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Cover Page Footnote

We would like to acknowledge the tremendous work and effort of Susan Haufe and colleagues across Qualtrics team for their work and dedication to healthcare. This article is associated with the Staff & Provider Engagement lens of The Beryl Institute Experience Framework (<https://www.theberylinstitute.org/ExperienceFramework>). You can access other resources related to this lens including additional PXJ articles here: http://bit.ly/PX_StaffProvEngage

Understanding modern drivers of the employee experience in healthcare

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Abstract

Employee engagement has been considered the guiding metric to convey the health, loyalty, and performance of the healthcare workforce. However, the pandemic created new challenges and stimulated deeper conversations around remote work, systemic racism, inclusivity, trust, well-being, and mental illness, which calls into question whether engagement alone is enough. Using an employee experience model deployed in other industries, we identified key drivers of six employee experience (EX) outcomes. We conducted a panel study with close to 5,000 nurses and physicians to identify and prioritize current key drivers specific to the healthcare employee experience. Relative weights analyses suggest that being treated with respect, strategic alignment, work-life balance, and growth and development are key themes in driving employee experience. Subsequent analysis revealed key differences across physician and nurse experiences, especially in relation to wellbeing, burnout, and intent to stay, where nurses scored significantly lower than physicians across these outcomes.

Keywords

Employee engagement, employee experience, healthcare leadership, healthcare, human experience, burnout, inclusion

Background

In the wake of the COVID-19 pandemic, the healthcare workforce is experiencing rapid disruption. It is estimated that employment in healthcare is down by over 500,000 workers since the beginning of the pandemic in February, 2020.¹ Healthcare systems have witnessed caregivers resign at an unprecedented rate, leaving healthcare leaders with limited options as they strive to ensure high standards of safe, compassionate care. Many organizations have turned to expensive travel clinicians to fill the void, adding further stress to a healthcare system that is already strained from the financial toll of the pandemic. At the same time, healthcare organizations are seeking to identify opportunities to celebrate their exhausted caregivers.

Although it would be easy to place blame on the pandemic, such thinking is an oversimplification of a much more complex ecosystem. In fact, in 2021 only 25% of physicians attributed their burnout to COVID-19 pandemic stress.²

Well before the pandemic, healthcare organizations worked hard to develop robust and impactful employee listening programs to better understand the experiences of their workforce. Traditionally, employee experience programs have focused on one key metric, employee engagement, to gauge indicators such as job satisfaction and productivity.³ However, in recent years researchers began to question

whether employee engagement alone could provide an accurate barometer of the comprehensive employee experience. Many organizations reported high levels of employee engagement, yet they also experienced record turnover among their employees.⁴ This trend defied existing beliefs and knowledge about employee engagement and forecast the need for additional drivers to be identified to see a more accurate picture of employee experience. The pandemic itself raised collective awareness about healthcare disparities, well-being, systemic racism, and mental health, which created an opportunity to incorporate these elements into an understanding of today's healthcare employee experience.

Many practitioners use the term engagement and employee experience synonymously, however, it is worth noting the critical distinction between these interrelated constructs.

Employee experience refers to the daily interactions and touch points that drive employee engagement. As such, engagement can be thought of as one critical outcome (alongside others such as inclusion and well-being) that is a product of the employee experience.

The construct of engagement itself is best defined as the physical, cognitive, and emotional expression that individuals exhibit at work.⁵ Maslach & Leiter^{6,7} stress three aspects of Engagement: vigor (mental resilience and high energy while working), dedication (feeling a sense of

significance, enthusiasm, pride, and challenge), and absorption (fully concentrated and engrossed in one's work). When employees are engaged, they possess the physical, emotional, and psychological resources necessary to invest fully in their roles. Engagement is driven by the cumulative effect of day-to-day employee experiences, with employee experience being defined as the quality of an employee's experience in the workplace.⁸ Employee experience consists of experiences related to cultural, technological, and physical environments at work,⁹ as well as employees' emotional interpretations of these experiences. Thus, experience is a holistic compilation - and perception - of all that an employee encounters, observes, and feels at work.

Many healthcare leaders have set goals to attract talent, to deliver high quality performance and exceptional patient experiences, and to maintain a loyal workforce. To meet those goals, modern drivers of the healthcare employee experience must be explored, and improvement initiatives launched, based on deep insights into the healthcare experiences of today that go beyond the measurement of engagement.

Methods

The experience framework was developed through the phases shown below:

1. **EX theoretical framework.** A literature search was conducted using the following databases: EBSCOHost (CINAHL Plus, E-journals, Health and Psychosocial Instruments, MEDLINE, PsycARTICLES, Psychology and Behavioral Sciences Collection, PsycINFO) and Scopus (Health Sciences). A Google Scholar search using the same search parameters resulted in duplications, however some practitioner literature was retained as useful, particularly given the nascent field of research on the employee experience. Search parameters included the following: (engage*=TI OR employee experience=TI) AND (questionnaire OR assess* OR scale* OR model* OR instrument OR measure*=TI) NOT (youth OR child* OR adolesc*). Results were restricted between 1990 to 2021. From the results, a mapping process was conducted organizing relevant papers into 25 conceptually meaningful categories.
2. **Item generation.** A template analysis¹⁰ was conducted to code 450 existing employee experience items in this organization's customer database to the EX theoretical framework developed in Phase 1. Central to template analysis is the development of a coding template, which summarizes themes identified by the researcher(s) from a literature review (as described in phase one above) and organizes them in a meaningful and useful manner. Questions from this organization's customer database were coded using the framework identified in Phase 1 to thematically group items in theoretically meaningful categories.
3. **Content validation:** Content validity of scale items was determined by an expert panel of five I/O psychologists who systematically reviewed the mapping in the previous phase of the model development. The expert panel reviewed the item mapping to identify item redundancy and update items to be theoretically consistent with the EX framework, resulting in an item pool of 147 EX-related items.
4. **Methodological considerations.** Methodological issues addressed in this phase of the model development were concerned with item ambiguity which may impact scale validity. The questionnaire used in this study avoids context ambiguity by giving clear instructions to the respondents to think about the scale items, imagining that they are in the workplace. The other open issue to be resolved was the question of positively and negatively worded items. There are authors who argue for either negative or mixed worded items, however the authors in this study support the use of positively worded items for the measurement of the Employee Experience,¹¹ hence a five-point Likert Agreement scale was used in the questionnaire with the following scale points: 1 (strongly disagree), 2 (disagree), 3 (neither agree nor disagree), 4 (agree), and 5 (strongly agree). To treat the issue of response bias, which occurs when survey respondents give identical (or nearly identical) answers to items in a battery of questions using the same response scale, an item was included in the survey asking respondents to select a specific answer. If this answer was not selected, the participant data was removed from the study.
5. **Model Validation:** The EX model was subject to statistical validation resulting in a 90-item measure comprising both predictors (n=76 items) and outcomes of employee experience (n=14 items). Model fit was acceptable with 19-multi-item factors (drivers of EX) showing internal consistency estimates >.70. Appendix Table A shows the resulting factors and corresponding items.

Measures

Outcome Metrics

Employee experience was operationalized using six employee experience outcomes (n=14 items) including: Engagement, Experience vs Expectations, Intent to Stay, Inclusion, Well-being, and Burnout. Composite scores for multi-item outcomes were calculated by averaging items within each subscale. These are described in more detail in **Table 1**.

Table 1. Outcome Measures for Employee Experience

Outcome	Description
Engagement	Engagement is a 3-item, one dimensional measure ranked on a five-point Likert scale (1=strongly disagree; 5=strongly agree): <ul style="list-style-type: none"> • Willingness to advocate employment at their organization • Discretionary effort • Sense of accomplishment at work
Intent to Stay	Intent to Stay is measured using a single-item time-bound question on a 5-point scale: I intend to keep working at this company for... <ul style="list-style-type: none"> • 6 months or less • Over 6 months, up to 1 year • Over 1 year, up to 3 years • Over 3 years, up to 5 years • Over 5 years
Experience vs Expectations	Experience vs Expectations is measured on a 5-point scale: Overall, to what extent does your experience working at this company meet your expectations? <ul style="list-style-type: none"> • Far below my expectations • Below my expectations • Meeting my expectations • Exceeding my expectations • Greatly exceeding my expectations
Inclusion	The Inclusion outcome used in this study is a 3-item, one dimensional measure ranked on a five-point Likert scale (1=strongly disagree; 5=strongly agree): <ul style="list-style-type: none"> • Equity • Belonging • Authenticity
Well-being	The Well-being outcome used in this study is a 3-item, one dimensional measure ranked on a five-point Likert scale (1=strongly disagree; 5=strongly agree): <ul style="list-style-type: none"> • Trusting Relationships • Self-Positivity • Energized
Burnout	The Burnout metric used in this study is a 3-item outcome measure using a subset of the Mini-Z 2.0*. Items shown below: <ul style="list-style-type: none"> • Overall, I am satisfied with my current job (1=strongly disagree; 5=strongly agree). • Using your own definition of burnout, please choose one of the items below: <ul style="list-style-type: none"> ○ I feel completely burned out. I am at the point where I may need to seek help ○ The symptoms of burnout that I'm experiencing won't go away. I think about work frustrations a lot. ○ I am beginning to burn out and have one or more symptoms of burnout, e.g., emotional exhaustion. ○ I am under stress, and don't always have as much energy as I did, but I don't feel burned out. ○ I enjoy my work. I have no symptoms of burnout. • I feel a great deal of stress because of my job (1=strongly disagree; 5=strongly agree)

**The Mini-Z was developed by Dr. Mark Linzer and team at Hennepin Healthcare, Minneapolis, MN. The Mini-Z survey tools can be used for research, program evaluation and education capacities without restriction. Permission for commercial or revenue-generating applications of the Mini-Z must be obtained from Mark Linzer, MD or the Hennepin Healthcare Institute for Professional Work Life prior to use: www.professionalworklife.com. Questions drawn mainly from the Physician Worklife Study, MEMO study, and Healthy Workplace study.*

Driver Items

The measure also contains 76 driver items (i.e., predictors) described previously in the model development section scored using a 5-pt Likert agreement scale (strongly disagree = 1; disagree = 2; neither agree nor disagree = 3; agree = 4; and strongly agree = 5). These 76 driver times were clustered into 25 themes as shown in **Table 2**.

Participants

Participants were recruited through a healthcare panel provider. Quotas were set for approximately comparable numbers of participants from US regions, role (i.e., nurses and physicians), and tenure. The survey was administered over a four-week period in November 2021. The data were collected via self-reported online questionnaires that contained the scale items and questions about demographic information. Prior to survey completion, participants were

informed about the study aims and anonymity, and informed consent was obtained. Only completed responses were included and analyzed.

Demographics of participants

The sample size for this study consisted of 4,696 care workers comprised of nurses (50.3%) and physicians (49.7%) from the representative US. Significantly more physicians in the West and more nurses in the Midwest were represented in the panel. Also shown in **Table 3** are significant differences in gender, race, ethnicity, and tenure across nurses and physicians ($p < 0.001$). Of note, nurses had a higher number of female respondents compared with physicians (86.2% vs 42.8%, respectively), whereas physician respondents had a higher number of male respondents. Race varied significantly between groups, with Caucasians representing 81.5% of nurses and 63.9% of

Table 2. Thematic Clusters of Healthcare Employee Experience Drivers from Panel Survey

Theme	Description
Authority & Empowerment*	Autonomy and control in day-to-day activities
Collaboration	Teamwork and cross-functional working
Communication	Clear and transparent information exchanges
CSR (Corporate social responsibility)	Organizational practices and policies intended to have a positive influence on the world
Ethics	Values relating to conduct, with respect to the rightness and wrongness of certain actions
Growth & Development	Advancement in professional development and/or career
Innovation	Novel ideas that result in the introduction of new services or improvements
Living the Values	Shared cultural beliefs that drive preferred behaviors
Managing Change	Efforts that help prepare, support, and help employees through organizational change
Patient Focus	Focus on interactions that help patients achieve quality outcomes
Pay & Benefits	Employee remuneration and non-financial rewards
Performance & Accountability	Standards and expectations that help employees achieve work goals
Psychological Safety	Team members are safe to take interpersonal risks without fear of negative consequences
Recognition*	Appreciation and acknowledgement for employee contributions
Resources	Adequate physical, technological, or other materials that enable employees to be successful
Respect	Recognition of the value and importance of individuals and treating them accordingly
Role Fit*	Compatibility between individuals and the job or tasks that they perform at work
Safety	Employee protection from danger, risk, or injury
Strategic Alignment	Individual goals and objectives that align directly with objectives of the organization
Survey Follow-Up*	Listening to and acting on employee feedback
Training*	Enabling employees to improve their capabilities and competencies
Trust in Leadership*	Confidence in leaders' ability to lead the organization
Trust in Manager	Confidence and security in the manager relationship
Work Process	Procedures that ensure work is completed in a way that is systematic and organized
Work-Life Balance	Balance of personal and professional commitments

Note: * denotes theme represented by one-item

physicians, and more physicians identifying as Asian respondents compared with Nurses. The average tenure across study participants was 13.7 years (median 11 years). Physicians had a higher average tenure when compared to nurses: 14.8 years vs 12.6 years, respectively.

All major specialties were represented across physicians and nurses (Appendix Table B). Notable differences in specialties were in acute/critical care, cardiology, and general surgery, where nurses were significantly more represented. Physicians had greater representation in Internal Medicine, Pediatrics, Psychiatry, and Family Medicine.

Analysis

For the statistical analysis, SPSS version 25 and R statistical packages were used. The data was inspected for outliers, skew, and kurtosis; however, no irregularities were observed. Correlations were performed to ensure outcome measures were measuring theoretically related yet distinct constructs (i.e., convergent validity). Next, multiple regression analysis was performed to understand the relative contribution of each EX driver in predicting six

EX outcomes: engagement, intent to stay, experience vs. expectations, well-being, inclusion, and burnout.

Results

Convergent validity and the relative contribution of each EX driver in predicting six EX outcomes

EX outcomes were correlated using the Spearman’s Rho formula. Correlations above .80 suggest redundancy. Results (shown in **Table 4**) indicate all six outcomes have acceptable convergent validity with correlations ranging between .30 to .71 (all significant $p < .01$). The results indicate each EX outcome is measuring a related yet distinct component of the employee experience. It should be noted that the positive correlation between Burnout (coded positively) and other EX outcomes is a result of the burnout outcome being positively worded.

To explore which items are most strongly linked to healthcare EX outcomes, a series of regressions were performed using Johnson’s Relative Weights analysis to mitigate for possible multicollinearity (often an issue in standard regression approaches). Each relative weight represents the contribution each driver makes to overall

Table 3. Demographics of Panel Participants

Variable	Nurses % (n=2363)	Physicians % (n=2333)	P value
Sex			
Male	13.5%	56.8%	<.001
Female	86.2%	42.8%	<.001
Non-Binary/Transgender/Third	0.2%	0.3%	ns
Gender			
Non-identified	0.1%	-	
Race			
Caucasian	81.5%	63.9%	<.001
Black/African	3.7%	3.1%	ns
American Asian	6%	21.7%	<.001
Hispanic/Latino	4.7%	5%	ns
American Indian / Alaskan Native	0.6%	0.1%	<.001
Native Hawaiian or other	0.2%	0.2%	ns
Two or more races	1.8%	1.5%	ns
Prefer not to answer	1.6%	4.5%	<.001
Region			
Northeast	10.3%	11.3%	ns
West	11.1%	12.6%	<.001
South	16%	16%	ns
Midwest	12.9%	9.8%	<.001
Average tenure	12.6 years	14.8 years	<.001

n = 4696

Note: ns= not significant

Table 4. Healthcare Employee Experience Model Outcome Correlations

Outcome	Engagement	Well-Being	Inclusion	Experience	Intent to Stay
Engagement					
Well-being	.67				
Inclusion	.71	.66			
Experience	.68	.56	.62		
Intent to Stay	.38	.32	.38	.38	
Burnout	.52	.55	.48	.50	.30

Note: All correlations were significant, Spearman Rho, $p < .001$

explained R² and considers a predictor’s direct effect and its effect when combined with other predictors. The EX items identified initially were used as predictor variables (n=76) and regressed onto six EX outcome measures: 1) Engagement; 2) Experience vs Expectations; 3) Intent to Stay; 4) Well-being; 5) Inclusion; and 6) Burnout.

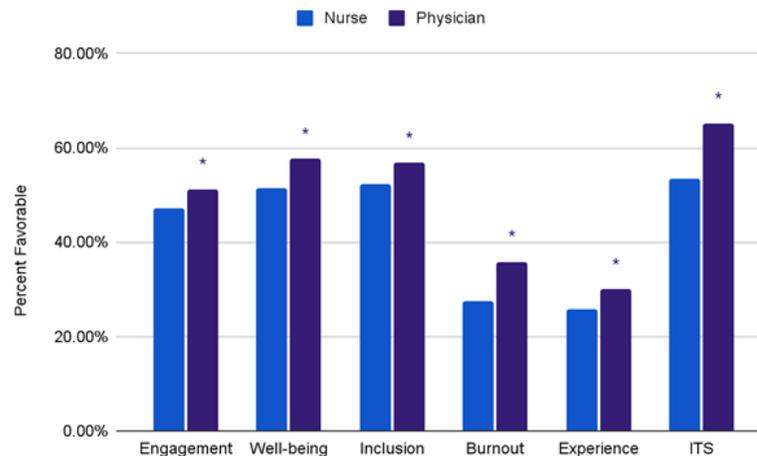
High level findings across nurses and physicians

Three themes strongly influenced the six outcome metrics used in this study. The first was Growth and Development, which outperformed every other theme. To measure Growth and Development, respondents were asked if they felt they could meet their career goals at their current organization, which had R² ranging from between 19%-35% across outcomes. Of particular note is that Growth and Development was also the biggest predictor of Intent to Stay (R²= 35%). Those who intended to stay at the organization for 5+ years also reported a perceived ability to grow and develop at the organization. The other two themes that showed a strong impact on EX outcomes were Strategic Alignment and Patient Focus (R² ranging from 19-23% and 19-20%, respectively).

Of note, the theme of Inclusion, which is part of a broader composite around Diversity, Equity, Inclusion, and Belonging (DEIB), was driven by Psychological Safety and Growth and Development. When measuring Psychological Safety, respondents were asked to share whether they felt they could share their opinions openly and without fear of retaliation. This survey item alone explained 22% of the variance in the Inclusion outcome metric.

Additional noteworthy findings were observed for Well-Being and Burnout outcomes. Questions belonging to the work-life balance theme explored a substantial amount of variance. Specifically, having a manageable workload and the ability to manage job responsibilities to achieve a healthy work-life balance both explained 30% of variance respectively. Our findings relating to well-being showed a slightly different driver profile, suggesting drivers for burnout can be differentiated from those of well-being. The ability to manage job responsibilities to achieve a healthy work-life balance was a top driver for Well-Being (R²=19%) which was also a top driver for Burnout, however Role Fit and being treated with respect were also top drivers of Well-Being, explaining 21% and 23% of variance, respectively.

Graph 1. Percentage of Favorability (PFAV) Differences Across Outcome Metrics Between Nurses and Physicians
 (* = significant at $p < .01$)



Physician and nurse analyses

Results were segmented into both nurse and physician groups to allow for an individual analysis, as well as comparison between the two groups. Across each outcome measure, nurses scored lower than physicians on a Likert combined score (**Graph 1**).

Between the two groups, the largest percentage of favorability (PFAV) differences were seen in Well-Being, Burnout, and Intent to Stay. The top drivers of each employee experience outcome are shown in **Tables 5a** and **5b** including regression coefficients. Being treated with respect was the top driver for both group's Well Being outcome. For nurses, Recognition and Patient Focus were also strong predictors of Well-Being. For physicians, Growth and Development, and a job that makes good use of skills and abilities (i.e., role fit) emerged as strong predictors.

Analyses revealed that the top two engagement drivers for both nurses and physicians were centered around Growth and Development and Strategic Alignment. In particular: 1) an opportunity to meet career goals; 2) a belief that the organization has an outstanding future; and 3) the ability to see a link between the work that healthcare workers do and the organization's strategic objectives. Some differences, however, were noted across nurses and physicians. Physician engagement was driven by a belief in organizational values and a perception that their job makes good use of skills and abilities. By contrast, nurse engagement was driven by meaningful recognition for good work and confidence in leadership to make the right decisions for the organization.

Both populations identified Patient Focus and Work-Life Balance as key drivers for burnout. When looking at Burnout, a key driver for both physicians and nurses was the ability to manage job responsibilities to achieve a healthy Work-Life Balance.

While over half of nurses intended to keep working in their organizations for 3+ years, almost a quarter of nurses were thinking about leaving within the next 12 months. The highest drivers for nurses' and physicians' intent to stay were Growth & Development and Strategic Alignment, specifically the belief that the organization has an outstanding future. Nurses also highlighted Innovation, whereas physicians expressed a desire for their organization to have ethical care delivery as a top driver.

When experience vs. expectations was used as an outcome, both nurses and physicians cited Growth and Development (meeting career goals), Strategic Alignment (belief in the organization's future), and Patient Focus (recommend the organization's services) as drivers of an experience that exceeded their expectations. For nurses, open and honest communication, and processes that

enable effective patient care are key drivers of this outcome. Physicians ranked confidence in leadership to make the right decisions and efficient work processes as key drivers of this outcome.

Top drivers of inclusion for both groups included Growth and Development (meeting career goals), Psychological Safety (openly sharing opinion without retaliation), and Role Fit (good use of skills and abilities). Nurses also ranked being treated with respect as a key Inclusion driver, whilst physicians ranked Confidence in Senior Leadership.

Limitations

The EX framework was based on an employee experience model for non-healthcare industries. However, the statistical analyses presented here indicate key outcomes are valid for healthcare populations. There are differences in the demographics of the participants as well as specialties, however these are somewhat consistent with the available demographics for the professions themselves with the vast majority of nurses being Caucasian and female,¹² and majority of physicians being Caucasian and Asian.¹³ Major specialties were represented, although many did not identify or claimed "other." The sample in this study was recruited using panel participants; a similar study using non-panel participants should be conducted in future research to mitigate any biases associated with panel participant data. Our sample consisted only of nurses and physicians. A wider cohort of healthcare professions could be included in future research to explore the generalizability of this research to allied health care workers.

Discussion

Our research supports the need to move beyond engagement as a single metric to define and describe the health and well-being of the healthcare workforce. When comparing nurse and physician drivers across outcomes, three high level conclusions can be made. First, themes around Growth and Development, Strategic Alignment, and Patient Focus appear to be priority areas to improve the employee experience, specifically as they influence the outcome metrics of engagement, experience vs. expectations, inclusion, and intent to stay. Relatedly, when experience vs expectations was used as an outcome, both nurses and physicians cited Growth and Development (meeting career goals), Strategic Alignment (belief in the organization's future), and Patient Focus (recommend the organization's services) as drivers of an experience that exceeded their expectations. This is an important finding as experience vs expectations can be seen as a proxy for the psychological contract, which refers to an individual's expectations, beliefs, ambitions, and obligations, as perceived by the worker. It provides a powerful rationale

Table 5a: Regression Estimates for Drivers Regressed onto Six Employee Experience Outcomes for Nurses

Nurses		
DV Well-being, R² = .37	β	<i>SE</i>
Respect: I am treated with respect	.30*	.02
Recognition: I receive meaningful recognition when I do a good job	.24*	.01
Patient Focus: I am empowered to make decisions to best help my patients	.24*	.02
DV Burnout, R² = .31	β	<i>SE</i>
Work-Life Balance: I can manage my job responsibilities in a way that enables a healthy work-life balance	.34*	.02
Leader Trust: I have confidence in senior leadership to make the right decisions for this organization	.16*	.02
Patient Focus: This organization's processes enable me to effectively meet my patient's needs	.20*	.02
DV Intent to Stay, R² = .19	β	<i>SE</i>
Growth & Development: Overall, I feel that my career goals can be met at this organization	.24*	.03
Strategic Alignment: I believe this organization has an outstanding future	.17*	.03
Innovation: I am encouraged to come up with better ways of doing things	.13*	.03
DV Engagement, R² = .53	β	<i>SE</i>
Strategic Alignment: I believe this organization has an outstanding future	.31*	.02
Growth & Development: Overall, I feel that my career goals can be met at this organization	.23*	.02
Leader Trust: I have confidence in senior leadership to make the right decisions for this organization	.20*	.02
Recognition: I receive meaningful recognition when I do a good job	.20*	.01
DV Experience vs. Expectation, R² = .45	β	<i>SE</i>
Patient Focus: I would recommend this organization's services to people I know	.32*	.02
Growth & Development: Overall, I feel that my career goals can be met at this organization	.26*	.02
Communication: There is open and honest communication at this organization	.24*	.02
DV Inclusion, R² = .52	β	<i>SE</i>
Growth & Development: Overall, I feel that my career goals can be met at this organization	.29*	.01
Psychological Safety: I can share my opinions openly without fear of retaliation.	.27*	.01
Respect: I am treated with respect at work	.21*	.02
Role Fit: My job makes good use of my skills and abilities	.21*	.02

Note. N = 2363. *p <.001

Table 5b: Regression Estimates for Drivers Regressed onto Six Employee Experience Outcomes for Physicians

Physicians		
DV Well-being, R² = .40	β	<i>SE</i>
Respect: I am treated with respect	.28*	.02
Growth & Development: Overall, I feel that my career goals can be met at this organization	.26*	.02
Role Fit: My job makes good use of my skills and abilities	.25*	.02
DV Burnout, R² = .31	β	<i>SE</i>
Work-Life Balance: I can manage my job responsibilities in a way that enables a healthy work-life balance	.38*	.02
Managing Change: I feel supported in my efforts to adapt to organizational changes	.16*	.02
Patient Focus: This organization's processes enable me to effectively meet my patient's needs	.15*	.02
DV Intent to Stay, R² = .18	β	<i>SE</i>
Growth & Development: Overall, I feel that my career goals can be met at this organization	.25*	.03
Strategic Alignment: I believe this organization has an outstanding future	.17*	.03
Ethics: This company shows a commitment to ethical care delivery and professional conduct	.11*	.03
DV Engagement, R² = .57	β	<i>SE</i>
Growth & Development: Overall, I feel that my career goals can be met at this organization	.23*	.02
Role Fit: My job makes good use of my skills and abilities	.21*	.02
Strategic Alignment: I believe this organization has an outstanding future	.19*	.02
Strategic Alignment: I can see a clear link between my work and this organization's strategic objectives	.17*	.02
Values: I believe in the organization's values	.18*	.02
DV Experience vs. Expectation, R² = .45	β	<i>SE</i>
Growth & Development: Overall, I feel that my career goals can be met at this organization	.30*	.02
Leader Trust: I have confidence in senior leadership to make the right decisions for this organization	.27*	.02
Work Process: The work processes at this organization allow employees to be as productive as possible	.24*	.02
DV Inclusion, R² = .56	β	<i>SE</i>
Growth & Development: Overall, I feel that my career goals can be met at this organization	.27*	.02
Psychological Safety: I can share my opinions openly without fear of retaliation	.27*	.02
Leader Trust: I have confidence in senior leadership to make the right decisions for this organization	.22*	.02
Role Fit: My job makes good use of my skills and abilities	.20*	.02

Note. N = 2333. * $p < .001$

for employers to pay attention to the 'human' side of the employment relationship. Second, nuances in turnover intention were observed across physicians and nurses. Ethics and Psychological Safety were important drivers for physicians, compared with Innovation and Manager Trust for nurses. Lastly, structural drivers, such as organizational processes to improve the patient experience and a supportive work climate to help manage a healthy work life balance, were key burnout drivers for both nurses and physicians.

McKinsey found that people with a positive employee experience have 16 times the engagement level of employees with a negative experience and are eight times more likely to want to stay at a company. They subsequently proposed the need for more comprehensive models of experience that take into account people's values, personal circumstances, and individuals' needs for a deep sense of agency in impacting organizational outcomes.¹⁴ Our research supports these findings through the identification of six outcome metrics that collectively address employee experience, as opposed to legacy models that rely most heavily on engagement as a single score.

A recent large study from Australia found that when healthcare workers are engaged, costs are reduced, treatment effectiveness increases, and safety and quality outcomes improve.¹⁵ In fact, they found for a single percent improvement in engagement, hospital-acquired complications and readmissions lowered (3% and 7%, respectively). Key suggested actions for healthcare organizations focused on three areas: prioritizing patient and staff safety, accountability, and providing evidence that novel practices are worth implementing. A Gallup study of 200 hospitals similarly found nurse engagement was the top driver of the mortality index and complications.¹⁶ Our research supports these findings, in that the desire for a strong focus on patient care emerged as a key indicator for the well-being of nurses and in reducing burnout. The relationships between physicians, nurses, and patients are likely restorative and aligned with the values that prompted them to go into healthcare in the first place. These experience outcomes, well-being and reduction of burnout, create the foundational conditions for high quality and safe care to be delivered.

In addition to patient focus, nurses and physicians identified work life balance as the top driver of burnout reduction. Additionally, time to rest and recover are crucial. Although subgroup analyses were not performed here, physician burnout and satisfaction with work-life balance can also vary significantly by specialty, with the specialties of emergency medicine, internal medicine, neurology, and family medicine reporting higher rates of burnout. General surgery, general surgery subspecialties, and ob/gyn had lower satisfaction with work-life balance.¹⁷ Nursing studies suggest pediatric¹⁸ and emergency medicine¹⁹ specialties

have high rates of burnout. Some interventions may need to be tailored to the specialty and population.

In the wake of the pandemic, many organizations and practices are launching caregiver experience programs, which often include well-being efforts. Increasingly, there is appreciation for, and attention focused on, caring for healthcare workers. In this study, we found that both physicians and nurses recognized the need to be treated with respect as a major factor in their well-being. Respect may mean listening deeply to caregiver concerns, including them in decision making, and creating environments that are both physically and psychologically safe. Disrespect and incivility directed at caregivers may also be coming from patients,²⁰ so processes and policies that protect caregivers and demand mutual respect are increasingly important.

As three of every ten healthcare workers consider leaving the profession,²¹ the field of medicine is facing a staffing crisis with estimated costs of \$24 billion.²² Our findings suggest there are differences between physician and nurse intent to stay with significantly fewer nurses planning on staying in their organization. Both groups identified growth and development as well as strategic alignment with an organization as factors highly correlated with intent to stay. Although less important than the other two, a third key driver for nurses' intent to stay was innovation, the ability to drive improvement efforts, and for physicians, the third key driver was the belief that their organization is committed to ethical care delivery. Efforts focused on making it clear to nurses and physicians that there is a path to grow their careers in the organization and to reinforce how their work contributes to the whole, will likely impact retention.

Forbes found that for over 10 million employees from 150 companies, the keys to engagement were recognition, growth, and trust.²³ Furthermore, 70% of the variance in engagement can be attributed to the manager.²⁴ This finding is also supported in the healthcare literature which found that the leadership rating of the division/department explained 11% of the burnout and 47% of the variation in satisfaction with the organization.²⁵ In our study, both trust in manager and leadership showed up as relevant to nurses and clinicians across multiple outcome measures.

In summary, this research underscores the need for a more modern construct around the forces that impact caregivers and their experience at work. Modern elements of experience, such as well-being, burnout and inclusion, are being measured in some form or fashion in many healthcare organizations; however, they are often administered in multiple surveys that do not align and are often siloed. A comprehensive model of experience that encompasses each of these constructs - and understands how they impact one another - will enable leaders to more

efficiently and effectively support their teams. Given the significant exodus of healthcare workers over the past two years, it is critically important that healthcare leadership listen to the voices of their workforce both for friction points and to focus on what is working well. Gratitude and celebrating the people who continue to give their time and effort to the care of others are essential components.

While there is no magic wand to mitigate the current caregiver crisis, organizations can start to tackle the problem. Listening to understand what matters most for healthcare employees comes first. Analytics to discover insights and subsequent action, both through an organizational process improvement lens and an emotional one, informs solutions and action that will have impact and scale. This type of organizational approach will ultimately foster a culture of well-being, loyalty, and high performance throughout the healthcare workforce.

References

1. U.S. Department of Labor, Bureau of Labor Statistics. The Employment Situation- September 2021. https://www.bls.gov/news.release/archives/empsit_10082021.pdf. Published October, 2021. Accessed April 27, 2022.
2. MGMA Staff Members. Even as COVID-19 pandemic eases, a physician burnout epidemic continues. MGMA.com. <https://www.mgma.com/data/data-stories/even-as-covid-19-pandemic-eases,-a-physician-burno> Published October 27, 2021. Accessed April 22, 2022.
3. Parent JD, Lovelace KJ. The Impact of Employee Engagement and a Positive Organizational Culture on an Individual's Ability to Adapt to Organization Change. 2015 Eastern Academy of Management Proceedings: Organization Behavior and Theory Track. 2015:1-20. https://scholarworks.merrimack.edu/cgi/viewcontent.cgi?article=1009&context=mgt_facpub. Accessed April 22, 2022.
4. Akinyooye L, Nezamis E. As the COVID-19 pandemic affects the nation, hires and turnover reach record highs in 2020. Monthly Labor Review: U.S. Bureau of Labor Statistics.
5. <https://www.bls.gov/opub/mlr/2021/article/as-the-covid-19-pandemic-affects-the-nation-hires-and-turnover-reach-record-highs-in-2020.htm>. Published June, 2021. Accessed April 22, 2022Khan, WA. Psychological conditions of personal Engagement and disengagement at work. *Academy of management journal*. 1990;33(4):692-724.
6. Maslach C, Leiter, M. The truth about burnout. San Francisco: Jossey-Bass.1997.
7. Schaufeli WB, Taris TW, Van Rhenen W. Workaholism, burnout, and work Engagement: three of a kind or three different kinds of employee well-being?. *Applied Psychology*. 2008;57(2):173-203.
8. Plaskoff J. Employee experience: the new human resource management approach. *Strategic HR Review*. 2017;16(3):136-141.
9. Morgan J. *Designing Employee Experience: How to Win the War for Talent by Giving Employees the Workspaces They Want, the Tools They Need, and a Culture They Can Celebrate*. New York: Wiley. 2017.
10. Brooks J, King N. *Doing Template Analysis: Evaluating an End of Life Care Service*. Sage Research Methods Cases. 2014.
11. Hartley J. Some thoughts on Likert-type scales. *International Journal of Clinical and Health Psychology*. 2014;14(1):83-86.
12. Smiley RA, Ruttinger C, Oliveira CM, Hudson LR, Allgeyer R, Reneau KA, Silvestre JH, Alexander M. The 2020 National Nursing Workforce Survey. *Journal of Nursing Regulation*. 2021;12(1):S1-S96.
13. Castillo-Page L, Conrad SS, Caulfield M, Dill M, Eliason J, Jones K, Sims AM, Brown LC. Diversity in Medicine: Facts and Figures 2019. Association of American Medical Colleges <https://www.aamc.org/data-reports/workforce/interactive-data/figure-18-percentage-all-active-physicians-race/ethnicity-2018>. Accessed April 24, 2022.
14. Emmett J, Komm A, Moritz S, Schultz F. This time it's personal: Shaping the "new possible" through employee experience. McKinsey & Company. <https://www.mckinsey.com/business-functions/people-and-organizational-performance/our-insights/this-time-its-personal-shaping-the-new-possible-through-employee-experience>. Published September 30, 2021. Accessed April 22, 2022.
15. Garud N, Pati R, Sojo V, Bell SJ, Hudson R, Shaw H. 3 Ways Hospitals Can Boost Worker Engagement. *Harvard Business Review*. <https://hbr.org/2022/02/3-ways-hospitals-can-boost-worker-engagement>. Published February 16, 2022. Accessed April 22, 2022.
16. Blizzard R. Nurse Engagement Key to Reducing Medical Errors. Gallup. <https://news.gallup.com/poll/20629/nurse-engagement-key-reducing-medical-errors.aspx>. Published December 27, 2005. Accessed April 22, 2022.
17. Shanafelt TD, West CP, Sloan JA, Novotny PJ, Poland GA, Menaker R, Rummans TA, Dyrbye LN. Career Fit and Burnout Among Academic Faculty. *Archives of Internal Medicine*. 2009;169(10):990-995.
18. Woo T, Ho R, Tang A, Tam W. Global prevalence of burnout symptoms among nurses: A systematic review and meta-analysis. *Journal of Psychiatric Research*. 2020;123:9-20. doi:10.1016/j.jpsychires.2019.12.015

19. Browning L, Ryan CS, Thomas S, Greenberg M, Rolnik S. Nursing specialty and burnout. *Psychology, Health & Medicine*. 2007;12(2):148-154.
20. Porath C, Boissy A. Frustrated Patients Are Making Health Care Workers' Jobs Even Harder. *Harvard Business Review*. <https://hbr.org/2021/05/frustrated-patients-are-making-health-care-workers-jobs-; even-harder>. Published May 14, 2021. Accessed April 27, 2022.
21. Wan W. Burned out by the pandemic, 3 in 10 health-care workers consider leaving the profession. *Washington Post*. <https://www.washingtonpost.com/health/2021/04/22/health-workers-covid-quit/>. Published April 22, 2021. Accessed April 22, 2022.
22. Alkire, MJ, Miller D, Cloyd B. PINC AI Data Shows Hospitals Paying \$24B More for Labor Amid COVID-19 Pandemic. *Premier Inc*. <https://www.premierinc.com/newsroom/blog/pinc-ai-data-shows-hospitals-paying-24b-more-for-labor-amid-covid-19-pandemic>. Published February 7, 2022. Accessed April 22, 2022.
23. Kruse K. The ROI of Employee Engagement In Hospitals. *Forbes*. <https://www.forbes.com/sites/kevinkruse/2015/02/26/the-roi-of-employee-engagement-in-hospitals/?sh=6948d36254ce>. Published February 26, 2015. Accessed April 25, 2022.
24. Beck R, Harter J. Managers Account for 70% of Variance in Employee Engagement. *Gallup*. <https://news.gallup.com/businessjournal/182792/managers-account-variance-employee-engagement.aspx>. Published April 21, 2015. Accessed April 25, 2022.
25. Shanafelt TD, Gorringer G, Menaker R, Storz KA, Reeves D, Buskirk SJ, Sloan JA, Swensen SJ. Impact of Organizational Leadership on Physician Burnout and Satisfaction. *Mayo Clinical Proceedings*. 2015;90(4):432-440

Appendix

Table A. Confirmatory Factor Analysis Loadings for EX Model

ITEM	FACTOR LOADING																		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
FACTOR 1: COLLABORATION																			
The people I work with cooperate to get the job done	.66																		
There is effective collaboration between teams at this organization	.81																		
We do a good job of celebrating successful collaboration across teams	.79																		
My manager role models effective collaboration with other teams	.75																		
My team is effective at making decisions	.75																		
FACTOR 2: COMMUNICATION																			
There is open and honest communication at this organization		.90																	
Senior leadership responds to feedback from employees		.84																	
I receive the information I need to do my job effectively		.74																	
My manager is an effective listener		.53																	
FACTOR 3: COLLECTIVE SOCIAL RESP																			
I am proud of this org's efforts to have a positive impact on the world			.88																
This organization is taking action to be socially responsible			.74																
This organization fosters environmentally friendly practices			.66																
FACTOR 4: ETHICS																			
This org shows commitment to ethical care delivery & prof. conduct				.87															
I can report unethical practices without fear of reprisal				.81															
At this organization, everyone is held to the same ethical standards				.83															
My manager demonstrates ethical behavior				.60															
I know how to report suspected unethical practices				.57															
FACTOR 5: GROWTH AND DEVELOPMENT																			
Overall, I feel that my career goals can be met at this organization					.83														
I have meaningful discussions with my manager about career dev.					.74														
I have good opportunities to learn and develop at this organization					.86														
FACTOR 6: INNOVATION																			
At this org, I feel that I can challenge the traditional way of doing things						.87													
I am encouraged to come up with better ways of doing things						.81													
My manager rewards risk-taking in order to drive innovation						.76													

Table A. Confirmatory Factor Analysis Loadings for EX Model (cont'd).

ITEM	FACTOR LOADING																			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	
I feel free to try new things... even though my efforts may not succeed						.84														
FACTOR 7: LIVING THE VALUES																				
I believe in the organization values							.82													
My manager's behavior is consistent with the values of the organization							.69													
I understand the organization's values							.79													
FACTOR 8: MANAGING CHANGE																				
I feel supported in my efforts to adapt to organizational changes								.82												
This org does helps me understand how changes will affect my work								.88												
This org does a good job of communicating reasons behind imp. Change								.87												
This org tells us about upcoming changes in time to prepare for them								.83												
FACTOR 9: PATIENT FOCUS																				
I would recommend this organization's services to people I know									.82											
This org's processes enable me to effectively meet my patient's needs									.83											
I am encouraged to develop new and better ways of helping patients									.77											
I am empowered to make decisions to best help my patients									.80											
FACTOR 10: PAY & BENEFITS																				
I am paid fairly for the work I do										.81										
My pay is clearly linked to my performance										.68										
Employee benefits I have meet my needs										.61										
FACTOR 11: PERF & ACCOUNTABILITY																				
I have a clear understanding of what is expected of me											.66									
I receive feedback that helps me improve my performance											.85									
I have regular conversations w my manager about my performance											.76									
My job performance is evaluated fairly											.78									
FACTOR 12: PSYCHOLOGICAL SAFETY																				
I can share my opinions openly without fear of retaliation												.86								
My manager values my perspective, even if different from their own												.81								
Snr. leaders value diverse perspectives, even if different from their own												.78								
In my team, it feels safe to take social risks												.79								
FACTOR 13: RESOURCES																				
I have access to the resources I need to do my job effectively													.81							
My physical workspace allows me to be productive													.75							

Table A. Confirmatory Factor Analysis Loadings for EX Model (cont'd.)

ITEM	FACTOR LOADING																		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
FACTOR 14: RESPECT																			
I am treated with respect at work														.88					
When we disagree, my colleagues treat each other respectfully														.68					
My manager treats me with respect														.62					
FACTOR 15: SAFETY																			
I feel physically safe while I am at work															.63				
Patient safety is a priority in my organization															.80				
I can freely report patient safety events without fear of consequences															.78				
My manager's actions show a commitment to safety															.80				
FACTOR 16: STRATEGIC ALIGNMENT																			
I believe this organization has an outstanding future																.83			
I can see a clear link between my work & this org's strategic objectives																.82			
Senior leaders give a clear picture of the direction this org is headed																.83			
FACTOR 17: TRUST IN MANAGER																			
I trust my manager																		.66	
My manager keeps their commitments (i.e., do what they say they'll do)																		.63	
My manager cares about my well-being																		.62	
My manager treats people fairly																		.62	
FACTOR 18: WORK PROCESS																			
Work processes at this org allow employees to be productive as poss.																			.82
My manager helps remove barriers to getting my work done																			.80
This organization continually improves the way work gets done																			.84
My manager helps my team prioritize our work																			.79
We learn from our mistakes at this organization																			.75
FACTOR 19: WORK LIFE BALANCE																			
I manage job responsibilities that enables healthy work-life balance																			.88
This org supports my efforts to balance work & personal life																			.82
My workload is manageable																			.83

Table B. Specialties by Nurse and Doctor Participants

Specialty	Nurse	Physician	P Value
Acute/Critical Care	8.6%	0.1%	<.001
Anesthesiology	0.6%	0.3%	ns
Cancer	1.7%	0.7%	<.001
Cardiology & Heart Surgery	14.9%	4.2%	<.001
Dermatology	0.4%	1.5%	ns
Emergency	7.2%	9.8%	ns
General surgery	5.0%	0.2%	<.001
Geriatrics	4.9%	1.0%	<.001
Gynecology	0.6%	0.3%	ns
Internal medicine	7.7%	13.9%	<.001
Nephrology	0.9%	0.6%	ns
Orthopedics	2.8%	6.7%	<.001
Palliative	1.9%	0.8%	ns
Pediatrics	2.8%	25.6%	<.001
Psychiatry	1.3%	9.6%	<.001
Pulmonology & Lung Surgery	1.9%	1.7%	ns
Rehabilitation	1.1%	1.5%	ns
Rheumatology	0.1%	0.4%	ns
Urology	0.1%	0.0%	ns
Diabetes & Endocrinology	3.6%	2.1%	<.001
Ear, Nose & Throat	0.2%	0.2%	ns
Family medicine	7.4%	15.0%	<.001
Gastroenterology & GI Surgery	3.7%	2.3%	<.001
Neurology & Neurosurgery	2.8%	0.3%	<.001
Ophthalmology	0.2%	0.1%	ns
Other	17.6%	1.1%	<.001