goal will require multifaceted and cross-disciplinary set

of approaches with dedicated resources and active collaboration across diverse stakeholders in VHA.

References

1. Rinne ST, Mohr DC, Swamy L, Blok AC, Wong ES, Charns MP. "National Burnout Trends Among Physicians Working in the Department of Veterans Affairs," *Journal of General Internal Medicine* 2020; 35(5):1382-8.
2. Sterling R, Rinne ST, Reddy A, et al. "Identifying and Prioritizing Workplace Climate Predictors of Burnout Among VHA Primary Care Physicians," *Journal of General Internal Medicine* 2022; 37(1):87-94.
3. Zivin K, Chang MM, Van T, et al. "Relationships between Work-environment Characteristics and Behavioral Health Provider Burnout in the Veterans Health Administration," *Health Services Research* March 1, 2022 [online ahead of print].
4. Helfrich CD, Simonetti JA, Clinton WL, et al. "The Association of Team-specific Workload and Staffing with Odds of Burnout among VA Primary Care Team Members," *Journal of General Internal Medicine* 2017 Jul;32(7):760-766.
5. West CP, Dyrbye LN, Erwin PJ, Shanafelt TD. "Interventions to Prevent and Reduce Physician Burnout: A Systematic Review and Meta-analysis," *Lancet* 2016; 388(10057):2272-81.

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