Healthcare and Medical Devices, Vol. 51, 2022, 31–36
https://doi.org/10.54941/ahfe1002095

Shared Living Providers (SLP) Experience Documentation Burden While Caring for Individuals with Intellectual and Developmental Disabilities (I/DD)

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ABSTRACT

Shared living providers (SLPs) have identified administrative burden as a major contributor to burnout and the decreased effectiveness of care delivery. The aim of this study is to determine SLPs' perception of documentation burden while caring for individuals with intellectual and developmental disabilities (I/DD). Seventeen SLPs were surveyed to understand their perception of documentation burden to determine its role in burnout. Fourteen out of seventeen participants (83%) agreed that some documentation is completed to meet the national standards but does not assist client care. Fourteen out of seventeen participants (82%) agreed that there is too much documentation and too little time to complete it. This pilot study was able to identify the areas that cause documentation burden for SLPs. Despite its value, respondents reported that the documentation process complex and is time consuming. Future research should include a larger sample size and qualitative data to further identify the specific areas that cause the most burden.

Keywords: Exemplary paper, Human systems integration, Systems engineering, Systems modeling language

INTRODUCTION

Shared living providers (SLPs) have identified administrative burden as a major contributor to burnout and the decreased effectiveness of care delivery (Hatton et al. 1999, Skirrow and Hatton 2007, Gray-Stanley and Muramatsu 2011, Lunsky et al. 2014). SLPs are individuals that allow persons with intellectual and developmental disabilities (I/DD) to reside in their residential home while providing caregiving support in daily living activities, community integration, and many other activities (Bogenschutz et al. 2014). HIT, such as, electronic health records (EHRs) are associated with documentation burden resulting in clinician burnout (Moy et al. 2021). This is also true for caregivers even though they are not considered "clinicians." Like clinicians, caregivers are required to comply with an increasing, wide-ranging body of requirements to deliver and receive payment for care of individuals with I/DD.

Table 1. Participant demographics.

Demographics		%	n
Gender	Male	59%	10
	Female	35%	6
	Transgender	0%	0
	Non-binary / third gender	0%	0
	Prefer not to say	6%	1
Race	Black or African American	18%	3
	Asian	0%	0
	White	82%	14
	American Indian or Alaskan Native	0%	0
	Pacific Islander	0%	0
Ethnicity	Hispanic or Latino(a)	18%	3
	Non-Hispanic	82%	14
Education	Did not graduate high school	0%	0
	High school graduate/GED	35%	6
	Trade / some college	24%	4
	College graduate	29%	5
	Post graduate degree	12%	2
Comfort level using computers	Very uncomfortable	0%	0
	Neutral	12%	2
	Comfortable	53%	9
	Very comfortable	29%	5
	Uncomfortable	6%	1

The cost of compliance with these requirements has long term effects, such as, increased cognitive load and burnout. The aim of this study is to determine SLPs' perception of documentation burden while caring for individuals with I/DD.

METHODS

Seventeen SLPs were surveyed to understand their perception of documentation burden to determine its role in burnout. The survey used to measure documentation burden was the Burden of Documentation for Nurses and Midwives (BurDoNsaM) survey (Brown et al. 2020). The BurDoNsaM is a 28-item validated survey, categorized using 6 subscales, representing essential areas of documentation burden. Three of the six subscale in the BurDoNsaM survey was used in this study. The three subscales included were: (1) views about value of clinical documentation, (2) burden of documentation, and (3) time taken to complete documentation. Seventeen of the 28 survey items were relevant to SLP duties and was included in our pilot study. SLPs were recruited after their clinic visit from University of Nebraska Medical Center (UNMC) Munroe Meyer Institute (MMI) Adult I/DD clinic. Survey data was recorded and stored in a secure database. The data was summarized using descriptive statistics.

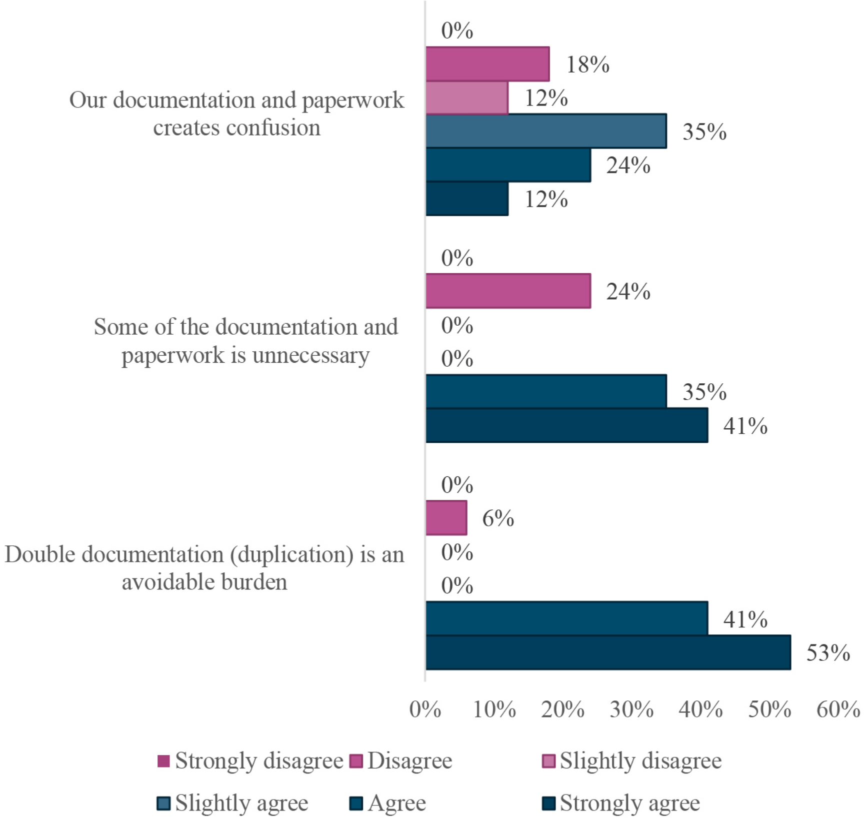

Figure 1: Survey respondents responses categorized by 6-point Likert scale about their perception of documentation burden experienced as an SLP.

RESULTS

Demographics

SLPs age ranged from 30 to 67 years old (Table 1). Respondents experience as an SLP ranged from 6 months to over 20 years.

Documentation Burden Experienced as an SLP

Twelve out of seventeen participants (71%; *M* = 7; *SD* = 1) agreed that documentation and paperwork create confusion (Figure 1). Thirteen out of seventeen participants (76%; *M* = 6; *SD* = 2) (76%) agreed that some of the documentation and paperwork is unnecessary. Sixteen out of seventeen respondents (94%; *M* = 6; *SD* = 1) agreed that double documentation is an avoidable burden.

Documentation Efforts as an SLP

Nine out of seventeen participants (53%; *M* = 7; *SD* = 2) agreed that they contribute to the development of relevant clinical documentation and paperwork (Figure 2). Ten out of seventeen participants (59%; *M* = 7; *SD* = 1) agreed that the leadership understands the

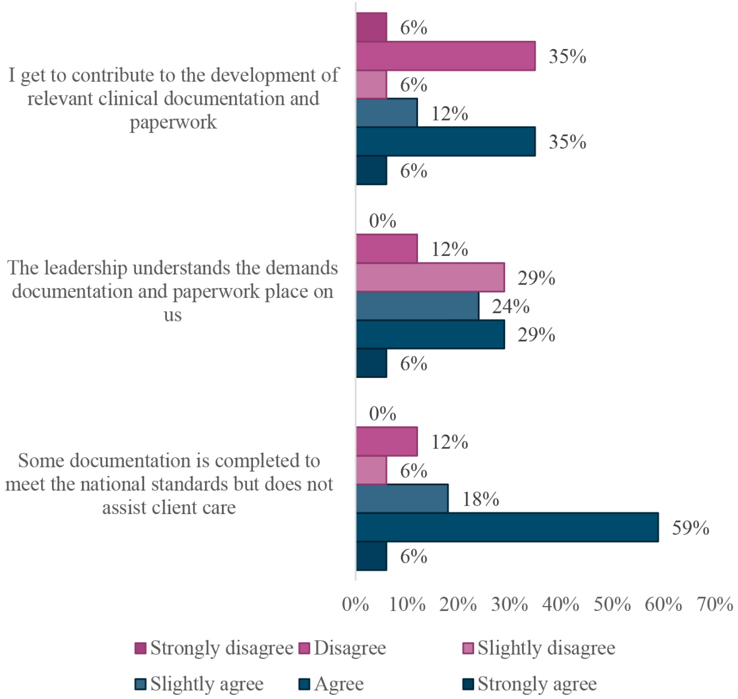

Figure 2: Survey respondents responses categorized by 6-point Likert scale about their perception of documentation efforts as an SLP.

demands documentation and paperwork place on SLPs. Fourteen out of seventeen participants (83%; $M = 7$; $SD = 1$) agreed that some documentation is completed to meet the national standards but does not assist client care.

Time Taken to Complete Documentation

Thirteen out of seventeen participants (77%; $M = 6$; $SD = 1$) agreed that the volume of paperwork impedes client care (Figure 3). Ten out of seventeen participants (59%; $M = 8$; $SD = 1$) agreed that there is enough time to complete paperwork. However, 14 out of 17 participants (82%; $M = 6$; $SD = 1$) agreed that there is too much documentation and too little time to complete it.

Three out of seventeen participants (18%) reported always or usually finishing work late because of outstanding clinical documentation and paperwork (Figure 4). Nine out of seventeen participants (53%) reported sometimes finishing work late because of outstanding clinical documentation and paperwork. Two out of seventeen participants (12%) reported finishing work late because of outstanding clinical documentation and paperwork ($M = 3; SD = 1$).

DISCUSSION

This pilot study was able to identify the areas that cause documentation burden for SLPs. Respondents found value in clinical documentation. Despite

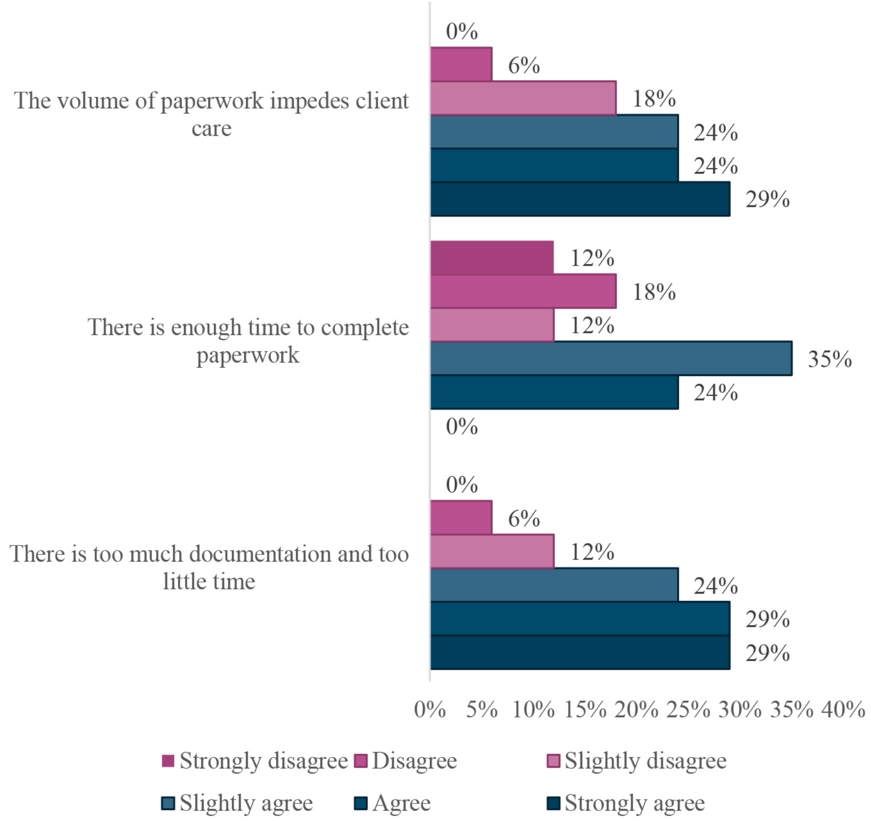

Figure 3: Survey respondents responses categorized by 6-point Likert scale about their perception of the time it takes to complete their documentation as an SLP.

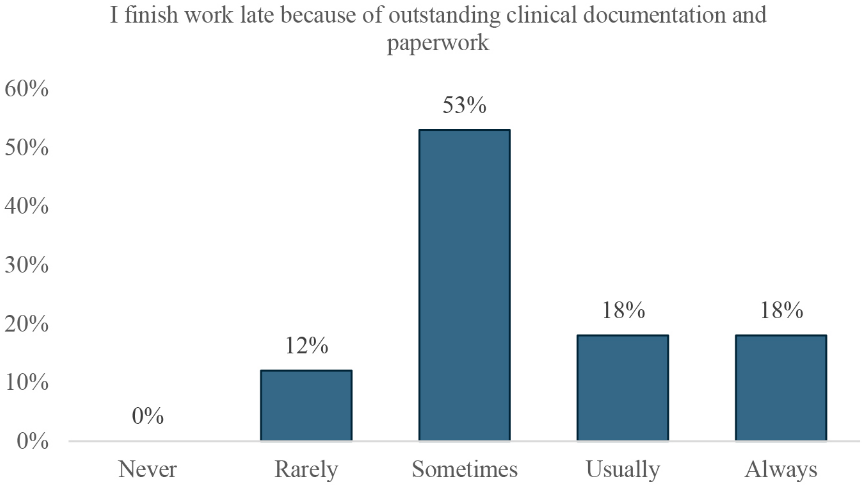

Figure 4: Survey response categorized by 5-point Likert scale on completing outstanding documentation.

its value, respondents reported that the documentation process complex and is time consuming. Documentation burden among frontline clinical workers, such as, physicians and nurses has been an area of interest as described in the report, "Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and Electronic Health Records (EHRs)" focuses on reducing HIT-related burden (Office of the National Coordinator 2020). HIT, such as, EHRs are associated with documentation burden resulting in clinician burnout (Moy et al. 2021). This is also true for SLPs even though they are not considered "clinicians."

CONCLUSION

SLPs experience documentation burden while caring for individuals with I/DD. Like clinicians, SLPs are required to comply with an increasing, wide-ranging body of requirements to deliver and receive payment for care of individuals with I/DD. The cost of compliance with these requirements has long term effects, such as, increased cognitive load and burnout. Limitations of this pilot study include a small sample size. Future research should include a larger sample size and qualitative data to further identify the specific areas that cause the most burden.

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