

Creating Healthy Work Environments VIRTUAL 2021

A Qualitative Exploration of how Administrators in Community Health Promote Organizational Ethos to Mitigate Burnout

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Purpose: Physicians and registered nurses in the United States (US) suffer from high rates of burnout¹, reducing their ability to provide empathic care to their patients² and negatively impacting the quality of care they deliver.³ Providers in community health settings serve a low income, minority population that both displays a preference for, and improved outcomes associated with, emotional connections with their providers^{4,5,6}. Currently, little is known about how administrators (admins) in community health settings have attempted to mitigate burnout and the results of such strategies; therefore, the purpose of this qualitative study was to explore strategies being used by admins in community health settings to mitigate provider burnout.

Methods: Six admins (n=6) in low resource, minority-serving, community health settings were interviewed (a total of 10 interviews). Phone and in-person interviews were conducted using a semi-structured interview guide informed by Grounded Theory Methodology. Some participants were interviewed more than once during the process of theoretical sampling. Transcribed interviews were coded and analyzed using a five-step, Braun and Clark (2006) Thematic Analysis method.

Results: One category, with two properties, emerged describing admin efforts to mitigate provider burnout. This category, *Organizational Ethos*, describes admins' efforts to promote a mission statement (vs. economic gain) as a driver of clinical culture and training at their institution. The two properties of this category were: *Recognized mission*, and *Role in mission*. *Recognized mission* describes how admins conveyed an organizational mission and negotiated staff expectations when financial obligations (such as staffing and workload requirements) appeared to conflict with this mission. *Role in mission* describes how they attempted to support staff morale and empathy by contextualizing the work within a larger movement for health equity. In vivo quotes highlight admins' efforts to both train staff on social determinates of health (SDoH) and encourage them to recognize a connection between patient treatment adherence/non-adherence and these factors.

Conclusion: The emphasis administrators in community health settings placed on the need for a defined organizational ethos, as well their push to educate staff on SDoH

(shifting the onus of non-adherence from the individual patient to community contextual variables) adds to our understanding of what approaches are currently being undertaken in community health settings to mitigate provider burnout.

Title:

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Keywords:

Burnout, Community Health and Health Disparities

Abstract Summary:

This qualitative study explored efforts and strategies used by administrators (n=6) in low-income, minority serving, community health settings to mitigate provider burnout. Following the thematic analysis of ten interviews, a category, *Organizational Ethos*, emerged describing admin efforts to promote a mission-based ethos as a driver of clinical culture and training.

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outcomes. More specifically, her recent work focused on evaluating the impact of work environment factors on psychosocial and physiological aspects of professional burnout and in turn, it's impact on patient outcomes.