

## **Discussion of Whittier former employee survey data**

### Study methodology

All primary care providers who left Whittier in the two years prior to the beginning of the study (October, 2016) were contacted by email and asked to complete a survey about the reasons why they left Whittier, in order to better understand the factors affecting retention of providers there. In the email, they were provided with a link to an online, anonymous survey tool (SurveyMonkey). The initial email was sent to providers on 2/15/19 by the Harvard School of Public Health student who conducted the study in collaboration with a member of the professional staff. Two follow-up reminder emails were also sent to the whole group by the professional staff member. The study was closed on 3/17/19.

### Study validity

The study likely accurately reflects the views of primary care providers who left within the study period, given the completion of surveys by 85% of participants and the partial completion of by another 7%.

### Length of time working at Whittier

A fairly high number of PCPs only worked at Whittier for a short time before leaving. 60% worked there for less than two years.

### Professional career interests

As expected, most PCPs (86%) received training in primary care during professional school. 82% sought a primary care job after graduation. However, only 45% were specifically looking for a long-term career in primary care when they graduated. 23% weren't sure what they wanted long-term. Only 18% were specifically looking to work in a CHC long-term.

### Knowledge of Whittier before hiring

A high number of providers (83%) came to Whittier without knowing much about it. Very few (4%) came believing that it had a positive reputation.

### Reasons for choosing Whittier

A number of factors were “very” or “somewhat” applicable to why providers chose Whittier.

Most people were drawn to the health center because of its mission and the population that it serves (80-100%). A sizeable number also believed Whittier would offer a high potential for professional growth and mentorship (66%) and positive autonomy (48%), the absence of which later became reasons why some chose to leave (see below, “Reasons for leaving Whittier”).

A common but somewhat unusual reason why providers chose Whittier was that it offered the fastest route to them for employment (71%). An interesting question is whether Whittier specifically chooses to onboard providers quickly, i.e. even before they've been fully credentialed (as many providers have experienced) because of the competitive advantage that it might give them in the marketplace. There are obvious drawbacks to such an approach, including the inability of un-credentialed providers to bill for visits and the difficulty of fully vetting un-credentialed applicants before they begin working.

### Job satisfaction

Interestingly, only 57% of providers who chose to leave were "dissatisfied" or "very dissatisfied" with their job at Whittier when they left. Comments provided by some respondents suggested that they found pleasure in certain aspects of their work, such as their relationships with colleagues, but that other factors ultimately overrode those more satisfying aspects in their decisions to leave.

### Aspects of Whittier providers were satisfied with

Providers were satisfied or very satisfied with two main aspects of their work at Whittier: the professionalism of fellow providers (95%) and the overall quality of the non-primary care services that patients received (57%). A little less than half were happy with the quality of the primary care services that patients received (43%) and the physical plant (43%). The relative dissatisfaction with physical plant is a little surprising, considering the attractiveness of the new building. Perhaps the congested work spaces (for some) or the building's layout were problematic for some.

### Aspects of Whittier providers were dissatisfied with

Providers were dissatisfied or very dissatisfied with several aspects of their work: the professionalism of non-provider staff (57%); the adequacy of administrative support services, such as scheduling, case management, and referral help (90%); workload (57%); middle management support (56%); and CEO support (90%). Fairly remarkably, not a single provider expressed satisfaction with either management's willingness to listen to the concerns of providers or with the support given to them by the CEO.

A little less than half were unhappy with the clinical support services, such as medical assistant, nursing, and clinical specialist help (42%).

### Reasons for leaving Whittier and factors that might have kept providers there

The main reason ("somewhat" or "very" applicable) cited by providers for leaving Whittier was the presence of a demoralizing work environment (86%). More institutional respect for staff and/or patients was frequently cited as a factor that could have kept them from leaving (71%).

Pay was problematic for about half (52%), and some (38%) said better pay might have kept them from leaving.

Other factors that might have helped keep them from leaving include better support services to help with the care of patients (43%), better opportunities for professional growth (19%), and more work schedule flexibility (24%).

23% would have left no matter what, for reasons not having to do with Whittier, such as moving out of town and choosing to stop working temporarily in order to raise a family. This fairly high number might be partly a consequence of hiring younger providers who are generally less settled with their career, home, and family plans.

### Career interests, likelihood of staying at Whittier long term, and role of salary

The survey responses suggest that many providers were open-minded about whether they'd like to work long-term in a setting like Whittier, and the vast majority who left continue to practice primary care (77%). The survey responses suggest that improvements in the work environment, managerial support, and/or clinical/administrative support services could have kept many providers at Whittier.

The importance of better pay is difficult to assess independently from the other variables cited. However, most providers did not in fact move on to much more lucrative jobs within health care, which Whittier has often claimed to be a primary cause of the high turnover at Whittier. 61% are still working with underserved patients in the relatively lower-paying areas of community health (33%) and nonprofit primary care (e.g. hospital-based clinics) (28%). And additional providers are working in certain fields, such as in hospitals, rehab centers, etc., where pay may also not necessarily be much higher.

### Ways to improve retention of providers

First and foremost, respondents cited the work environment as the primary reason why they left Whittier, and the main thing that, if changed, could have kept them there. 86% felt that the work environment was demoralizing. They felt quite unsupported by management in general, and the CEO in particular. Workload, low pay, and lack of adequate supports, especially administrative services (such as case management, referrals, scheduling, etc.), were also factors for some in their decision to leave, and improvements in all these areas would likely have significantly improved retention.

Whittier might also consider trying to identify applicants who specifically wish to pursue long-term careers in community health. Only 45% of the respondents were sure that they wanted to have long-term careers in primary care when they graduated from school.

Hiring of more experienced providers might also improve retention. The life situations of more experienced providers are generally more stable, and they're less likely to experience certain stressors of early adulthood that can affect their work life, such as raising new families or

needing to move to another city. More experienced providers would command a higher salary than Whittier might want to pay. However, a workforce with a higher mixture of experienced and inexperienced providers would provide better supports for the inexperienced providers, which would likely reduce their turnover. It would also save costs for Whittier associated with turnover (up to \$200,000 per provider). And it would very likely lead to improvements in the quality of care for patients.