The importance of employee motivation, engagement, and empowerment in healthcare: Case study on the Lehigh Valley Super Utilizer Partnership.

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Abstract

Research conducted to examine the role of employee motivation, engagement, and empowerment on the overall success of organizations demonstrates how critical it is for managers and leaders to implement strategies to improve employee motivation, engagement, and empowerment. This is especially true in healthcare where these efforts have an impact on internal (staff) and external customers (patients and the community). However, many organizations experience significant challenges with employee motivation, engagement, and empowerment which result in high levels of staff turnover, staff absenteeism, low levels of staff morale, and high costs related to filling vacancies while experiencing lower levels of productivity. Left unaddressed, these issues worsen over time and affect patient safety and health outcomes. This is especially important for healthcare providers that work with highly vulnerable populations, such as the Lehigh Valley Super Utilizer Partnership (LVSUP) in Allentown, PA, which works with patients that have multiple, chronic health conditions and have super utilization of healthcare services. The purpose of this paper is to provide an overview of employee motivation, engagement, and empowerment and its implication in healthcare, and to use LVSUP as a case study to describe strategies used by LVSUP to address their challenges with these important issues. The paper discusses the implications of the strategies used by LVSUP within the context of healthcare coordination as well as the general field of public health. Because of the strategies used by LVSUP to address their challenges, it resulted in improved team cohesiveness and greater participation from LVSUP staff and partners during the decision-making process, when providing feedback on improving patient care coordination, and when
offering recommendations to improve internal work processes. What this research and the LVSUP case study have shown is that managers and leaders must implement strategies to create an empowered workforce along with a positive workplace environment that allows staff to be highly motivated, engaged, and innovative. As a result, teams of empowered staff will be able to achieve desired results and overcome complex challenges within the dynamic landscape of public health and healthcare systems.
Introduction

Many organizations invest a great amount of time, money, and effort to identify and recruit highly skilled, energetic, and creative employees that will not only help their organizations achieve its mission, but to reach a higher level of productivity, quality and innovation. And in today’s ever-changing environment, it is even more critical for organizations to stay at the forefront of innovation while addressing complex challenges in their respective fields. Organizations can only achieve a high level of performance and innovation when they employ highly skilled employees that perform well but are also highly enthusiastic and go above and beyond what is expected of them while producing high-quality results. “The challenge today is not just retaining talented people, but fully engaging them, capturing their minds, and hearts at each stage of their work lives”, thus requiring managers and leaders to put greater emphasis and resources in talent management to maximize upon an employee’s skills, experiences, enthusiasm, and willingness to go above and beyond (Kaye & Jordan Evans, 2008, p. 11) Furthermore, individual employees impact the work, culture and cohesion of their respective team, group, and/or department as well as that of the organization as a whole. In order for organizations to develop and sustain high-performing teams, groups, and departments, managers should identify and utilize strategies that measure employee motivation, engagement, and empowerment since individual employees are members of teams and impact the cohesion and productivity of teams. Equally important is making necessary changes to management and leadership practices to create and sustain a work environment that deeply motivates an employee, actively engages them, and ultimately empowers them to do their jobs well.
The goals of this paper are to: 1) discuss motivation, engagement, and empowerment and how they are interconnected; 2) examine the collective impact of these issues within public health and healthcare delivery; and, 3) present a case study to explore innovative strategies that were utilized to enhance employee motivation, engagement, and empowerment and the impact of these strategies on a community health partnership that serves patients with complex chronic health conditions.

Employee Motivation

Motivation is defined as “the forces either internal or external to a person that arouse enthusiasm and persistence to pursue a certain course of action” (Daft, 2015, p. 226). Another way to define motivation is that “it means that people are moved to enthusiastic and energetic action...when people are motivated there is little that they cannot accomplish” (Sapienza, 2004, p. 38). When the work environment is highly motivating, employees (on an individual, departmental, and organizational level) will have a positive experience in the work that they are accomplishing and will feel that the time they spend at work is enjoyable and goes by quickly (Sapienza, 2004). There are several fundamental factors in developing motivation at the workplace which include: reasonable working conditions; competent people trained appropriately for their job; assurance of the link between effort and outcomes; equity and fairness; and appropriate challenge (Sapienza, 2004). One could also take into account Maslow’s hierarchy of needs (physiological [lowest need]; safety/security; social/affiliation; esteem/recognition; and, self-actualization [highest need]) to examine motivation with employees and as a lower need is met, a higher level of need will take over (Grove, 1995). As this
progression of fulfilling needs occurs, employees will be motivated since they are able to focus on higher level needs that allow them to grow and essentially, perform at a higher level. If any issues or concerns arise with basic needs being met, this will potentially have a negative impact on employee motivation and it will be important to address these issues (Sapienza, 2004). Furthermore, behavioral research findings illustrate that motivation requires a fit between personal competencies, job demands, and organizational characteristics (Sapienza, 2004). It is important for organizational management and leadership to assess what motivates them as individuals as well as determining what motivates their employees (Davis & Sollecito, 2013). This will then allow for management and leaders “to elicit peak performance by motivating others while also creating an environment where motivated people can flourish” (Davis & Sollecito, 2013, slide 15). Motivated employees require an environment that promotes their growth and development and allows them to flourish and it is important that managers and leaders cultivate a positive work environment that is suitable for motivated employees (Davis & Sollecito, 2013).

**Employee Engagement**

Once managers and leaders are able to identify what motivates their employees, they must then consider how to effectively engage them. Employee engagement is defined as “the extent to which employees commit to something or someone in their organization, how hard they work and how long they stay as a result of that commitment” (Corporate Leadership Council, 2004, p. 3). Commitment can be segmented into two categories: rational commitment, which is “the extent to which
employees believe that managers, teams or organizations are in their self-interest” and emotional commitment, which is “the extent to which employees value, enjoy, and believe in their jobs, managers, teams, or organizations” (Corporate Leadership Council, 2004, p. 3). There are four focal points of employee commitment that are tied to their day-to-day work, the team, their direct manager, and the organization (Corporate Leadership Council, 2004). The level of commitment can be quantified into the “discretionary effort” of an employee [which dictates their performance and their willingness to perform at a high-level and rise above what is expected of them] and their “intent to stay” [whether they intend to look for another job, how often they think of quitting, or if they have actively pursued other job openings] (Corporate Leadership Council, 2004). In a study that surveyed 50,000 employees globally, 11% were highly committed, 76% were neither fully committed nor uncommitted, and 13% were highly uncommitted (Corporate Leadership Council, 2004). These numbers are concerning since an employee’s level of commitment will influence the performance levels of the individual staff member, their team/department, and the organization as a whole. On a similar note, an employee’s commitment to their job determines the duration of their tenure and the organization’s employee retention.

With this in mind, the levels of employee engagement play a critical role in an organization’s ability to attract and retain high performing employees and as a result, it impacts the organization’s level of success and performance, competitive advantage, reputation, and overall customer satisfaction (Lockwood, 2007). Employee engagement has gained a lot of traction in recent years given that research findings indicate that employers are having difficulty engaging and retaining employees. More than 32,000
full-time employees participated in the 2012 Global Workforce Study and approximately 35% of them reported being engaged while 22% felt unsupported, 17% were detached, and 26% were disengaged (Towers Watson, 2012). Around the world, employees have felt the ramifications of the economic downturn and consequently, are greatly concerned with their financial and professional security, their level of stress on the job, have trust issues with their company’s leadership, feel unsupported by their managers, and are concerned with opportunities to build their career (Towers Watson, 2012). Most surprising was the fact that over half of the employees surveyed stated that they wish to stay with their current employer until they retire but 41% of them reported that in order for them to advance their careers, they would accept a new job opportunity at another company (Towers Watson, 2012). If employee engagement is not at the forefront of the work environment, employee turnover rates will be high and organizational efficiency and productivity will be low thus resulting in diminished customer loyalty and decreased stakeholder value (Lockwood, 2007).

**Employee Empowerment**

As employees are motivated and engaged, it is important that employees are given opportunities that empower them since empowerment is a way to keep employees motivated and engaged. By definition, empowerment means, “to entrust to others the full power, responsibility, and authority to do their jobs as they see fit” (Davis & Sollecito, 2013, slide 20). Empowerment also means the sharing of power among subordinates in the organization by delegating power or authority to them (Daft, 2015). Two critical elements of empowerment include responsibility and accountability and many
organizations hold their employees accountable to do their job as indicated in job descriptions and accomplish the baseline outputs they are tasked with doing (Evarts & Sollecito, 2013). However, many managers do not allow their employees to be fully responsible in that “managers do not entrust their staff with full power and authority that goes along with accountability” (Evarts & Sollecito, 2013, notes for slide 9). Both responsibility and accountability are instrumental in empowering employees to not only do their jobs but also work at a higher level that allows them to produce high quality outcomes (Evarts & Sollecito, 2013). Individual performance of empowered employees has a ripple effect throughout an organization since everyone in an organization tends to think and act together (Evarts & Sollecito, 2013). If employees as a group can go above doing their job and collectively think of ways to improve processes or ways to better meet the needs of their customers, this can unify them in undertaking approaches that are essential in continuous quality improvement (Evarts & Sollecito, 2013).

Employee empowerment can be used to create a work environment that promotes employee engagement and in doing so, it chips away at traditional hierarchical models that are more controlling and take away authority from employees to do their jobs in a more effective manner or troubleshoot any issues that arise (Laschinger & Finegan, 2005). Research has shown that employees respond better to work environments that empower them, which in turn decreases their level of stress and improves their performance, thus resulting in the organization achieving better outcomes (Yukl, 2002; Laschinger & Finegan, 2005). “Psychological empowerment probably has the same type of consequences as high intrinsic motivation and self-efficacy. The beneficial consequences include: stronger task commitment...greater
initiative in carrying out role responsibilities...more innovation and learning...higher job satisfaction” (Yukl, 2002, p. 107). However, any efforts to empower employees will be fruitless and frustrating if managers and leaders do not take into account the task-relevant maturity (TRM) of employees (Grove, 1995). The TRM of an employee is a combination of their level of education, training, and experience coupled with “the degree of their achievement orientation and readiness to take responsibility”, all of which is very specific to a particular project or task and can easily change across different projects or tasks (Grove, 1995, p.173). This means that managers and leaders must ensure that employees have the minimum set of skills, experience, and knowledge to carry out a specific task or project while ensuring that employees are both ready and willing to take on new responsibilities that will empower them as a result.

**Implications of Motivation, Engagement, and Empowerment in Healthcare**

Several indicators provide insight on the impact of motivation, engagement, and empowerment within healthcare settings. One study examined the cost of turnover in healthcare settings and found alarmingly high rates of departure for experienced registered nurses and laboratory personnel and high vacancies for specialized healthcare providers, all of which had negative downstream effects (Waldman, Kelly, Aurora, and Smith, 2004). When employees leave an organization, it can become costly in terms of the time, effort, and money that is invested to recruit, hire and train new employees and in a study that examined the cost of nursing staff turnover in hospitals, the total amount represented 3.4% - 5.8% of the $500 million annual operating budget of a medical center or approximately $17-29 million of the $500 million
(Waldman, et al, 2004). In addition, there is the cost of reduced productivity, which takes into account that new employees are not as productive or effective as well-established employees since new hires require a considerable amount of time to achieve job mastery and perform at a high level (Waldman, et al, 2004). It is easier to quantify the costs of hiring and training new employees; however, the cost of reduced productivity is harder to calculate since it has never been quantified and it does not appear as a line item in a budget or financial report (Waldman, et al, 2004). Regardless, this poses a considerable cost to an organization and its staff, which goes unaccounted for.

Additionally, one can examine the role of employee engagement and burnout on patient outcomes. For example, one study that focused on the nursing work environment found that the nurses’ experience along the continuum of burnout to engagement was directly related to whether or not there were was adequate staffing and if the hospital used a nursing model of care, which uses a nurse team leader for the nursing staff (Laschinger & Lieter, 2006). Inadequate staffing levels and negative working conditions create high levels of stress, poor attitudes, and low performance from nurses and results in diminished patient care and safety (Waldman, et al, 2004). The level of employee engagement of nurses in hospital settings has a significant impact on retention and absenteeism of nurses and the satisfaction, health outcomes, and safety of patients (Wagner, 2006). When the levels of engagement among nurses were surveyed, the findings showed that 85% of highly engaged nurses would not leave the hospital while 42% of disengaged nurses would not leave within the next twelve months (Wagner, 2006). Further, the 2004 report by the Institute of Medicine pointed
out problems within nursing work environments and how this greatly impacted the care
a patient received and consequently, the safety and health outcomes of patients
(Institute of Medicine, 2004; Laschinger & Lieter, 2006). The report also stated that the
negative work environment were likely caused by “organizational management
practices, work design issues, and organizational culture”, which collectively impacts the
level of engagement of nurses and possibly other healthcare providers (Institute of
Medicine, 2004; Laschinger & Lieter, 2006, p. 259).

When examining empowerment among nurses, leaders that used empowering
behaviors such as “enhancing meaningfulness of work, fostering participation in
decision-making, facilitating goal accomplishment, expressing confidence in high
performance and providing autonomy from bureaucratic constraints” resulted in nurses
experiencing a greater level of empowerment (Laschinger, Wong, McMahon, and
Kaufmann, 1999; Greco, Laschinger, and Wong, 2007). When leaders actively
implement strategies to empower nurses, it is reasonable to expect that nurses will be
less stressed and more engaged in a workplace that empowers them and gives them
control over their work while being treated with respect and rewarded for their
contributions (Greco, et al, 2007). Although the research findings directly linked the
impact of employee engagement on turnover costs and the impact on patient outcomes,
it is highly likely that employee motivation and empowerment (or lack thereof)
contributed to high turnover costs and negative patient outcomes.

Replicating a Promising Program Model: Case Study on the Lehigh Valley Super
Utilizer Partnership
In Pennsylvania, over 31% of the state’s annual budget is allocated to Medicaid in providing healthcare services to approximately 2.2 million individuals, or 17% of Pennsylvanian residents (Commonwealth Foundation, 2012; Neighborhood Health Centers of the Lehigh Valley, 2014). The state ranks fourth highest among all states in the total amount of expenditures spent on providing long term care services (Commonwealth Foundation, 2012; Neighborhood Health Centers of the Lehigh Valley, 2014). Much of the Medicaid dollars are spent on patients that are categorized as “super-utilizers” since they usually have multiple chronic health conditions (such as diabetes, congestive heart failure, chronic obstructive pulmonary disease, etc.) that require long-term healthcare services. Super utilizers have a high number of inpatient hospital stays and/or emergency department visits as well as the need to manage multiple prescription medications to treat their complex chronic health conditions. In 2004, Dr. Jeffrey Brenner founded the Camden Coalition of Healthcare Providers (CCHP) in Camden, NJ and began developing a health database that used claims data from three local hospitals to identify “super utilizers” and get a picture of inpatient hospital admissions and emergency room (ER) visits (Brenner, 2009; Kaufman, Ali, DeFiglio, Craig, and Brenner, 2014). There were many challenges that Dr. Brenner faced while creating this database since health information technology in Camden was very basic, there were limited human and financial resources available, and medical providers were reluctant to share patient-level data (Brenner, 2009; Kaufman, et al, 2014). However, Dr. Brenner’s initial findings motivated him and his team to continue their efforts and while it took them several years to overcome these challenges, they created the technique of “hot-spotting” in healthcare, which was “an approach used to
analyze data identifying the most frequent users of community health care resources” (Kaufman, et al, 2014). Using the data, Dr. Brenner created a multi-disciplinary care team to work with patients on an individual level in managing their health while forging collaborations with community-wide stakeholders and partners to address systems-levels barriers that super utilizers faced in accessing quality healthcare (Brenner, 2009; Kaufman, et al, 2014). Slowly, Dr. Brenner and his team saw that their super utilizer patients’ health was improving (33% decrease in ER visits and 56% decrease in inpatient stays) while decreasing healthcare costs by 56% in Camden, NJ (Brenner, 2009). Recognizing the success of Dr. Brenner’s model, the Center for Medicare and Medicaid Innovation provided Health Care Innovation Awards to fund four health care provider organizations that will adapt and implement the program model created by Dr. Brenner (Rutgers University, 2012). The Lehigh Valley Super Utilizer Partnership (LVSUP) of the Neighborhood Health Centers of the Lehigh Valley (NHCLV), which is based in Allentown, PA, is one of the awardees funded to work with super-utilizers to address barriers in managing their health conditions and accessing healthcare services (Rutgers University, 2012).

Between August 2014 and March 2015, I worked with the Lehigh Valley Super Utilizer Partnership (LVSUP) to complete my graduate level (MPH) practicum and during this time, I witnessed the strategies and practices that were used to enhance employee motivation, engagement, and empowerment and the impact it had on LVSUP. The staff at LVSUP faced many of the same challenges that Dr. Brenner and his team faced in their efforts to identify and provide intense care coordination services to super utilizer patients. The success and innovation of Dr. Brenner and his team at CCHP
required high levels of motivation, engagement, and empowerment to overcome these common challenges as they worked tirelessly to share data with hospitals and primary care providers and coordinate supportive services with super utilizer patients. This case study will illustrate that the success of Dr. Brenner's approach in LVSUP relies heavily upon high levels of motivation, engagement, and empowerment amongst staff. The purpose of this case study is to: 1) describe LVSUP’s challenges with employee motivation, engagement, and empowerment; 2) examine the innovative and evidence-based practices and strategies that were implemented to increase employee motivation, engagement, and empowerment; and, 3) discuss the impact of these practices and strategies on employee motivation, engagement, and empowerment within the program, the partnership as a whole, and the subsequent impact on patient health outcomes.

LVSUP Patient Care, Staffing and Collaborative Partners

Established in 2012, LVSUP is an intensive care coordination program for patients that are considered super utilizers and provides them with much needed health education and coaching to manage their health conditions, improve their relationship with medical providers, and link them to additional services to improve their emotional, spiritual, social, and mental well-being. Super utilizers encounter many challenges in managing their care and the program is focused on working collaboratively with patients to develop their own goals on overcoming these challenges while improving their health. A unique characteristic of LVSUP is that it has a care team that works individually with super utilizer patients while also being a formalized partnership of key community-based organizations. LVSUP has a multi-disciplinary care team that is comprised of a Social
Worker, a Nurse Team Leader, Community Health Nurses, Community Health Workers, and a Community Exchange Liaison, all of whom receive supervision from NHCLV’s Medical Director, a practicing physician. LVSUP is a true partnership in that it has three formal partners, which includes the Parish Nursing Coalition of the Lehigh Valley, Community Exchange Program at Lehigh Valley Health Network, and Pennsylvanians Organized to Witness Empower and Rebuild (POWER) and each partner plays a very specific role in helping LVSUP achieve its mission, vision, and purpose. The Parish Nursing Coalition focuses solely on providing staff with expertise, feedback, and resources related to patient care. Community Exchange is a time banking model in which patients share their skills and services in a non-monetary exchange system, thus creating caring and supportive social networks by exchanging services with people within the community. POWER is a community-organizing and mobilization group that develops policies and solutions for systems-levels barriers or issues that super utilizer patients experience in accessing healthcare services. The LVSUP care team is supported by the leadership and management team, which is composed of the Medical Director, the primary authorized representatives from the Parish Nursing Coalition, Community Exchange (not the Liaison on the care team), and POWER as well as LVSUP’s Nurse Team Leader, Social Worker, and Evaluation Specialist.

**Challenges with LVSUP Staffing and Partnership Cohesion**

Although LVSUP was experiencing success in working with super utilizer patients by witnessing positive health outcomes as a result of intensive coaching, health education, patient advocacy, and linkages to social support services, LVSUP also
began to experience challenges in terms of staffing and overall cohesion of LVSUP staff and partners. By May 2014, three employees had either resigned or been terminated in a span of three months. In addition, there were high levels of staff absenteeism among the smaller care team. The care team was tasked with delivering the same level of care to super utilizer patients while being severely understaffed. In addition, the leadership and management team observed that care team staff spoke very little, if at all, during staff meetings, and that there seemed to be tension among care team staff as well as between the care team and the leadership and management team. The cohesion of both the care team and the LVSUP partnership as a whole had suffered greatly.

Examining the Root Causes of LVSUP Workforce Challenges

In order to improve staff retention, relationships and engagement, a thorough root cause analysis was conducted. A root cause analysis is “a process for identifying basic or causal factor(s) underlying variation in performance” and it is a foundational technique used within continuous quality improvement (Kelly, 2011, p. 111). One of the findings from the root cause analysis was that working with patients that had multiple, complex health conditions required an intense amount of time, energy and resources and that it was very challenging for staff to build strong relationships and trust with super utilizer patients (Batts & Rodriguez, 2014). For LVSUP, they found that super utilizer patients often presented with low levels of self-worth, self-esteem, and self-doubt, did not trust the healthcare system and its representatives, and patients had a fear of change and a defeatist attitude (Batts & Rodriguez, 2014). Additionally, a number of super utilizer patients had behavioral and mental health issues and/or a
history of substance abuse and these issues were oftentimes not well-managed, which resulted in super utilizer patients experiencing medical crises (Batts & Rodriguez, 2014). The care team experienced high amounts of stress since they had to find a way to work with super utilizer patients while considering these challenges.

Another root cause that contributed to LVSUP’s workforce challenge was that a traditional workplace model did not create the appropriate workplace environment to effectively serve super utilizer patients and support its care team staff. Within a traditional workplace model, there is a significant emphasis on establishing and maintaining professional boundaries in that employees are instructed to “leave it at the door”, meaning they are not to bring their personal lives to their work as well as whatever “it” constitutes, which could be a range of professional and personal issues and challenges (Batts & Rodriguez, 2014). Within the traditional workplace model, there was also an attitude of “us versus them” in that members of the care team did not feel that they were just as important and valued as members of the leadership and management team (Batts & Rodriguez, 2014). When problems and issues arise, the traditional workplace model approaches them from a deficit model by emphasizing what is wrong and places blame and shame on employees that have made mistakes or are experiencing these challenges (Batts & Rodriguez, 2014). This also contributes to the “us versus them” mind frame and builds more tension between the care team and the leadership and management team (Batts & Rodriguez, 2014). These barriers would create tension during staff meetings and these tensions would go unaddressed, which worsened over time as people’s frustrations would fester and create more tension among LVSUP staff and members (Batts & Rodriguez, 2014). And finally, a traditional
workplace model promotes indirect communication between various levels of staff as directives and feedback from management and leadership are passed down to staff or staff is not asked for their input and feedback during the planning stages and when changes are going to made to a program (Batts & Rodriguez, 2014). LVSUP identified these elements of a traditional workplace model as being barriers to creating a positive, engaging work environment while supporting both staff and patients.

The Turning Point: LVSUP Re-defines Itself

As LVSUP began to hire new employees, an opportunity presented itself for LVSUP to redefine itself and address the workplace challenges that were creating tension, negatively impacting staff retention and engagement, and ultimately, compromising services provided to super utilizer patients. The first step in creating a more positive workplace environment was to collaboratively define LVSUP’s mission, vision, and values with input from LVSUP’s care team and the leadership and management team. After much discussion, the new mission of LVSUP was simply “wellness” since LVSUP staff and partners recognized that the definition of wellness varied among employees, partners, and super utilizer patients and that this conversation starter would give everyone the opportunity to define wellness according to their own personal beliefs, thus giving them the freedom to achieve wellness on their own terms. The LVSUP team then went on to develop its vision statement: “Motivated by justice and a vision of a complete community, the LVSUP builds relationships, innovates creative care, and finds collaborative solutions collectively to become a stronger, healthier, more integrated community so that we may all find dignity and use
our gifts to enhance wellness in each other’s lives.” Finally, the LVSUP team defined its core values as: justice, unity, compassion, resilience, independence, and humanity. LVSUP then developed its “Team Care and Compassion Model”, a set of guiding principles that would be used in working together internally as well as interacting with super utilizer patients and external partners and referral sources. The “Team Care and Compassion Model” is driven by its mission, vision, and values and outlines that LVSUP staff and partners will work in a manner that builds: trust, safety, support, and collaboration among all staff, partners, and super utilizer patients; it places great value on relationship-building, providing support, being appreciative, and using a strengths-based model that acknowledges the skills, strengths, and assets of staff, partners, and super utilizer patients (Batts & Rodriguez, 2014). The model also recognizes that each person that interacts with LVSUP is a unique individual and acknowledges that an individualized approach will be needed to effectively and appropriately engage with staff, partners, and super utilizer patients (Batts & Rodriguez, 2014). By developing a new mission, vision, and set of values, there was greater commitment and enthusiasm from LVSUP staff and as a result, LVSUP’s leadership and management team saw this as an opportunity to implement innovative and evidence-based strategies to improve employee motivation, engagement, and empowerment.

**Participatory Management and Leadership**

In order to be inclusive of all staff and partners within LVSUP, a participatory management and leadership style was initiated by LVSUP’s leadership and management team (Batts & Rodriguez, 2014). By definition, participatory management
practices include information-processing, decision-making and problem-solving by both managers and their staff and in doing this, there is a more balanced involvement between managers and their subordinates (Wagner, 1994). Participatory leadership theory suggests that in order to ensure a high level of motivation among employees, leaders must place value on the importance of including employees to provide input and ideas when new programs are implemented, when problems and challenges arise, and when developing creative solutions to solve problems (Moomaw, 1984). This type of leadership requires that leaders create an environment that allows for employees to share their ideas and feel that they have been heard since their leaders and managers express trust and confidence when listening to their employees (Moomaw, 1984).

To allow for open communication, LVSUP’s leadership and management team created a deck of red, yellow, and green cards. These cards are used during meetings and each person must select a card that represents whether they agree with a decision that is to be made (green card), they may not agree but they trust the wisdom of the group in making the decision (yellow card), or whether they disagree with a decision and would like to share their point of view (red card). The use of these cards gives each member of the LVSUP team an equal vote in that one person’s decision does not carry more or less weight based on their position or role within LVSUP. Members of LVSUP have reported that using the cards helps them make better decisions as a whole and allows for a more open and engaging conversation within the group. It also prompts everyone to be actively involved in the decision-making process, especially during times when team members may feel intimidated to share their views. The LVSUP team also reports using the cards virtually in email communications and if a red or yellow card is
raised, then the topic will be discussed during the next meeting. The use of the cards helped group members develop the skills and confidence to express their concerns (either in meetings or individually with staff) that the cards are rarely used since a safe and open environment has been created to allow for continuous feedback and input among all members of the LVSUP team. This was one of the first steps in empowering staff and has resulted in higher levels of motivation and engagement of staff.

The Importance of Adverse Childhood Experiences and Trauma on Health

There have been numerous research studies conducted to understand how a person’s health is affected by their history of adverse childhood experiences as well as trauma throughout their lifetime. As such, the LVSUP team felt they were not adequately trained to serve super utilizer patients whose history of trauma was negatively impacting the staff’s ability to build a strong relationship and trust with them (Batts & Rodriguez, 2014). On many occasions, LVSUP staff encountered patients who had a history of domestic abuse, sexual abuse and assault, and other traumatic experiences, all of which had a negative affect on their health, their communication and coping skills, and their attitudes towards new people. Consequently, staff found it very challenging to effectively work with patients that had a history of trauma and provide meaningful and appropriate services to them. In essence, the LVSUP staff did not have the training, skills, or knowledge in working with patients who had a history of trauma and this caused staff to become frustrated and demotivated. The staff’s frustration also highlights the importance of Grove’s concept of task-relevant maturity (TRM) as previously described since LVSUP staff had low TRM when working with patients who
had a history of trauma and they were not empowered to effectively work with them. In order to raise the TRM of staff, they would need to be trained and coached in providing trauma-informed care. Recognizing the concerns of staff, LVSUP’s Social Worker brought his knowledge and expertise on the ACE study and provided further training on how to use the ACE score with patients.

The Adverse Childhood Experiences (ACE) Study is the landmark collaborative research project undertaken by the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente's Health Appraisal Clinic in San Diego, CA between 1995 to 1997 (CDC, 2014). Over 17,000 patients at the clinic were asked to complete a confidential survey that asked them about their childhood (before the age of 18) experience with maltreatment and family dysfunction (CDC, 2014). The major findings from the ACE Study showed that these childhood experiences greatly increased the likelihood that a person’s health would be negatively impact (CDC, 2014). From this study came the ACE Score in which a person would indicate whether or not they had experienced ten specific adverse situations (CDC, 2014). Recognizing the usefulness of the ACE score, LVSUP asks its patients to complete it in order to give staff an idea of how much trauma the patient experienced as a child. However, many patients were becoming upset as they completed the ACE score, with some of them refusing to complete it. LVSUP staff respected the decision of their patients but felt uncomfortable giving the ACE score as well as appropriately managing the responses and reactions from patients. LVSUP’s Social Worker saw this as a teachable moment.

To better understand their patients, each member of the LVSUP team was asked to complete the anonymous ACE score in private. This allowed for LVSUP team
members to discuss their experience taking the survey, how they had to manage their own history of adverse childhood experiences, and most importantly, develop strategies for working with super utilizer patients with a history of childhood trauma. Staff also raised the fact that some patients may have had a low ACE score but that they may have experienced a great deal of trauma as an adult, which would have a negative effect on their health (Batts & Rodriguez, 2014). Since LVSUP staff was motivated and engaged to learn more about the impact of trauma on a person’s health, LVSUP’s Social Worker advocated for staff training on trauma-informed care, which would result in greater empowerment of staff while also increasing their motivation and engagement.

The Substance Abuse and Mental Health Services Administration (SAMHSA) has developed six key principles of a trauma-informed approach that considers the impact of trauma on an individual (SAMHSA, 2014). According to SAMHSA, “a program, organization or system that is trauma-informed: realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; responds by fully integrating knowledge about trauma into policies, procedures, and practices; and, seeks actively to resist re-traumatization” (SAMHSA, 2014). The LVSUP team attended a two-day training on Trauma-Informed Care in November 2014, during which LVSUP team members learned about the core values of trauma-informed care (safety, trustworthiness, choice, collaboration, and empowerment), appropriate strategies for conducting trauma screenings and assessments, the importance of self-care for staff, and approaches for working with patients in a way that resists re-traumatization. After this training, LVSUP team members identified areas within their
programmatic and organizational infrastructure that needed to be modified in order to be more trauma-informed and sensitive.

The LVSUP care team staff has reported increased skills, knowledge, and confidence in working with super utilizers who have experienced a great deal of trauma (either as children or adults) as well as identifying signs that the super utilizer patient is being inadvertently re-traumatized (Batts & Rodriguez, 2014). LVSUP staff also acknowledged that for some super utilizer patients, they experienced a level of trauma when they received a medical diagnosis (such as HIV positive results) or that the healthcare system inflicted trauma on them (Batts & Rodriguez, 2014). As a result, LVSUP staff felt empowered to work and connect with patients in a more meaningful way. In addition, LVSUP staff has developed a “universal precautions” approach in which each patient is treated in a trauma-sensitive manner from the first point of contact. The LVSUP staff also acknowledged that being trained in trauma-informed care has helped them manage (not ignore) their own history of trauma and the impact it has had on their level of motivation and engagement while at work, especially when challenges or situations arise that reminds them of their trauma. As a result, staff are better equipped to manage the impact of trauma with patients and themselves and if they feel overwhelmed, LVSUP staff will discuss their challenges either in private with the Social Worker or with the entire team. In addition, Dr. Brenner’s team had recently identified training on trauma-informed care as an essential component in developing the skills of the care management staff (Kaufman, et al, 2014).
The Balint Group

In the 1950s, Michael and Enid Balint (both psychoanalysts) began to conduct seminars with general practitioners in London with the intention of helping the doctors process the psychological aspect of their patients’ problems and any difficulties they had with the patients (American Balint Society, 2015). Doctors that attended the session with Balint reported an increased ability to manage challenges they had faced with difficult patients (American Balint Society, 2015). The positive outcomes these sessions had on participating doctors is how present-day Balint groups were created, in which a group of doctors meet regularly to discuss their patients and the Balint groups are led by a psychoanalyst (American Balint Society, 2015). Within the Balint groups, “the aim is to improve physicians' skills in handling their patients while simultaneously controlling their personal involvement and awareness of their own feelings during patient encounters” (Kjeldmand & Holmström, 2008, p. 139).

The Medical Director had previously participated in and facilitated Balint groups and integrated Balint group sessions into the program model since she felt that Balint group sessions would allow LVSUP team members to process challenges they were experiencing with patients in a productive manner. The LVSUP team has conducted Balint groups once a month and a trained Balint group leader from Lehigh Valley Health Network visits the LVSUP team to discuss super utilizer patients that are facing significant challenges (Batts & Rodriguez, 2014). Within the LVSUP team, one care team member presents the patient’s story and once the care team member is finished, the Balint group leader guides the discussion by summarizing what the care team member said and then allows for LVSUP members to ask questions or share their
thoughts and perceptions on the patient. During the Balint groups, LVSUP team members are given the opportunity to discuss in great detail some of their challenges with the patient and LVSUP team members are supported, validated, and given insights that can help improve the care that is being provided to super utilizer patients. When a patient is inactive and being considered for discharge, the Balint group allows the LVSUP team to exhaust all perspectives and recommendations to enhance patient engagement while acknowledging all of the efforts of staff that worked with the patient. The Balint group also puts into perspective that a patient can only be as active as they can be and if they choose not to be a part of the program, it is not a reflection of the staff working with the patient. In summary, the Balint groups have been helpful for LVSUP staff to remain motivated and engaged with their patients even though their patients are experiencing challenges that are limiting their participation in the program.

**Self-care and Team Building**

One of the core components most important to all LVSUP team members is actively thinking about and practicing self-care activities that complement the strategies previously described (Batts & Rodriguez, 2014). Working with super utilizer patients puts the LVSUP care team at a high risk of burnout and compassion fatigue, which directly impacts employee motivation, engagement, and empowerment. One strategy used to minimize burnout is journaling, in which LVSUP team members are all given a journal to write down their thoughts, feelings, and perceptions of the program, themselves as individuals, and their work with super utilizer patients (Batts & Rodriguez, 2014). This helps to give LVSUP team member privacy and ensure safety if they do not
feel like sharing their thoughts, feelings, and perceptions with the group. Additionally, LVSUP team members are given specific topics or questions to prompt journal entries. Journaling is also used when there is tension in the group or a difficult situation/topic is being discussed yet the emotions and feelings of LVSUP members warrant private reflection. In conjunction with journaling, each meeting is opened with a “check-in” and closed with a “check-out” and this is done by asking team members to rate how well they are doing on a scale of one (being really bad) to ten (being really good) (Batts & Rodriguez, 2014). If LVSUP team members report a low number, they are asked how the group can help them reach a higher number and most times, fellow team members reach out individually to team members with a low number. “Check-in”/”check-out” is also conducted is by asking quick questions that are used to help team members get to know each other, identify a way they are practicing self-care or express appreciation and gratitude towards one another (Batts & Rodriguez, 2014).

Finally, “learning and reflection” is facilitated with LVSUP team members to introduce or review a topic or strategy that can be used internally as a team building exercise or as a way to build relationships with super utilizer patients (Batts & Rodriguez, 2014). Examples of previous “learning and reflection” topics include: artistic expressions of what inspires staff (which could be pictures, songs, videos, etc.), the Myers-Briggs personality test (in which the results of LVSUP team members were shared along with considerations for working with each other and super utilizer patients), and review of Tuckman’s Stages of Team Development (Forming, Storming, Norming, and Performing] and thoughts as to which stage the LVSUP team was at.
Impact of these Strategies on Employee Motivation, Engagement, and Empowerment

In a relatively short amount of time, the LVSUP team has been able to redefine itself and invest in the growth and development of both staff and the partnership as a whole. There are several indicators that reflect the level of motivation, engagement, and empowerment of staff, both collectively and individually. The LVSUP team calls itself the “Dream Team” and acknowledges the unique skills, strengths, and experiences of each team member. In doing so, the LVSUP team is able to stay motivated since they understand the role each person plays on the team and how they each contribute to the work of LVSUP. Although the work with super utilizers is challenging and intense, there is great individual and collective investment to work together to improve the lives of the patients they serve. The LVSUP team members report an increased satisfaction and support in the work they do, a greater sense of belonging, and increased ownership of the ideas and solutions they develop as a group. There has been no staff turnover since May 2014 and the LVSUP has increased its staffing to ten employees and increased the number of interns as well. In addition, the level of staff absenteeism has greatly reduced. These are all indicators that there are greater levels of motivation, engagement, and empowerment among LVSUP staff.

The use of the strategies has had a positive impact on patients. Since there are adequate staffing levels for LVSUP, the care team members have a manageable case load and are able to provide high quality services to super utilizers and often go above and beyond to coordinate services with fellow LVSUP team members, referral sources, medical providers, and social services. Since staff are highly motivated and empowered, they are able to better coach their patients to advocate for themselves and
are able to model effective communication skills with patients. Once super utilizer patients commence from the program, they usually report a greater sense of empowerment and understanding of their health conditions, improved relationships and communication with their medical providers, and can focus on better managing their health since they have overcome barriers, such as housing, and transportation. In terms of health outcomes among super utilizer patients that completed the program, there was a 65% decrease in ER visits and a 66% decrease in inpatient stays. On a similar note, community partners that referred super utilizer patients to LVSUP often report that they see an improvement in their patient’s ability to manage and organize their health care needs and are more independent as a result of the program. Given the improved perception of LVSUP and its impact on super utilizer patients, referral sources consistently refer eligible patients to LVSUP and also tell their colleagues about LVSUP.

**Discussion: Lessons Learned from LVSUP**

Through my experience with the Lehigh Valley Super Utilizer Partnership, I learned firsthand how important it is address challenges with employee motivation, engagement, and empowerment and how these challenges can directly influence a team’s ability to provide high quality services to patients with multiple, complex chronic health conditions. The ability of the LVSUP program to improve the health of super utilizer patients greatly depends on how well a staff member is performing as well as the cohesiveness of the multidisciplinary team. Employee motivation, engagement, and empowerment creates an interconnected and interdependent web; they oftentimes
overlap one another and if one of those elements is negatively affected, it has a ripple effect throughout the web, as demonstrated by the experience of LVSUP.

A significant step in improving employee motivation, engagement, and empowerment was LVSUP’s decision to redefine itself by creating a new mission, vision, and set of values. This was a well-timed activity since there were new staff on the team and it was an essential step in getting the team to identify their purpose. By doing this, it allowed for greater buy-in from staff and partners since they were all able to provide their ideas and feedback during this important process. As a result, employees who were once silent had found their voice and were actively contributing to discussions and the decision-making process. The use of the decision-making cards (the deck of red, yellow, and green cards) was an important tool in showing all staff that everyone’s opinion mattered and this tool had a collective affect on motivating, engaging, and empowering staff regardless of titles and roles. Furthermore, this level of motivation, engagement, and empowerment would be needed from LVSUP staff and partners in order to identify processes that needed improvement as well as voicing concerns over challenges that they or their patients were facing.

There are many internal and external factors that influence an employee’s motivation and given the intense nature of LVSUP’s work based on Dr. Brenner’s model, it is vital for managers and leaders to consistently assess an employee’s level of motivation and address any factors that may be impacting it. Working with patients that have multiple, complex health conditions as well as a history of trauma, mental health disorders, and/or substance use can be stressful for staff and lead to demotivation if the negative impact of these issues are not mitigated. In this example, it is not just a matter
of staff receiving training on trauma-informed care, but also implementing strategies that create a supportive environment for staff to manage any challenges that arise. LVSUP uses Balint groups as a strategy for staff to process a patient’s challenges and identify potential solutions. In addition, incorporating a team care and compassion model and self-care strategies that actively gauges the emotional and mental health of staff allows them to address any challenges they may be facing. These examples demonstrate that motivation, engagement, and empowerment are all connected and that the strategies used by LVSUP had motivated and engaged employees while empowering them to practice self-care activities when the need arises.

Another important lesson learned from the LVSUP experience was the importance of training and its role in the motivation, engagement, and empowerment of staff. When staff were able to identify their training needs, they were able to improve their knowledge and skills-set in working with patients in a more effective and meaningful manner. This was especially important since they had encountered many barriers in working with patients that had a significant amount of trauma and by getting proper training, this allowed staff to understand that patients who at times were distant or resistant were using their coping and survival skills since they were feeling vulnerable. During the “learning and reflection” sessions, staff would receive information, tools, and resources that were relevant to their work with super utilizer patients and as a result, they would oftentimes identify additional needs for trainings, resources, and tools, which would allow staff to go above and beyond when working with super utilizer patients.
Future Recommendations

With the dynamic, challenging landscape of health, sustainable and meaningful changes within the public health and healthcare systems require a collaborative approach across disciplines to address the health needs of communities, as demonstrated by the lessons learned at LVSUP. Furthermore, the use of multidisciplinary teams by Dr. Brenner and LVSUP recognizes the importance and contribution of various partners and disciplines that is required to work with vulnerable populations while achieving healthier communities (Gebbie, Merrill, and Tilson, 2002). Therefore, teams of public health workers and collaborative stakeholders are needed to come together to identify challenging issues and innovative solutions that improve the overall health of communities. The need to work across disciplines and organizations requires leadership from team members to work in a cohesive and productive manner while addressing both internal and external challenges the team will face, all of which requires leaders and staff that are highly motivated, engaged, and empowered. There is a strong belief within public health that “leadership is one of the key dimensions in building a stronger public health system” (Rowitz, 2009, p. 111). Leaders are needed at all levels within public health and some of the characteristics that are required of public health leaders include: a commitment to the values that shape public health, effective communication skills, the ability to empower others since they themselves as leaders are empowered, and the ability to be in both leadership and follower roles, (Rowitz, 2009). Empowerment is used to improve programs and services among public health teams. As noted by Rowitz, "members need to be empowered…to use their knowledge, experience, and skills to address important issues” while also increasing their
commitment and level of performance” (2009, p. 125). Therefore, multidisciplinary health teams, coalitions, and partnerships should be comprised of individuals that are deeply motivated, highly engaged and truly empowered professionals and should span team members as well as external stakeholders committed to improving the community’s health. To ensure this, managers and leaders throughout the public health and healthcare systems must continuously gauge the motivation, engagement, and empowerment of staff according to the purpose, mission, vision, and values of their organizations and agencies. But most importantly, managers and leaders must identify and implement appropriate and timely strategies with the aim of creating an empowered public health and healthcare workforce that is highly motivated and engaged. The complex challenges within the public health and healthcare systems will require an empowered workforce that not only has the skills, knowledge, and abilities to address these challenges, but also the motivation and steadfast determination to transform the challenges they face into opportunities that will create thriving, healthy communities on a local, national, and global level.
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