

Assessing and increasing positive organizational climate and subsequent staff retention in mental health organizations: Methods to address the mental health workforce crisis

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Background and Context



- Large community mental health center in Los Angeles
- Over 500 staff
- 10 sites
- Mental health, substance use, residential, integrated health, and suicide prevention programs
- Almost 9000 outpatient and residential clients

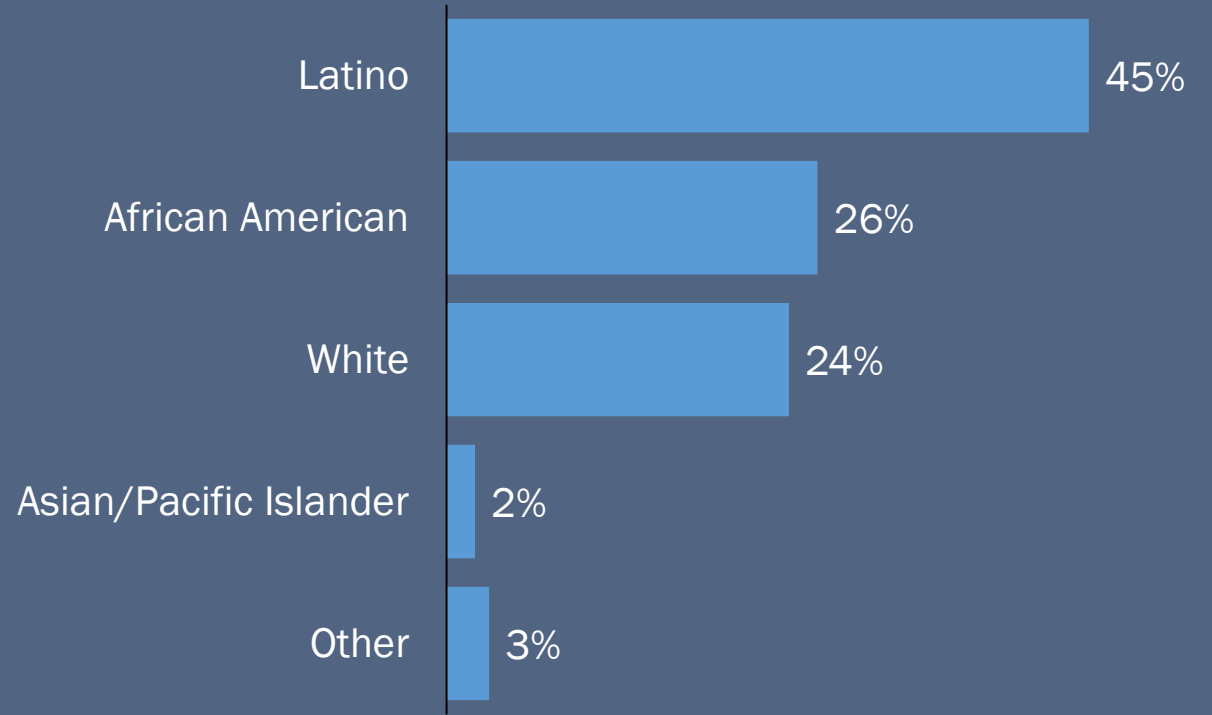
Clients of all ages and from diverse racial/ethnic background



67% Adults

33% Children

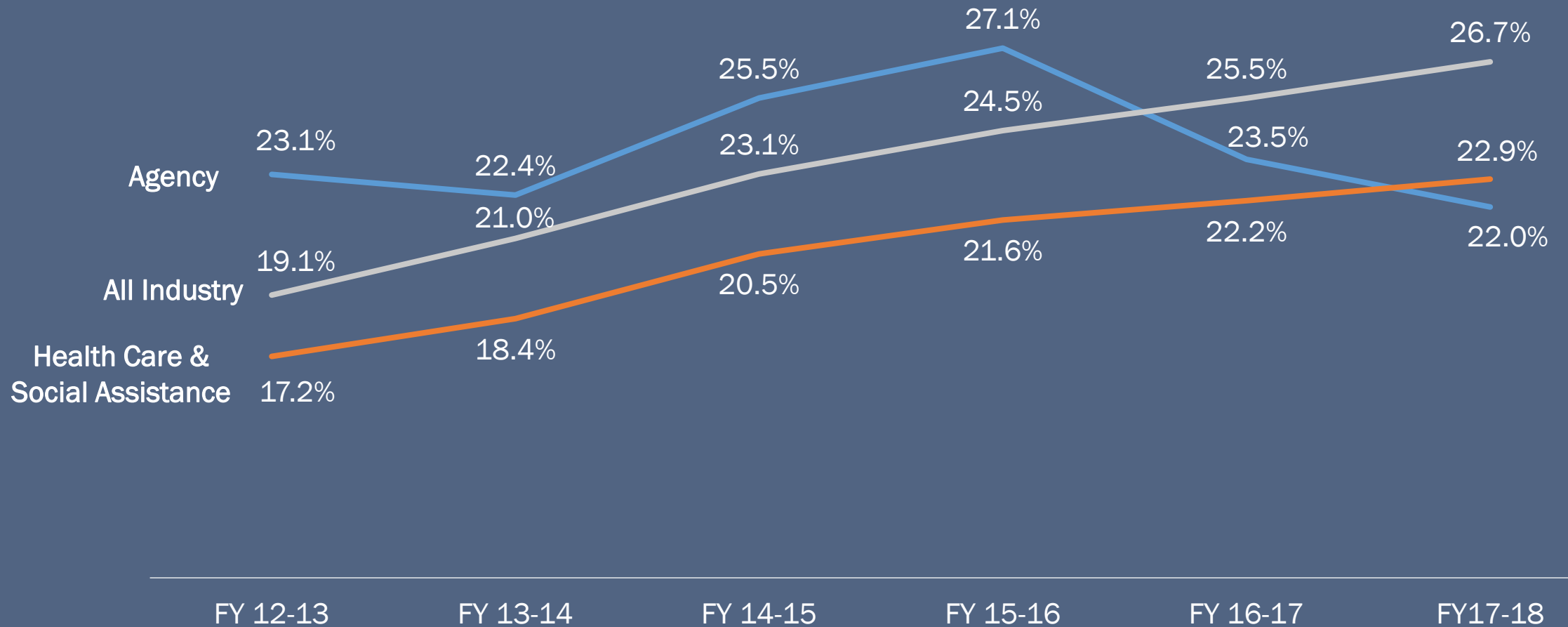
Race/Ethnicity



Why Do an Organizational Climate Survey?

- High staff turnover
- Staff exit surveys not sufficient
- To obtain staff feedback on organizational climate and job satisfaction
- Collect data that can be used to take action

Voluntary Turnover



Note: Industry and Health Care and Social Assistance rates were obtained from the Bureau of Labor Statistics (2018). All industry includes all non-farm jobs across the United States, while Health Care and Social Assistance includes any jobs in the health care industry, e.g. doctor, nurse, admin and those that fall into social assistance category, social worker, community mental health, etc.

Project Phases



Literature
review



Design the
survey



Analysis and
presentation
of the results



Develop a
Conceptual
Framework



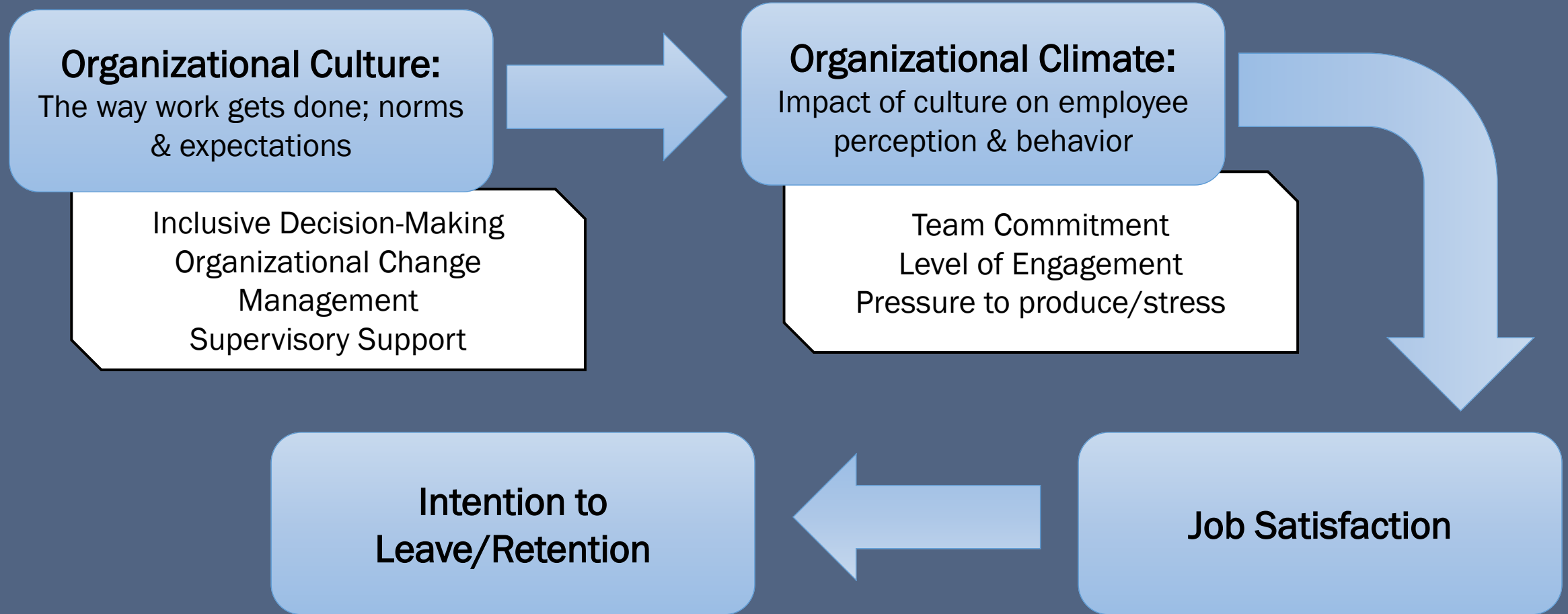
Data
collection



Use data for
quality
improvement
projects



Conceptual Framework



Constructs Measured



Data Collection



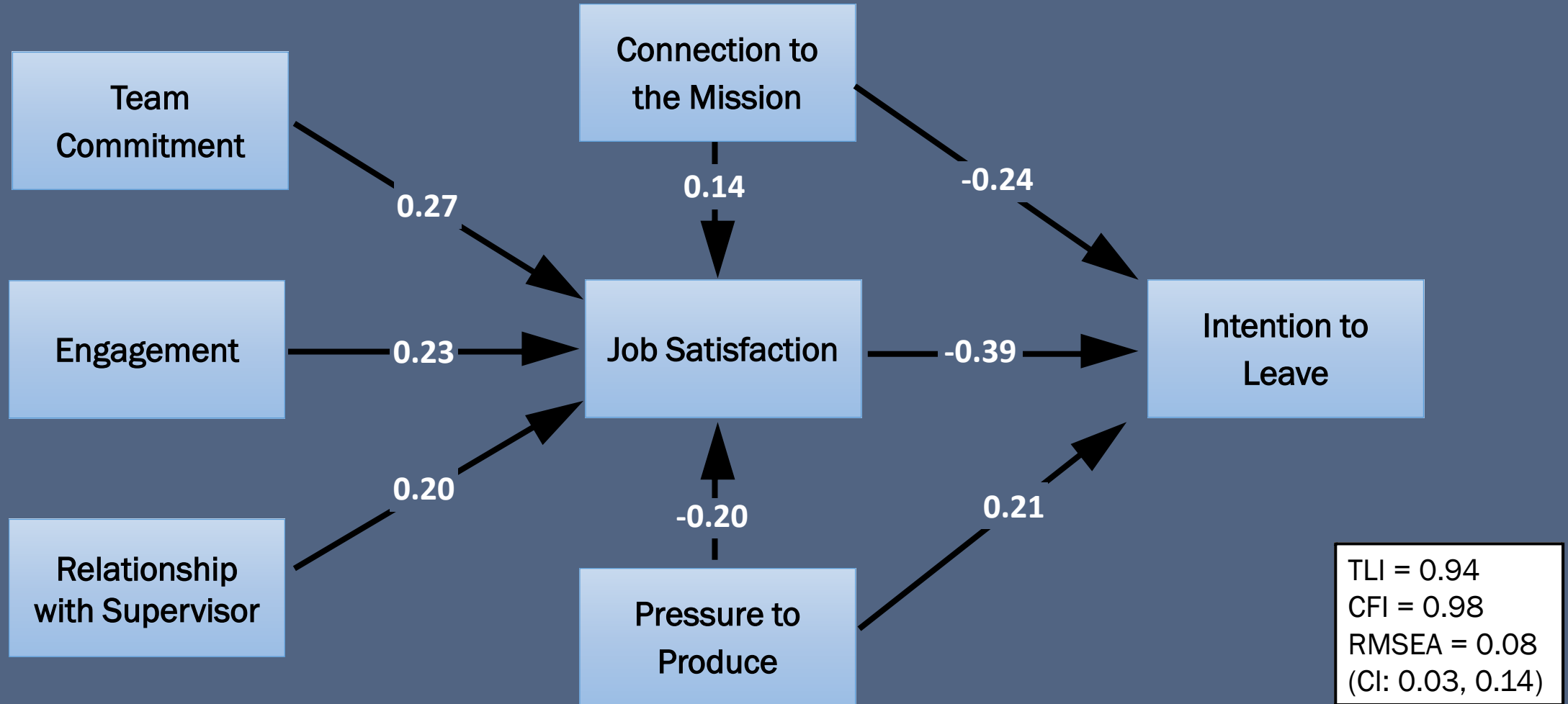
- Approximately 10 minutes to complete
- 388 surveys completed
- 77% response rate
- Survey collected late September to October 2017

A stack of three survey forms titled "ORGANIZATIONAL CLIMATE SURVEY". The top form contains a list of 29 statements and a response scale. The statements include items about influence, knowledge, supervisor input, work values, goals, attitudes, positivity, energy, and enthusiasm. The response scale has five options: Strongly Disagree, Disagree, Neutral, Agree, and Strongly Agree. Below the statements, there is a section titled "For the following questions please think about the specific organizational change efforts at Didi Hirsch related to integrated care and indicate your level of agreement/disagreement with the following statements." This section contains statements 30 through 36, with a response scale that includes an additional "N/A" option. The forms are slightly overlapping, showing multiple copies of the same survey.

Analysis Approach

- Check scale properties
- Verify Relationships and Test the Model
 - *Path Analysis*
- Develop Metric for Interpreting Climate Factors
 - *Receiver Operating Characteristic (ROC) curve analysis to determine factor cut-off scores*
- Create Climate Profiles

Path Model for Intention to Leave

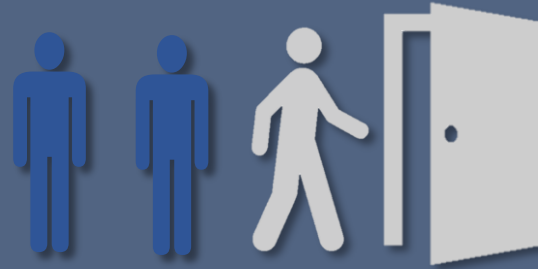


Note: All paths are significant at $p < 0.05$. Variance estimates and covariances between each exogenous variables were trimmed from the path model diagram to increase readability.

Summary of Results



Overall job satisfaction was high (80%)



Over 1/3 Intended on leaving the agency in the next few years (Similar To Comparable Industries)



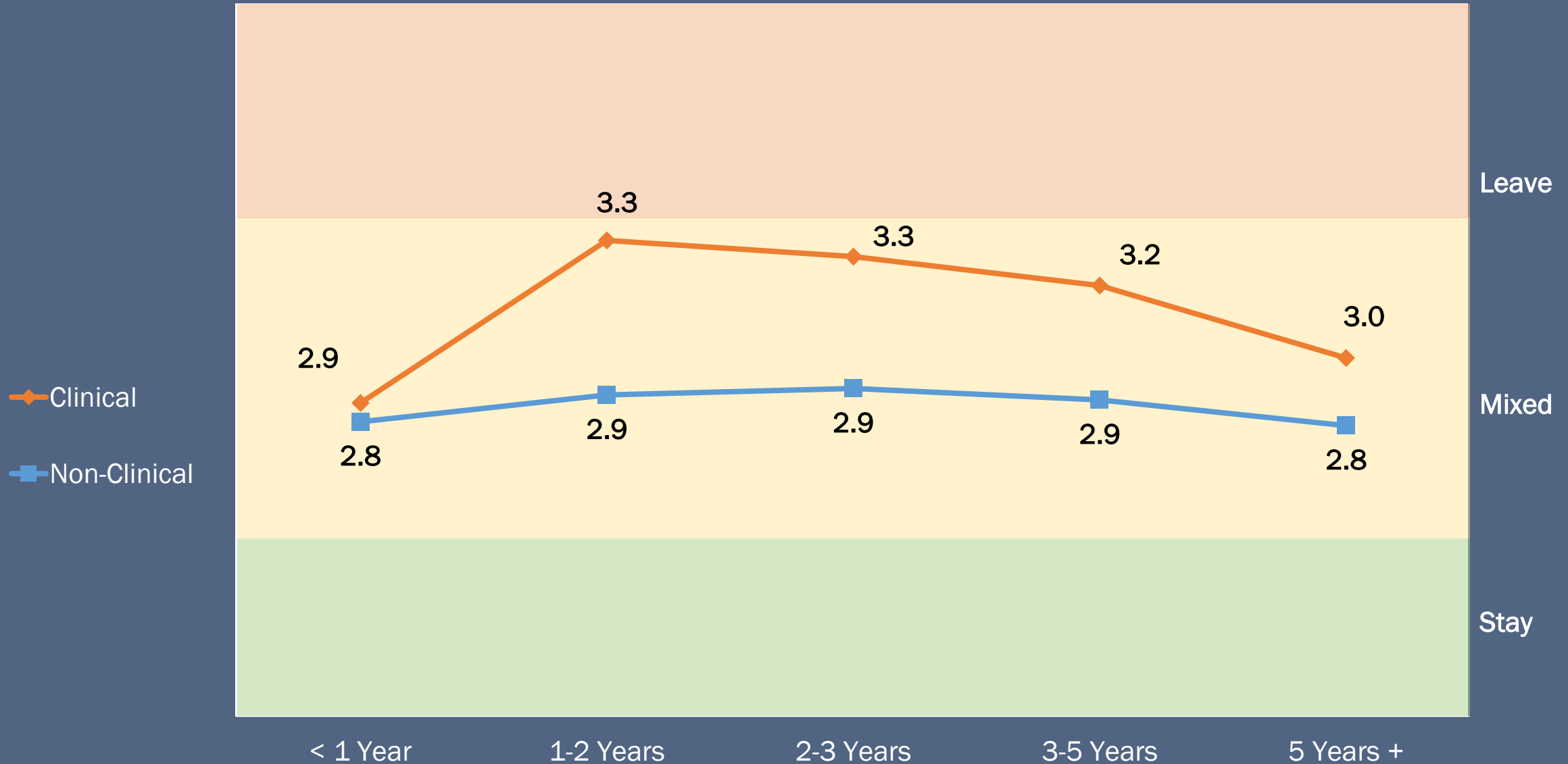
Clinical staff had higher intent to leave and lower job satisfaction

Family Division had highest intention to leave (49%) and lowest job satisfaction (71%)



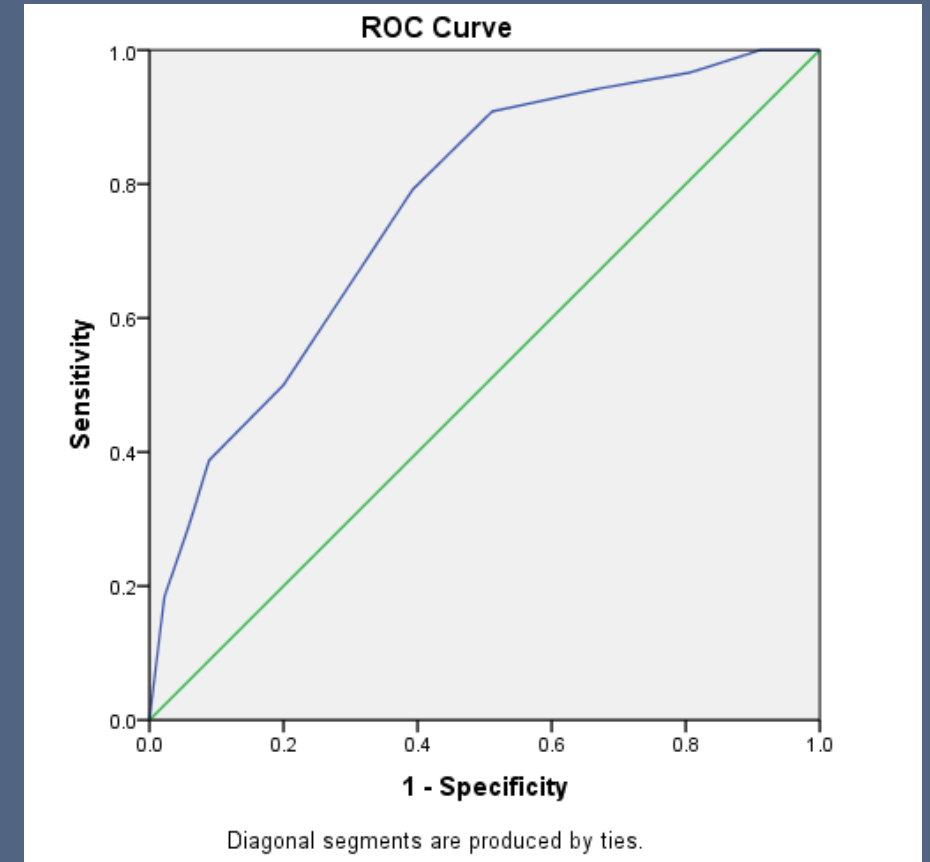
Interestingly, Family Division's voluntary turnover for FY17-18 spiked from 19% to 37%

Intention to Leave by Tenure



Climate Factor Cut-Offs

- Created Intent to Leave groups
- Response operative characteristic (ROC) curve analyses were conducted to determine:
 - *Maximum sensitivity*
(correctly classifying employees who were not intent on leaving)
 - *Maximum specificity*
(correctly classifying those who were intent on leaving)
- Each factor cut-off indicates the point at which scores are most predictive of an employee intent on leaving.



Organizational Climate Profiles

- All Staff
- By Clinical and Non-Clinical Staff
- By Division
- By Site/Programs

Intention to leave displayed with previous years voluntary turnover rate.

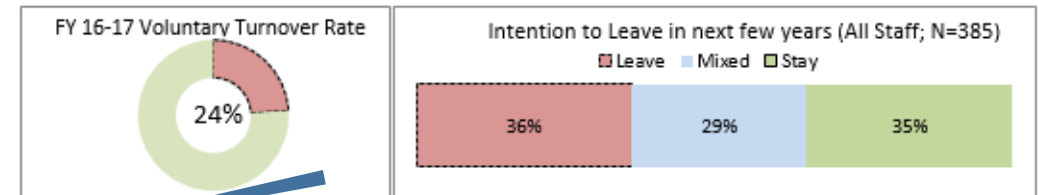
Average scores plotted over the factor cut-off to give better context and flag issues.

All Staff (Non-Clinical & Clinical)

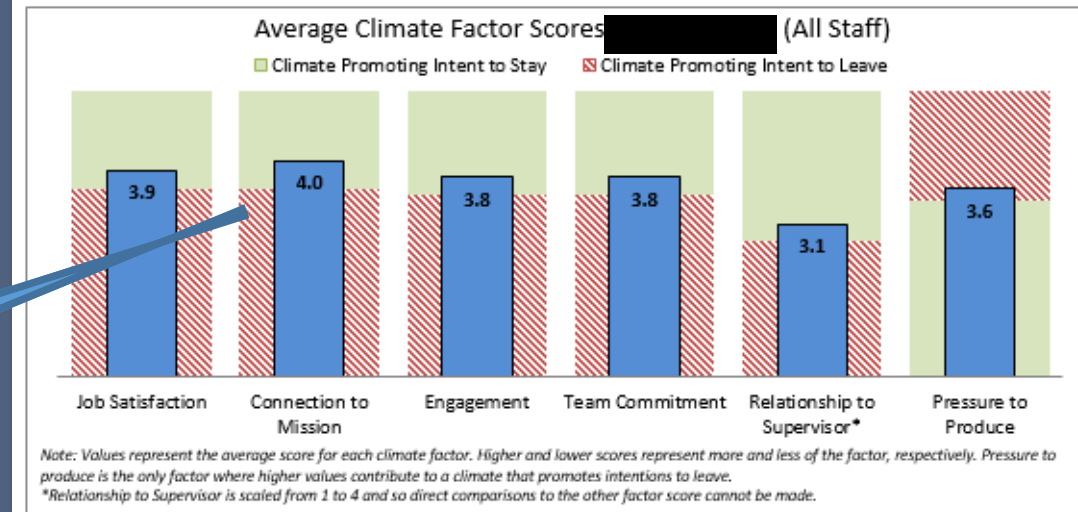
While job satisfaction was fairly high across the agency, a third of respondents were intent on leaving the agency in the next few years, with pressure to produce as a potential driving factor.



Among staff overall, intention to leave was fairly evenly distributed with about one-third intending to stay, one-third mixed, and about one-third intending to leave in the next few years. This is similar to intentions across the U.S. workforce, with an estimated 37% of respondents thinking about leaving their job at any given time.⁷



Agency wide, pressure to produce was high and within the range of a climate that promotes intention to leave. On average, all other climate factors were high and in the range of a healthy work climate, or one that promotes intentions to stay.



⁷ On average, 37% of U.S. employees are thinking about leaving their job (Mercer, 2015). A study of providers in a veterans PTSD clinic found that 32% of providers indicated that they were likely to leave their position (Garcia, et al. 2014).

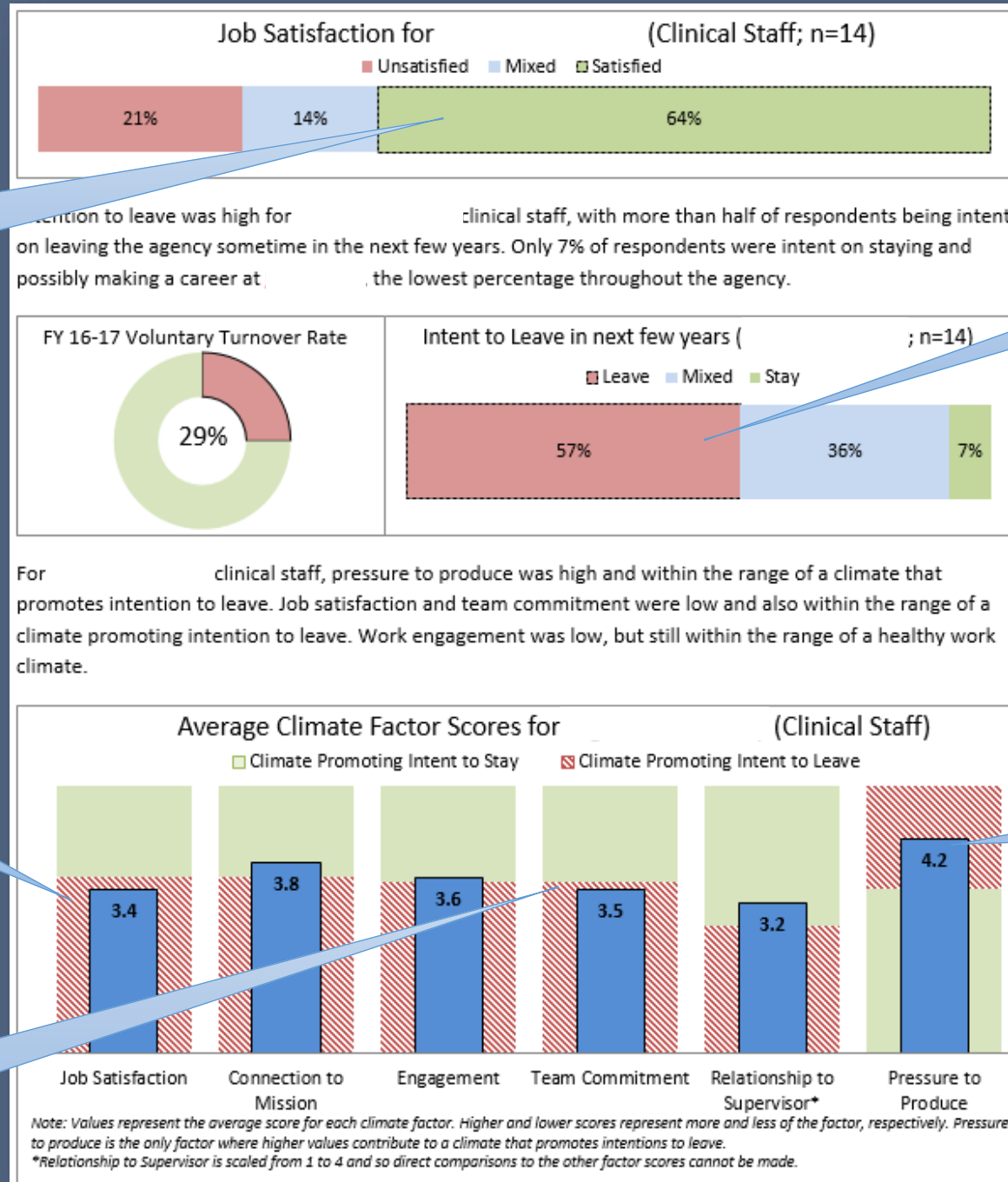
Only 64% of staff
Satisfied with their
job

Job Satisfaction
below cutoff

Team
Commitment
below cutoff

57% intent on leaving

Pressure to Produce
above cutoff





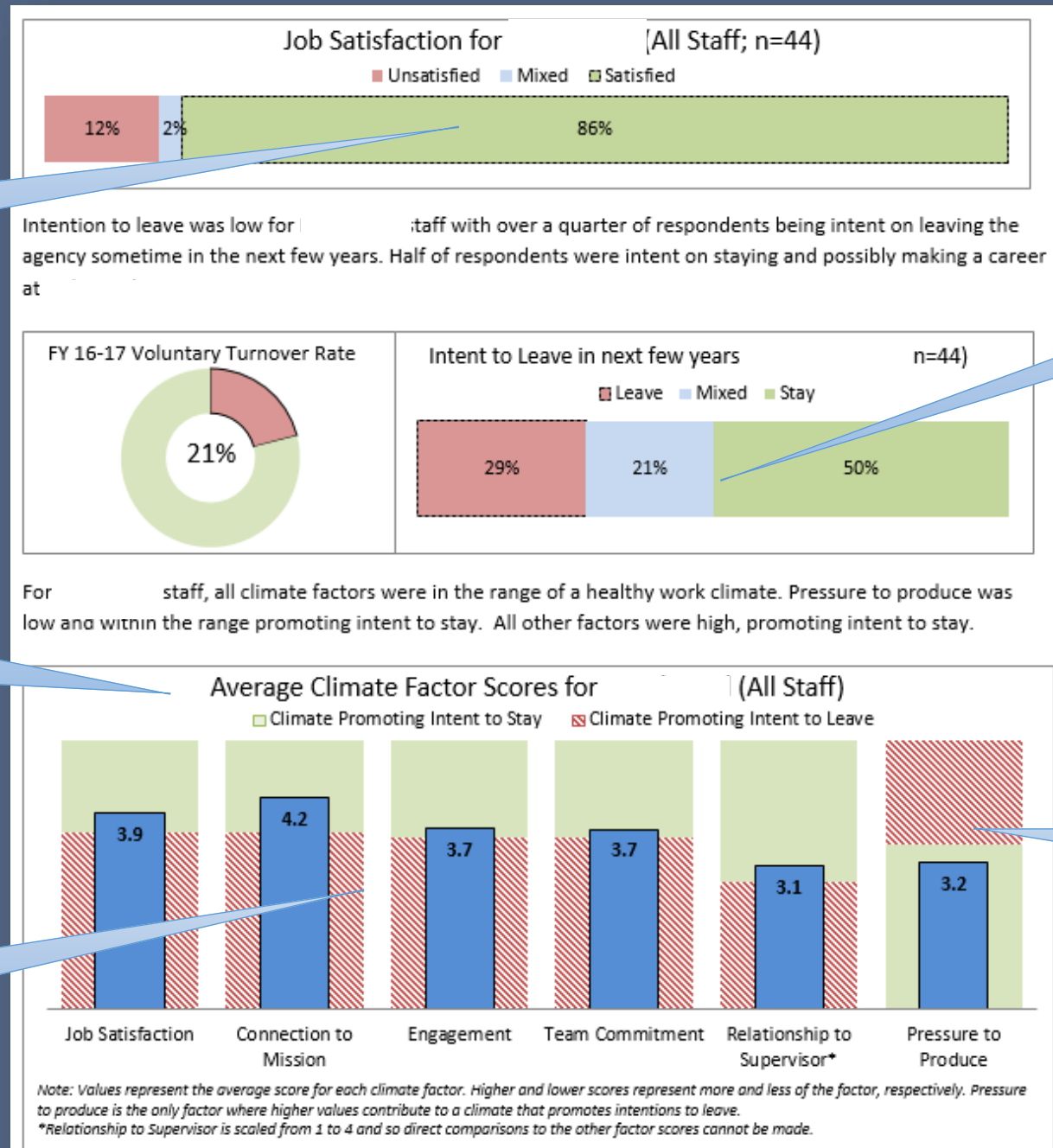
86% of staff Satisfied with their job



All Climate factors were in the Green



Connection to Mission was high



50% of staff intent on staying



Pressure to Produce was below cut-off



82% of staff Satisfied with their job



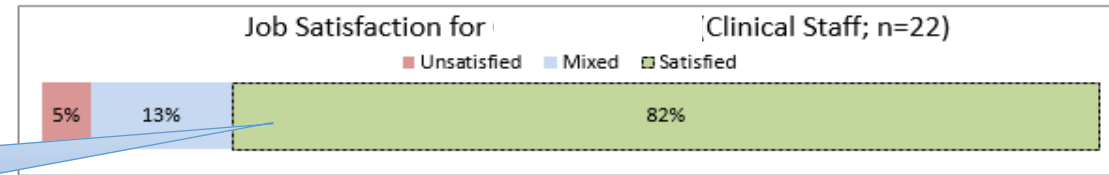
Very Low Turnover for Previous Year



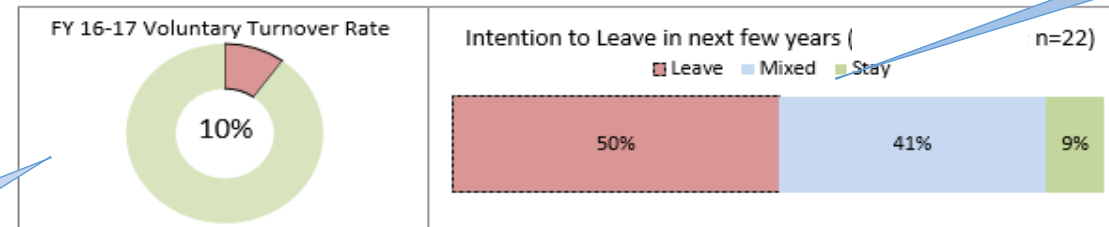
Ambiguous Profile

Clinical Staff

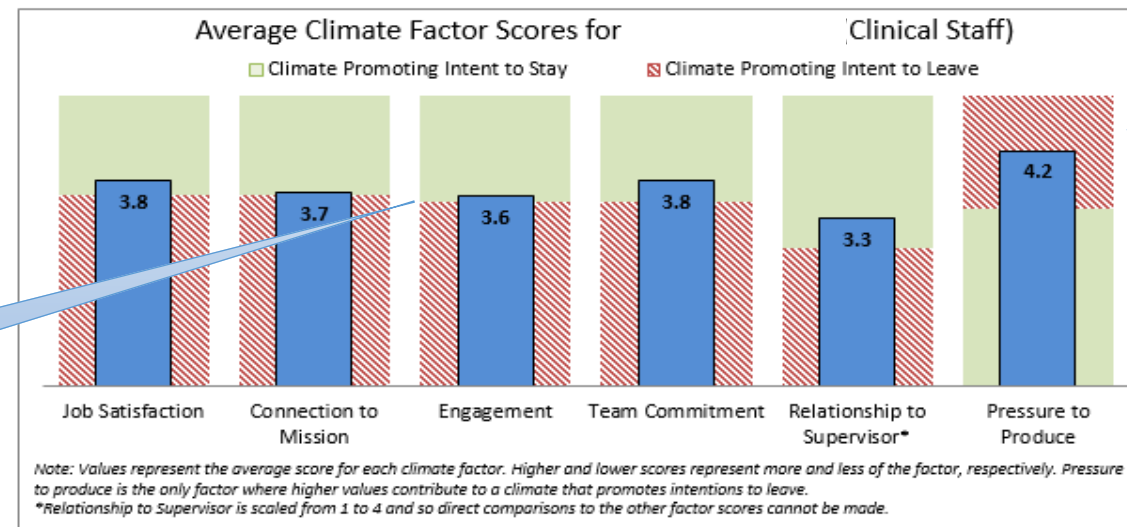
For Glendale Family clinical staff, job satisfaction was high with 82% of respondents indicating that they were satisfied with their job, however intention to leave the agency was also elevated.



Intention to leave was high for clinical staff with 50% of respondents being intent on leaving the agency sometime in the next few years. Only 9% of respondents were intent on staying and possibly making a career at



For clinical staff, pressure to produce was high and within the range of a climate that promotes intention to leave. Connection to the agency mission and work engagement were lower than the clinical average but still in the range of a healthy work climate.



50% of staff intent on leaving



Pressure to Produce was very high

Agency

2017 Organizational Assessment Survey: Key Findings

The **Organizational Assessment Survey** was administered in September 2017 to all **staff** to assess the organizational climate at I and to explore factors that are associated with job satisfaction.



77% of staff (388) responded to the survey

Job Satisfaction

Job Satisfaction was the **strongest** predictor of **intention to stay** at the agency.

80% of clinical staff were satisfied with their job

84% of non-clinical staff were satisfied with their job



Interesting Fact

Having a **positive** and **effective** working relationship with a **supervisor** was an important contributor to **job satisfaction**, especially for **clinical staff**.

Did You Know?



84% of staff reported feeling **connected to the agency's mission**.

If you feel your work is contributing to the overall mission of the agency you are more likely to be satisfied with your job and to want to stay at

75% of staff reported having **strong team commitment**.

The more connected and inspired you are by your team, the greater your overall job satisfaction.



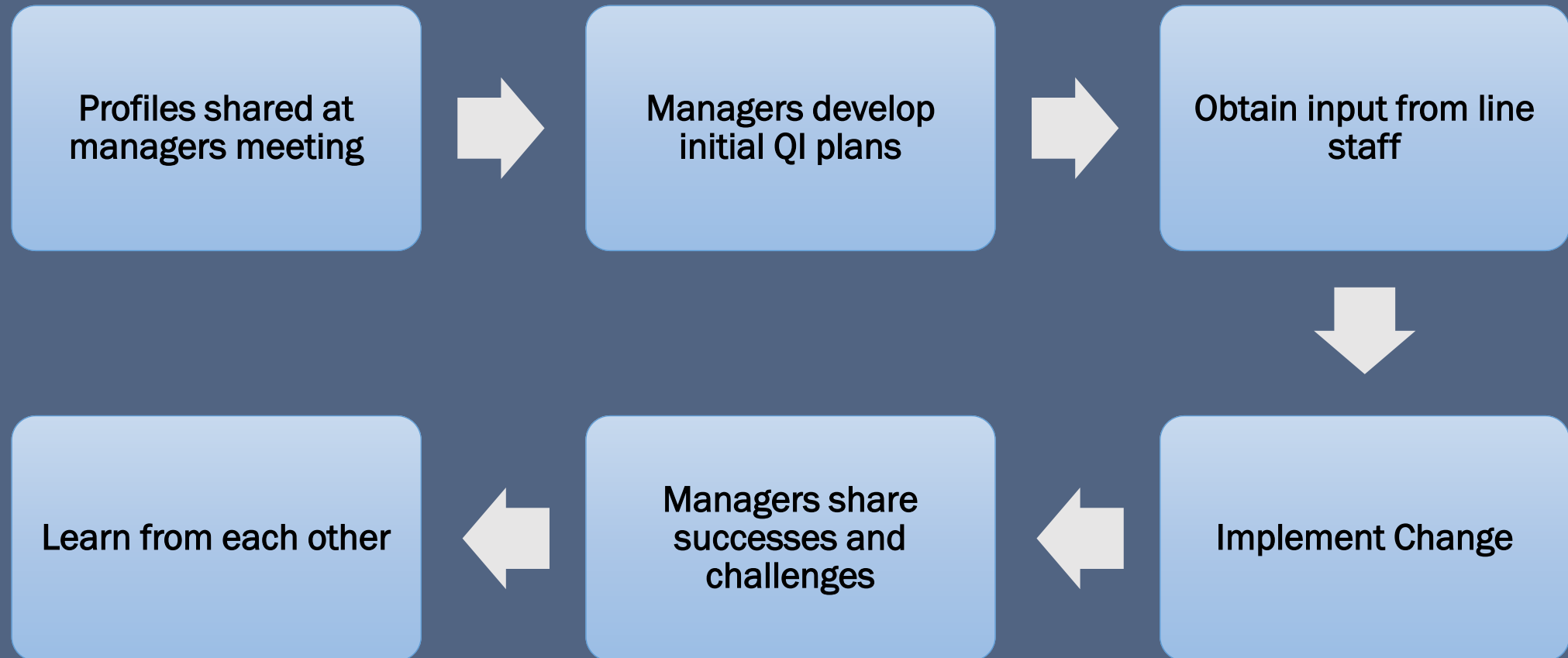
58% of staff reported **high pressure to produce**.

Those feeling strong pressure to produce had less job satisfaction.

What Next?

The Quality and Innovation Division, clinical managers and clinical supervisors are currently working together to develop **quality improvement plans** based on the results of the agency-wide survey. Their plans will target increasing **job satisfaction** and **intentions to stay** at the agency based on their program's climate scores. We will **measure change** in climate scores when we re-administer the survey, one year after the original data was collected.

Using Survey Results: Developing Quality Improvement Plans



Quality Improvement Plan: Guiding Questions

- How does your program compare on intent to leave relative to the all of clinical operations? To your division?
- How does your program compare on job satisfaction?
- How does your program compare on each of the climate factor scores? relative to the predictive cut-off scores?



Quality Improvement Plan: Guiding Questions

- What are (relative) areas for improvement?
- What hypotheses do you have on your program's trends (root cause analysis)?
- What will be your specific program goal to improve job satisfaction?
- What strategies can you put in place to meet your goal?
- What do you feel are the best ways to roll this out to staff?

Quality Improvement Plan: Connection to Mission

- Have big picture discussions to connect how staff contributions impact agency/community at large
- Identified staff's strengths/interests and opportunities to reduce stigma of mental health and give back to the community
 - *New client/parent groups*
 - *New outreach and community presentations opportunities.*
 - *Develop needs assessment to identify community resources*
 - *Develop relationships with community partners*
 - *Secure donations*
 - *Have a Back to School Drive*

“Even though it's busy and stressful it's something so meaningful that it's hard to imagine myself doing something else...I believe in what we do. I trust our leadership. I know that they are competent and caring people.”

Quality Improvement Plan: Pressure to Produce

- Documentations parties
- Promote vacations to improve self-care and reduce burnout (24 hour programs)
- Promote self-care and stress reduction activities
- New workflows/policies to improve work efficiencies and decrease staff frustrations
- Vicarious trauma workshop for staff
- Clinically driven and positive messages

“Although I genuinely care about each of my clients and their well-being. The level of stress and anxiety I have due to my job is not sustainable for a good quality of life.”



Quality Improvement Plan: Team Commitment/Staff Engagement

- Overlapping shifts for 24 hour programs
- Team building activities
- Open team meeting with staff recognition, acknowledgments, and successes.
- Optional supervision/consultation groups
- Utilize in-house expertise to provide client centered trainings

Change Management for Integrated Health



Staff understood the need for change (75%) and the vision for intended outcomes (69%).



Staff felt that the results of the change initiative were not communicated (38%) and that the agency did not have enough resources for change (28%).



Will take these results into consideration when implementing a new Electronic Health Record.

Lessons Learned



Correct categorization of staff matters



Staff's fear of being identified is real



Need to balance research rigor with potential utilization of the data



Need staff to take ownership of their results and quality improvement plan

Next Steps

- Second round of data collection in October 2018
 - Included more specific open-ended questions
 - Added new measures (Role Conflict and Communication Satisfaction)
 - Discontinued a measure (Change Management)
 - Explore different analytic approach (Look at trends over time, nested models, etc.)
 - Continue with quality improvement projects to decrease turnover and increase retention