"A smolder or a burn?" Burnout, satisfaction, turnover, and technology and organization readiness in early psychosis (EP) care across California

Sabrina Ereshefsky, PhD, Valerie Tryon, PhD, Kathleen Nye, BA, Mark Savill, PhD, Laura Tully, PhD, Viviana Padilla, BA, and Tara Niendam, PhD

UC DAVIS HEALTH
Department of Psychiatry and Behavioral Sciences

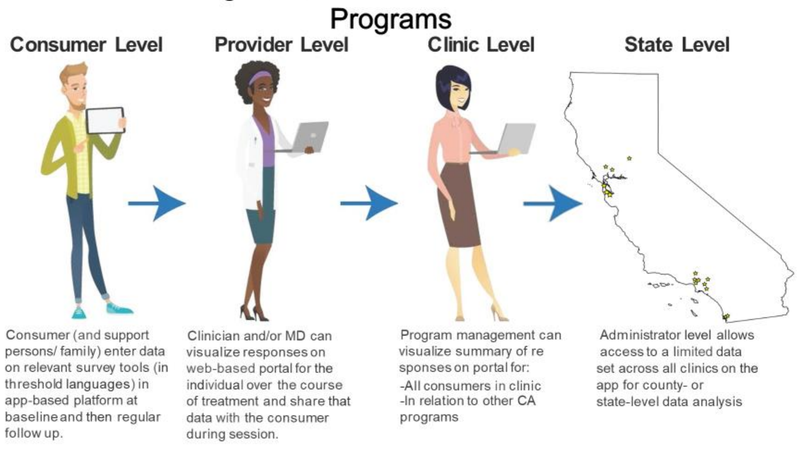
Background

Early psychosis (EP) clinics are demanding environments typically, but early on and throughout the pandemic, there was a mass transition to telehealth, with most individuals/clinics providing these services for the first time. In the state of California, EP program development has varied without a top-down state-based approach: county supported clinics (Community) and academic clinical-research settings (University), are less and more well-established, respectively. It is unclear what types of readiness factors (technology, organization) were related to burnout, satisfaction, and turnover, and how this may guide ongoing use of technology in different types of EP settings.

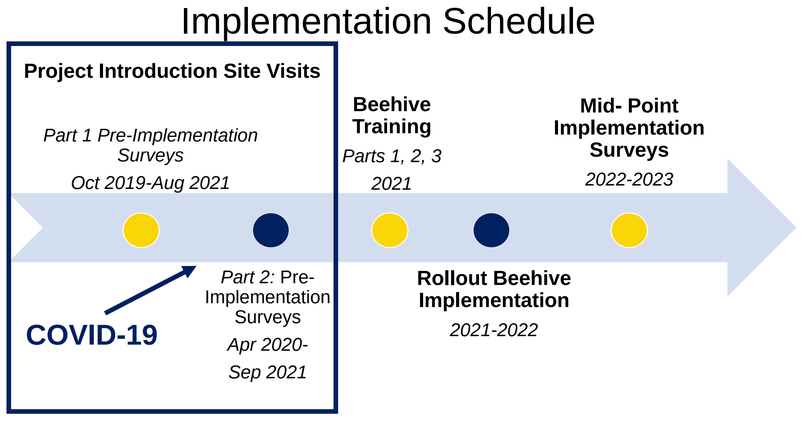
Method

As part of the California Collaborative Network to Promote Data Driven Care and Improve Outcomes in Early Psychosis (EPI-CAL), implementing a novel eHealth data collection and visualization platform (Beehive), 140 EP staff from 15 EP CA clinics (6 university & 9 community) completed baseline surveys (Oct. 2019-Sep. 2020). 109 EP staff completed a second set (Apr. 2020-Sep. 2020). Quantitative and qualitative data of those who completed both sets of data are presented. As implementation overlapped with the early part of COVID-19, this offered opportunity to add questions to those already planned.

Beehive Learning Healthcare Network for CA Mental Health Programs



Implementation Schedule



Demographics	Total (15 Clinics)	University (6 Clinics)	Community (9 Clinics)
N (%)	109	39 (36%)	70 (64%)
Participation Dates	10/2019-09/2020	12/2019-05/2020	10/2019-09/2020
Days between Pt 1/Pt 2 *Med(Ran)*	88 (13-206)	90 (33-142)	85 (13-206)
Age *Med* (Ran)	37 (23-71)	35 (23-71)	38 (23-70)
Race			
White	51 (47%)	21 (54%)	30 (43%)
Black/African	9 (8%)	2 (5%)	7 (10%)
Asian	13 (12%)	6 (15%)	7 (10%)
Pacific Islander/Native Hawaiian	2 (2%)	1 (3%)	1 (1%)
More than 1 Race	4 (4%)	1 (3%)	3 (4%)
Other (Latinx only)	14 (13%)	5 (13%)	9 (13%)
Other/Missing	16 (15%)	3 (8%)	13 (19%)
Ethnicity (Hispanic)	43 (40%)	^9 (23%)	^34 (49%)
Bilingual	55 (51%)	^14 (36%)	^41 (59%)
Sex (Female)	78 (72%)	31 (80%)	47 (67%)
Sexual Orientation (LGBQ+)	11 (10%)	5 (13%)	6 (9%)
Degree			
High School	9 (8%)	1 (3%)	8 (11%)
Bachelor's	19 (17%)	6 (15%)	13 (19%)
Master's	45 (41%)	10 (26%)	35 (50%)
Doctorate	26 (24%)	17 (44%)	9 (13%)
Medical	6 (6%)	4 (10%)	2 (3%)
Other/Missing	4 (4%)	1 (3%)	3 (4%)
Primary Role			
Leadership [Non]Clinical)	24 (22%)	10 (26%)	14 (20%)
Supervisor	10 (9%)	3 (8%)	7 (10%)
Clinician	33 (30%)	14 (36%)	19 (27%)
Prescriber/Medical	7 (6%)	2 (5%)	5 (7%)
Case Manager	6 (6%)	2 (5%)	4 (6%)
Peer Support Specialist	3 (3%)	0	3 (4%)
Family Advocate	3 (3%)	1 (3%)	2 (3%)
Supported Edu./Employ.	8 (7%)	1 (3%)	7 (10%)
Clinic Admin/Coordinator	14 (13%)	6 (15%)	8 (11%)
Licensed (Yes)	55 (51%)	17 (44%)	32 (46%)
Years: Current Clinic *Med*(Ran)	2.25 (0-40.6)	*2.00 (.17-40.58)	*2.25 (0-17.08)
Years: Work w/EP *Med*(Ran)	2.92 (0-40.6)	*3.75 (.33-40.58)	*1.67 (0-17.08)

*Note: Differences between University & Community Clinics: p < .05 (*t-test; ^χ-square)*

Differences in Readiness for University and Community Clinics

*t-tests: *p < .05; ~ p = .05*

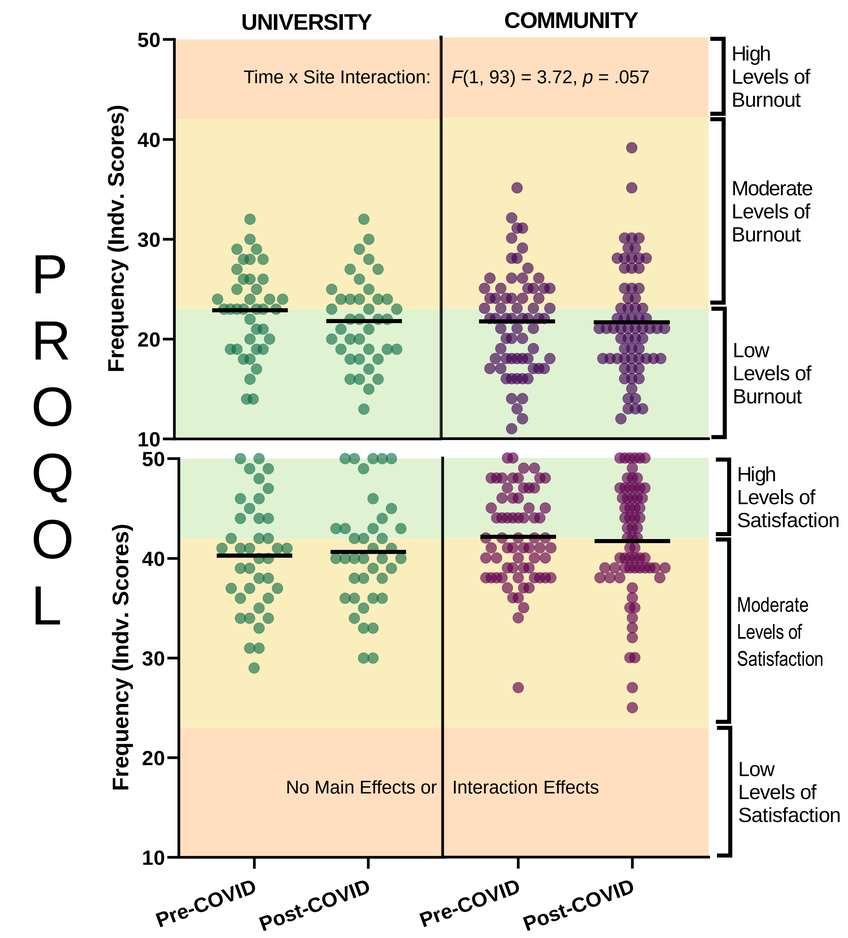
eHealth Readiness[1]	University Clinics	Community Clinics
Individual Factors	****Less* personal commitment**	***More* personal commitment**
Organizational Environment	No differences (e.g., Communication, Leadership)	
Organizational Technology	No differences (e.g., Beliefs about Technology)	
Organizational Readiness for Change (ORC)[2]		
Motivation for Change**	**Less* staff/training needs	***More* staff/training needs**
Resources	***Less* turnover ****Less* adequate offices** **Less* internet restrictions ~Adequate supervision	***More* turnover** **Adequate offices ***More* internet restrictions** **~More* supervision needs**
Staff Attributes	No differences (e.g., Efficacy, Adaptability, Satisfaction)	
Organizational Climate*	**Stronger* tie to Mission **More* Cohesion	***Poorer* tie to Mission ***Less* Cohesion**
Pressures for Change	Primarily come from supervisors	

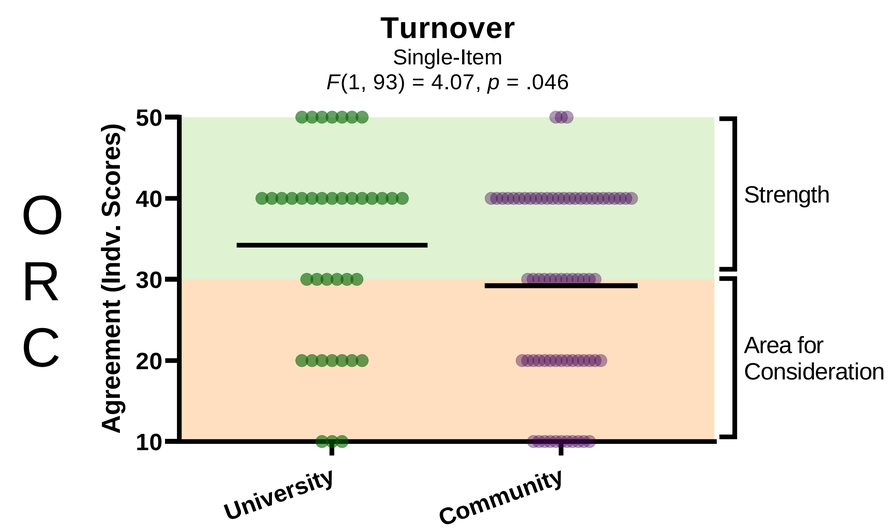
References

[1]Institute of Behavioral Research. (2003, 2009). *TCU Organizational Readiness for Change*. Fort Worth: Texas Christian University.
[2]Touré et al., (2012). Assessment of organizational readiness for e-health in a rehabilitation centre. *Disability and Rehabilitation*. 34:2, 167-173.
[3]The Center for Victims of Torture. (2009). *Professional Quality of Life, Version 5 (ProQOL)*. The Center for Victims of Torture.

Burnout & Satisfaction Did Not Significantly Vary between Sites Before or After COVID-19, but Turnover Patterns Did

RM-ANOVA and One-Way ANOVA (controlling for ORC and eHealth Readiness variables)
ProQOL (Professional Quality of Life)[3], queries about staffs' role as "helpers"

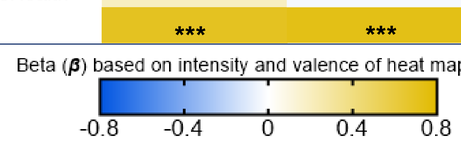


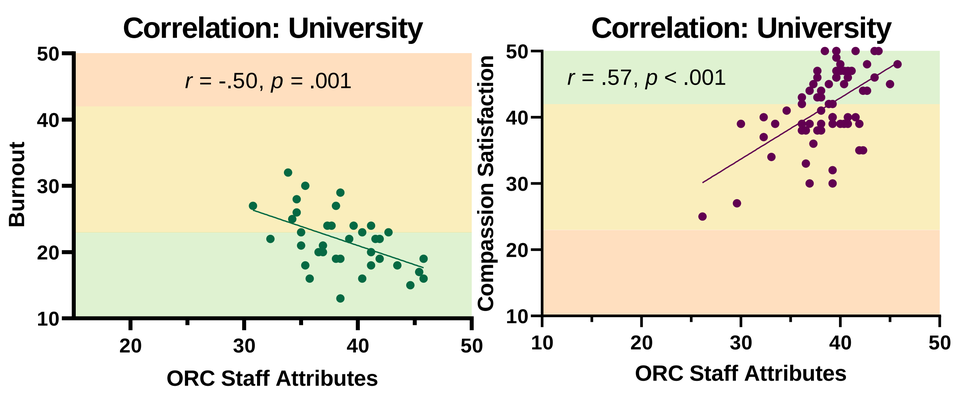


Readiness is Related to Burnout, Satisfaction, and Turnover Differentially By Clinic Type

Regressions: ***p < .001, **p < .01, *p < .05, ~p = .05-.07

	Burnout Post-COVID	Satisfaction Post-COVID	Turnover Pre-COVID
University	***F(8, 27) = 12.82	***F(8, 27) = 6.67	**F(7, 28) = 4.30
Motivation for Change	*		
Resources			~
Staff Attributes	*	*	*
Organizational Climate			*
Individual eHealth			
Org. Environment eHealth			
Org. Technology eHealth			~
Pre-COVID	***	**	
Community	***F(7, 58) = 4.74	***F(7, 58) = 5.51	~F(7, 58) = 2.00
Motivation for Change			*
Resources			
Staff Attributes			
Organizational Climate			
Individual eHealth			
Org. Environment eHealth			
Org. Technology eHealth			
Pre-COVID	***	***	





Acknowledgements

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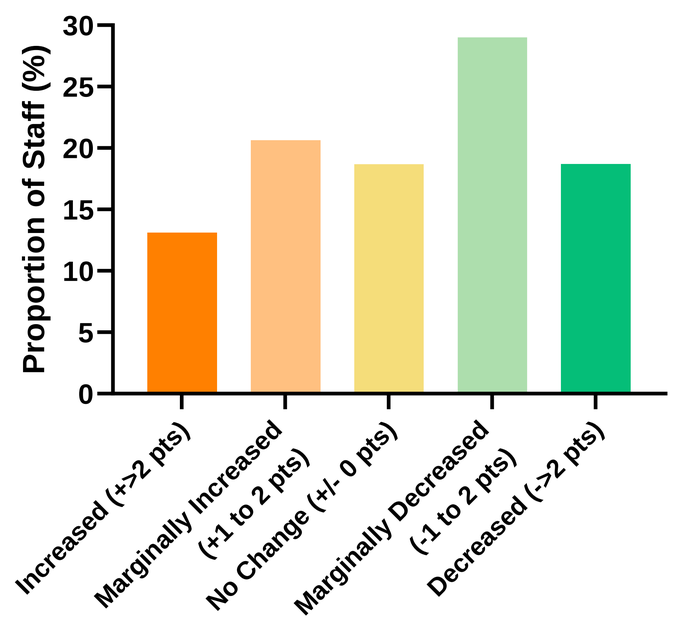
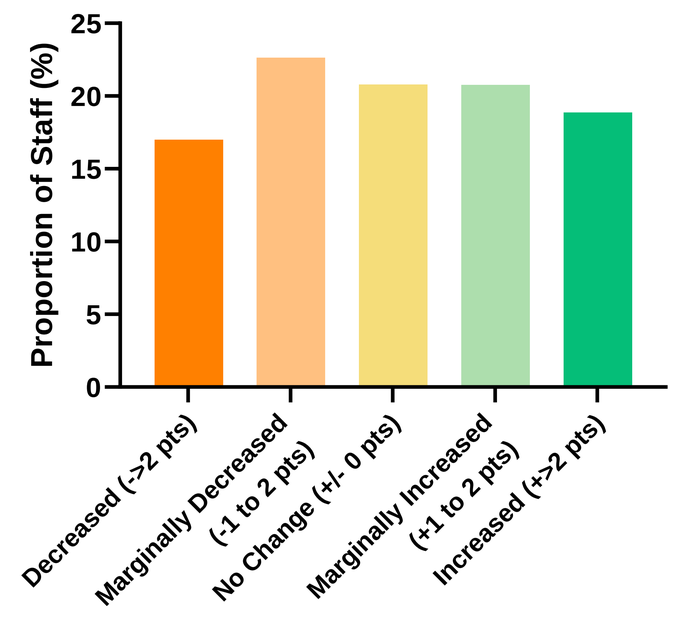
Individual Differences Contributed to Burnout and Satisfaction, as did Work-Life Boundaries, Technology Challenges and Benefits

Burnout: Individual Change (pre- to post-COVID)



What is contributing the most to burnout during current work from home activities?

Satisfaction: Individual Change (pre- to post-COVID)



What, if any, positive changes have you noticed that you would like to maintain to support wellness and prevent burnout once shelter-in-place is over?

For more information about EPI-CAL: EPICAL.ucdavis.edu or scan this QR

To contact the author, email sereshefsky@ucdavis.edu