



OCCUMETRICS

Listen and Learn from Your Workforce

A summary report presented to

MSHN: SUD Providers

SUD PROVIDERS WELLNESS PROFILE: THE SUMMARY

Overview 3

The Occumetrics Process 4

Wellness Profile: The Snapshot

- Discoveries 5
- Actions for Consideration 5

SUD PROVIDERS WELLNESS PROFILE: THE DETAILS

STEP 1 | Assess: Analyzing the Numbers 6

STEP 2 | Engage: Listening to Conversations 8

STEP 3 | Change: Learning from Your Workforce

- Considerations for MSHN 9
- Considerations for Providers 9
- Considerations regarding Pay and Benefits 9
- What’s Next? 10

APPENDIX

Data Tables 12

Focus Group Data 15

Supporting Research 23

References 28

WELLNESS PROFILE: THE SUMMARY

OVERVIEW

A report prepared for the U.S. National Mental Health Commission and the Mentally Healthy Workplace Alliance says that “workplaces play an important and active role in maintaining the mental health and wellbeing of their workers. A well-designed workplace should support individual mental health and lead to reduced absenteeism, increased employee engagement and improved productivity.”

MSHN has taken an invaluable step toward investing in a healthier workplace for its provider network and requested the help of Mental Health America of Franklin County (MHAFC). Through extensive research and field testing, MHAFC has developed a science-based and data-driven assessment method allowing our research team to identify the most impactful predictors in employee retention and job satisfaction within the network of MSHN’s SUD providers. We have also developed actions for consideration that are anticipated to decrease turnover intention and increase job satisfaction.

Frequent turnover tends to have a deleterious effect on staff morale and productivity and often places an even heavier workload on already stretched staff. Turnover rates among non-profits have been increasing over the last several years. COMPDATA’s Turnover Report 2017¹ found **voluntary** turnover in the Midwest to be 12.5% for Not-For-Profits (15.9% overall including non-voluntary turnover), 16.1% in Healthcare (20.3% overall), and 11.2% in Services (16.2% overall). Non-profits typically report that the hardest positions to retain are in direct service, which usually include some of the lowest-paid positions in an organization. As other scientific studies have concluded, we also find that job satisfaction correlates with turnover. Employees who are satisfied with their jobs tend less frequently to look for other employment.

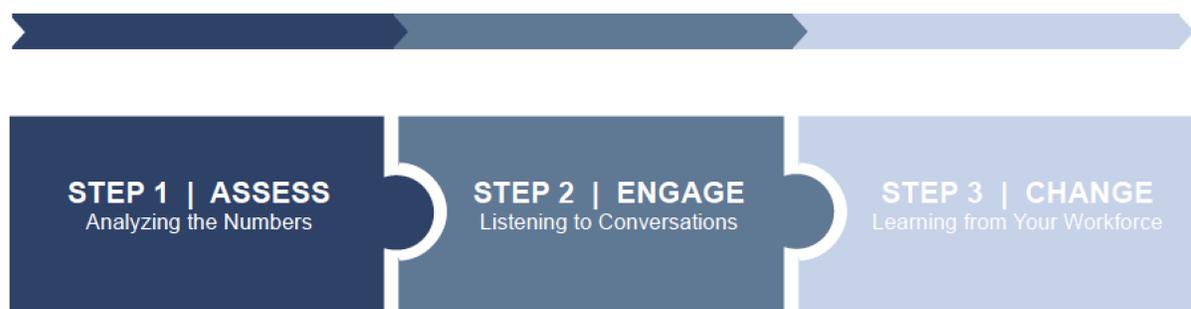
In this report, we identify workplace strengths and challenges, high- and low-scoring dimensions associated with workplace wellbeing, the most critical factors in retaining SUD employees, and actions for consideration for both MSHN and SUD providers designed to improve retention and job satisfaction.

¹ From the *Compensation Data BenchmarkPro* report, which provides cross-industry salary data for more than 560 general staff job titles from nearly 30,000 organizations across the country.

THE OCCUMETRICS PROCESS

First, we surveyed² employees of MSHN’s SUD provider network along 10 different dimensions of workplace wellbeing described below. These results then informed what areas to explore in seven follow-up focus groups, which included groups of front line and managerial staff, totaling 37 employees. This combination of quantitative and qualitative data using multiple measures provided the information necessary to identify the primary predictors of job satisfaction and turnover intention within MSHN’s SUD provider network and develop actions for consideration to improve on any issues.

- **Emotional Exhaustion**—the extent to which employees’ mental and emotional reserves are depleted
- **Work Engagement**—the extent to which employees are involved, committed, enthusiastic and focused
- **Supervisor Support** and **Colleague Support**—the extent to which colleagues and managers support and encourage
- **Work Demands**—the extent of requirements on staff concerning hours, deadlines, quantity of work, taking breaks, and time pressures
- **Control/Autonomy**—the extent of independence in how to do the job
- **Interpersonal Relationships**—the nature of workplace relationships, such as friction, harassment, and bullying
- **Job Role**—the extent to which employees understand their duties and responsibilities and fit into the bigger organizational framework
- **Organizational Change**—the extent of employee involvement with organizational change and how they perceive fairness in organizational decision-making
- **Distributive Justice**—the extent to which employees perceive fairness in their pay, praise, etc.



² Approximately 19% of staff responded to the survey (283 out of 1500); +/-4.1% margin of error

WELLNESS PROFILE: THE SNAPSHOT

DISCOVERIES

The following overall indicators predicted and had the most impact:

- On **turnover intention**: *Work Engagement, Supervisor Support, Job Role, and Satisfaction with Pay and Benefits*
- On **overall job satisfaction**: *Work Engagement, Supervisor Support, Job Role, Satisfaction with Pay, Interpersonal relationships, and Control/Autonomy.*

Employees reported being motivated by the following factors about their workplace:

- Mission-driven work
- Flexibility
- Supportive coworkers

They reported being most discouraged by these conditions:

- Unmanageable workloads; feeling burnt out and understaffed
- Paperwork taking away from client care
- Low pay and, in some cases, a lack of benefits
- Inability to engage in self-care
- Difficulty hiring and retaining appropriate, quality staff (particularly in rural areas)
- Having to implement the new GAIN process
- Poor communication between treatment providers and MSHN (however, prevention providers report good relationships with MSHN)

ACTIONS FOR CONSIDERATION

MSHN and the SUD providers are anticipated to benefit most from the following actions:

- Looking into paperwork v. client time ratios (for treatment staff; prevention did not report the same paperwork issue)—this was the number one issue brought up by treatment providers.
- Understanding paperwork redundancies and working to consolidate/create efficiencies—reports of different governing and accrediting bodies not realizing what's being asked of providers from each other—same with auditing process
- Creating opportunities for frontline staff at provider agencies to share feedback about changes that impact them directly prior to the changes happening
- Creating shadowing opportunities for MSHN staff to “walk in the shoes” of provider staff
- Creating time for self-care initiatives to be included in the work day; burnout was reported to be partially due to an inability to process the difficult and sad client situations that are dealt with
- Not proceeding with the GAIN assessment instrument
- Understanding and explaining the perception of why licensed clinicians with more credentials (addictions credentials) are paid and reimbursed at a lower rate than licensed clinicians at CMH providers
- Addressing wage and benefits concerns

WELLNESS PROFILE: THE DETAILS

STEP 1 | ASSESS: Analyzing the Numbers

The data analysis, in part, identifies factors most predictive of two outcomes: employee intent to leave and job satisfaction. These factors (or variables) give employers some insight as to what matters most to their employees when it comes to deciding whether to stay and how satisfied they are at work.

These variables were most impactful³ and predicted 56% of the change in turnover intention (TI) and 68% of the change in job satisfaction (JS), as indicated by TI and/or JS:

Work Engagement

- It happens more and more often that I talk about my work in a negative way. (.31, TI; .20, JS)
 - "It happens more and more often that I talk about my work in a negative way" is best predicted (67.6%) by "I find my work to be a positive challenge" (.28), "I can rely on my immediate supervisor to help me out with a work problem" (.24), "After my work, I feel worn out and weary" (.22), "Over time, I can become disconnected from the type of work I do" (.16), "I find new and interesting aspects in my work" (.16), "Job decisions are applied consistently across all affected employees" (.13), "I have to work very fast" (.11).
- I find my work to be a positive challenge. (.26, JS)
- I feel more and more engaged in my work. (.24, JS; .19, TI)
- My job is the only type of work that I can imagine myself doing. (.09, TI)

Supervisor Support

- I am supported through emotionally demanding work. (.20, JS; .19, TI)

Job Role

- I am clear what is expected of me at work. (.16, TI)
- I am clear what my duties and responsibilities are. (.15, JS)
- I understand how my work fits into the overall aim of the organization. (.14, JS)

Interpersonal Relationships

- I am subject to personal harassment in the form of unkind words or behavior. (.12, JS)

Satisfaction with Pay

- How satisfied are you with your pay? (.11, TI; .10, JS)

Satisfaction with Benefits

- How satisfied are you with your benefits, such as paid time off, medical and dental insurance, retirement plan, and other fringe benefits? (.10, TI)

Control/Autonomy

- My working time can be flexible. (.10, JS)

³ The coefficient in parenthesis is added in order to provide an idea of relative strength among the variables; the higher the coefficient, the more impactful on TI and/or JS.

Workplace Wellbeing Aggregate Scores

(On a 0-6 scale, the higher the score the better.)

Dimensions of Workplace Wellbeing	N	Mean	Ohio Statewide*
Job Role	258	4.79	4.81
Interpersonal Relationships	258	4.47	4.74
Colleague Support	272	4.26	4.33
Control/Autonomy	260	4.03	3.79
Supervisor Support	268	4.02	3.79
Work Engagement	276	3.78	3.65
Distributive Justice	255	3.60	3.29
Organizational Change	257	3.28	2.97
Work Demands	264	2.93	3.32
Emotional Exhaustion	283	2.87	2.96
Workplace Wellbeing	283	3.76	3.79

Workplace Wellbeing Scale: 0 = Never, 1 = Almost never, 2 = Rarely, 3 = Sometimes, 4 = Often, 5 = Very often, 6 = Always

*Statewide scores represent 5,496 employees in 28 Ohio BH organizations (1.3% margin of error at 99% confidence level)

	N	Mean	Ohio Statewide
Overall, how satisfied are you with your current job?	254	4.32	4.07
How satisfied are you with your pay?	254	3.32	2.80
How satisfied are you with your benefits, such as paid time off, medical and dental insurance, retirement plan, and other fringe benefits?	253	3.55	3.79

Satisfaction Scale: 0 = Very dissatisfied, 1 = Dissatisfied, 2 = Somewhat dissatisfied, 3 = Neither dissatisfied nor satisfied, 4 = Somewhat satisfied, 5 = Satisfied, 6 = Very satisfied

	N	Mean	Ohio Statewide
I think about quitting my job.	254	3.72	3.65
I am actively looking for another job outside of my organization.	254	4.31	4.20
Turnover Intention	254	4.02	3.91

Turnover Scale: 0 = Always, 1 = Very often, 2 = Often, 3 = Sometimes, 4 = Rarely, 5 = Almost never, 6 = Never

Turnover Intention: Survey respondents indicated their turnover intention as 37% who at least sometimes thought about quitting and actively looked for another job. While this percentage doesn't statistically equate to actual turnover, our experience is that this number is often close to the prior year's actual turnover. 50.8% at least sometimes thought about quitting, and 33.9% at least sometimes actively looked for another job. The overall mean for turnover intention was 4.02 (4=Rarely).

Overall Workplace Wellbeing: "Overall Workplace Wellbeing" combines all ten dimensions of workplace wellbeing. Survey respondents averaged a score of 3.76.

Satisfaction with Pay: The aggregate mean score was 3.32. About 54% of responding staff members were *Somewhat* to *Very satisfied* with their pay. About 37% were at least *Somewhat dissatisfied* with their pay. Satisfaction with pay was a direct factor in turnover intention and job satisfaction.

Satisfaction with Benefits: Satisfaction with benefits had a mean of 3.55. 58% were at least *Somewhat satisfied* and 29% were at least *Somewhat dissatisfied*. Satisfaction with benefits was a factor in turnover intention but not in job satisfaction.

STEP 2 | ENGAGE: Listening to Conversations

Focus group conversations provided fuller personal detail about workplace dynamics. In these groups, staff reported deriving the greatest job satisfaction and work engagement from their clients and the population they serve. As sources of satisfaction, they also cited their flexibility and their relationships with co-workers. They expressed concern about low pay, paperwork taking away from client care, feeling understaffed, poor communication between providers and MSHN and other decision-making bodies, inability to engage in self-care, inability to hire and retain quality employees (particularly in rural areas), and the new GAIN process. More specific information on the focus group discussions can be found in the Appendix.

Summary of focus group discussions:

- **Pay:** generally dissatisfied with pay; reports of being paid lower than CMH employees
- **Benefits:** mostly dissatisfied with benefits (some employees report not being eligible for benefits and would like to be)
- **Organizational Change:** a perception that change happens quickly and is determined by entities who do not know how it impacts the people who have to implement the change at the provider level
- **Colleague Support:** appears to be mostly high
- **Supervisor Support:** varied based on supervisor; perception that supervisors are also stretched thin and burnt out
- **Work Engagement:** employees are mission-focused and find their jobs rewarding but overwhelming
- **Work Demands:** reported difficult workloads, particularly due to paperwork demands; most departments reported being short-staffed

Positive work experiences:

- Mission-driven work
- Flexibility
- Supportive coworkers

Negative work experiences:

- Paperwork taking away from client care
- Unmanageable workloads; feeling short-staffed
- Poor communication between providers and MSHN/other decision-making bodies
- Low pay and lack of benefits
- Inability to engage in self-care
- Inability to hire and retain quality employees (particularly in rural areas)
- Having to implement the new GAIN process

STEP 3 | CHANGE: Learning from your Workforce

Considerations for MSHN

- See what can be done about adjusting paperwork time v. client time so that the focus of care is on meeting clients' needs rather than on the clients meeting the agency's needs.
- Understand and address paperwork redundancies and work to consolidate/create efficiencies—reports of different governing and accrediting bodies not realizing what's being asked of providers from each other—same issue reported with the auditing process.
- Look into reports of negative experiences and interactions between MSHN and treatment provider staff.
- Create opportunities for frontline staff at provider agencies to share feedback about changes that impact them directly prior to the changes happening.
- Create shadowing opportunities for MSHN staff to “walk in the shoes” of treatment provider staff to help build mutual trust and understanding between MSHN and SUD treatment providers.
- Continue to push back against having to implement the GAIN assessment instrument. Providers fear it will cause them to lose potential high-risk clients due to the intrusive, triggering, and overwhelming (in length and content) nature of the assessment.
- Understand and address the competitive versus collaborative nature of relationships among providers; appropriate referrals and chances to help clients more holistically are missed because they are hesitant to collaborate.
- Understand and explain to providers the perception of why licensed clinicians with more credentials (specifically addictions credentials) are paid and reimbursed at a lower rate than licensed clinicians at CMH agencies.
- Work with providers to address wage and benefits concerns.

Considerations for Providers

- Create time for self-care initiatives to be included in the work day; burnout was reported to be partially due to an inability to process the difficult and sad client situations that are dealt with.
- Work with MSHN to create opportunities for frontline staff at their agencies to share feedback about changes that impact them directly prior to the changes happening.
- Better understand the service offerings of other providers in their areas and build relationships with them to be able to provide clients with the best possible care.

Considerations regarding Pay and Benefits

- Providers should conduct a study of pay and benefits at comparable local employers to develop appropriate compensation plans; the plans should, at minimum, include wage ranges for staff positions, and policies and procedures for determining and deploying wage increases and/or annual bonuses.

- The compensation plans should be explained clearly to staff, and a feedback loop created for incorporating staff response and ongoing experience with wage and benefit levels.
- While wage increases may not be possible, at minimum, the compensation plan should be shared across the agency; however, most providers would benefit from working on a business plan that would afford targeted pay increases for lower paid positions.
- MSHN should address the additional funding that providers need for more administrative support as their agencies grow.

What's Next?

Thank you for participating in the Occumetrics assessment process. We welcome questions and feedback as MSHN and SUD providers review our actions for consideration. We hope to continue our relationship with MSHN by providing a reassessment in one to two years after potential implementation of any of the actions.