

management and other changes within organizations made building relationships difficult as personnel, goals, and priorities changed between grant submission and project period. In working with nursing homes associations, the value of the information, training opportunities, and building networks for future collaboration were all central benefits for the associations. Previous exposure to research seemed to be an important factor in the decision-making process for the potential partner organizations. Despite a lengthy process to build relationships, the partnerships took different forms in each state, with only one state having both types. Practical implications. Establishing shared value for nursing home workers in general was a key part of the original research proposal. Outcomes, such as injury and patient safety were to be evaluated along with testing the Workplace Integrated Health Assessment measure developed by the Center for Work, Health, and Well-being. However, the value to the nursing home associations was more difficult to establish and was balanced by the perceived reputational risks inherent in organizational research.

The mutual benefits of data-sharing for employers and academic researchers: Boston Hospital Workers

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Statement of the Problem: Data is the backbone of public health research. Epidemiologists are experts at data analysis, but they often struggle to find data sources that are high-quality, relevant to their research questions, and efficient to collect and analyze. Conversely, many employers are awash in data that they collect in the course of their everyday operations, but they lack the capacity or skills to turn that raw data into meaningful insights about their organization or its employees. The Boston Hospital Workers Health Study (BHWHS) (1) exists at the intersection of these two realities. Through an academic-employer partnership between the Harvard Center for Work, Health, and Well-being (a Total Worker Health Center of Excellence) and Partners HealthCare, a major health system in Massachusetts, we have found novel ways to harness the administrative data that Partners collects in its daily operation. In this presentation, we will discuss how we turn those data into studies that are relevant both for public health research and practice, and for Partners' own interests. Procedures and Analyses BHWHS consists of approximately 15,000 workers to date (growing by about 1,000 people per year) and involves an integrated, longitudinal, administrative database linked with self-report surveys. The sampling frame consists of all patient care services workers at two of Partners' largest hospitals. Types of administrative data include: occupational injury and workers' compensation; health plan spending and utilization; employee workload and productivity; payroll and scheduling; workplace policies and practices at both unit and hospital levels; and, in the upcoming phase, patient outcomes data. We also conduct periodic surveys of a subset of workers to ask questions about both the work environment health outcomes and risk factors. All data can be merged at the individual worker level and all worker data can be aggregated at the workgroup level. Results This presentation will have three parts. First, we will discuss how the two groups have gone about negotiating data-sharing, joint agenda-setting, and partnership throughout the research process. We will discuss practical strategies for building the researcher-employer relationships and data management capacities to construct, administer, and maintain a project like BHWHS, including lessons learned, the structure of the team, and strategies for communication. Second, we will present the structure and function of BHWHS and discuss the rationale for the setup. We will talk

about the relationships we built across Partners for all aspects of the study in order to create and sustain the database, with a focus on how that process could be translated to other employer-researcher partnerships. Third, we will provide a brief synopsis of scientific insights that demonstrate how BHWHS advances both the public health enterprise and Partners' concerns about the health of its workforce. For example, Partners is concerned about burnout, employee mental health, bullying, and health disparities within its workforce; these, not coincidentally, are important public health issues and concern employers beyond Partners. We have addressed these issues in a series of empirical studies that we will briefly present (2-5). Practical Implications and Conclusions The BHWHS partnership and database—and the research and practice insights that have emerged from them—can serve as a model for other occupational health practitioners about methods for harnessing administrative data and translating it into a robust dataset that serves the needs of both the scientific community and the employer.

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