Impact of the Intervention on Staff Experience

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Data Collection: Staff Survey

- 333 surveys returned
  - Physician or Physician Assistant (N=59)
  - Supervisor/Administrator (N=37)
  - Medical Assistant (N=36)
  - Staff (e.g., Receptionist) (N=31)
  - Patient Financial Advisor (N=31)
  - Nurse (N=29)
  - Other Provider (Social Worker, Nutritionist, etc.) (N=16)
  - Other role/Not disclosed: _______ (N=7)

- 81% response rate

43% of reporting sample are clinicians
The Value of the Staff Survey Data

Answers four key questions:

1. What do staff learn from patient narratives?
2. Are behavior changes linked with seeing patient narratives?
3. Are there significant differences between intervention and control sites in what is learned and behavior changes?
4. Is there an association between staff seeing patient narratives and feeling more or less understood and burned out?
Finding 1: Respondents had multiple learnings from patient narratives that facilitate improvement

In the last six months, how often have written comments from patients about their care been useful for identifying:

1. Best practices used by clinicians and staff
2. Aspects of the practice’s day-to-day operations that work well
3. Patients’ hopes for how care could be better
4. Creative ideas for improving patient care
5. Problems with the practice’s day-to-day operations
6. Problems that occurred between patients and clinicians or staff
7. Exceptional people
8. Exceptional ways to do things

Percentage of respondents frequently or very frequently experiencing learning:

- Category 1: Best practices used by clinicians and staff
- Category 2: Aspects of the practice’s day-to-day operations that work well
- Category 3: Patients’ hopes for how care could be better
- Category 4: Creative ideas for improving patient care
- Category 5: Problems with the practice’s day-to-day operations
- Category 6: Problems that occurred between patients and clinicians or staff
- Category 7: Exceptional people
- Category 8: Exceptional ways to do things
Finding 1: Respondents had *multiple* learnings from patient narratives that facilitate improvement

In the last six months, how often have written comments from patients about their care been useful for identifying: [eight options listed]

![Number of learnings from patient narratives](image)

- **41.4%** frequently experienced at least HALF of learning options
Finding 2: Reported behavior changes in response to seeing patient narratives

<table>
<thead>
<tr>
<th>Person-level changes</th>
<th>Clinic-level changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in own behavior</td>
<td>Change in practice operations</td>
</tr>
<tr>
<td>Change in own communication pattern</td>
<td>Change in patient care</td>
</tr>
</tbody>
</table>

Percentage reporting frequently or very frequently:

- Change in own behavior: 35%
- Change in own communication pattern: 35%
- Change in practice operations: 25%
- Change in patient care: 30%
Finding 3: Intervention sites had significantly higher learning than control sites

In the last six months, how often have written comments from patients about their care been useful for identifying:

<table>
<thead>
<tr>
<th>Percentage of respondents saying frequently or very frequently</th>
<th>Control sites</th>
<th>Intervention sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>best practices used by clinicians and staff</td>
<td></td>
<td></td>
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<tr>
<td>patients’ hopes for how care could be better</td>
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<tr>
<td>aspects of the practice’s day-to-day…</td>
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<td>exceptional people</td>
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Finding 3: Intervention sites had significantly more behavior change than control sites.

Mean frequency
(response scale: 1 = never to 5 = very frequently)

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<tbody>
<tr>
<td>Control sites</td>
<td>3.32</td>
<td>3.34</td>
</tr>
<tr>
<td>Intervention sites</td>
<td>3.5</td>
<td>3.4</td>
</tr>
</tbody>
</table>
Finding 3: Magnitude of intervention effect varies by type of learning (positive, negative, exceptional)

*All magnitudes of difference are significant between intervention and control groups, except for narratives helping to identify exceptional ways to do things. Statistical models are adjusted for professional role, tenure, frequency of comment exposure, mix of positive and negative comments seen, and campus affiliation.
Four additional interesting results

Learning effects are greater for those with:

- More narrative exposure
- Less years of experience*
- Non-clinical roles
- More exposure to positive narratives

* Measured by response to: How long have you worked at this practice? 
  Less than one year, 1-2 years, 3-5 years, More than 5 years
Finding 4: Reinforcing feedback in patient narratives is associated with staff well-being

Two Forms of Reinforcing Feedback

1. **Positivity** in Narratives: compliments care received
   - Modal narrative roughly **60% positive** (our coding)
   - Respondents reporting >70% positive narratives: **37.6%**

2. **Empathy** in Narratives: Conveys 1) understand challenges and/or 2) appreciate effort
   - One form of empathy seen frequently in narratives: **30.9%**
   - Both forms of empathy seen frequently in narratives: **11.5%**
Reinforcing Feedback and Reported Staff Burnout

Frequency of Reported Burnout

- Sees No Comments
- Sees Any Comments
- Sees Positive Mix
- Sees One Form of Empathy
- Sees BOTH forms of Empathy
- Sees Empathy and Positive Mix
Implication: Do not forget to share narratives that convey positivity and empathy.

Analysis adjusts for tenure at practice, role in practice, intervention vs. control site, and geographic location.