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Research Article

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Posted Date: May 19th, 2026

DOI: https://doi.org/10.21203/rs.3.rs-9695387/v1

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Additional Declarations: No competing interests reported.

The Impact of Rx Kids on Pediatrician Wellness and Burnout: A Thematic Analysis

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Abstract

Background: Pediatrician burnout is a national crisis with implications for provider mental health, patient care, and workforce recruitment and retention. Multiple factors influence physician burnout rates, including caring for medically vulnerable children and the limited ability to treat upstream social drivers of health. A maternal and infant health program designed to treat perinatal poverty, Rx Kids is the nation's first universal and unconditional prenatal and infant cash transfer program that pediatricians can prescribe from 16 weeks gestational age through babies' first year of life. The objective of this study is to assess the influence of prescribing cash (Rx Kids) on pediatrician wellness and burnout.

Methods: Semi-structured interviews were conducted with pediatric attending and resident physicians practicing in Flint, MI, USA. Respondents were asked about baseline Rx Kids

knowledge, perceived program impact on patient care, perceived program impact on their practice as a healthcare worker, and perceived program impact on their work satisfaction. Responses were analyzed using Braun and Clarke Thematic Analysis. This study was approved by the Hurley Medical Center Institutional Review Board.

Results: Seven pediatric resident physicians and three pediatric attending physicians at Hurley Medical Center were included in the analysis (mean age = 32 years; range: 27 to 41 years). Nine respondents identified as female, and one as male. Five response themes were identified, including improved job satisfaction and professional fulfillment, strengthened physician–patient relationships, enhanced decision-making and use of time, system and community impact on physician well-being, and opportunities for advocacy and education.

Conclusions: Pediatric physicians and residents perceived access to Rx Kids as strengthening patient trust with families, improving doctor–patient communication, enhancing care delivery, bolstering job satisfaction, and reinforcing their role as advocates—outcomes known to promote physician wellness while reducing burnout risk. Findings are preliminary but suggest equipping pediatricians with upstream interventions that target social drivers of child health benefits patient care quality and physician health and wellness, with important implications for workforce well-being and sustainability. Future research should expand this work across additional Rx Kids sites and maternal–child health professionals, including obstetricians, and incorporate validated measures of burnout and well-being.

Keywords: Unconditional cash transfer program, Physician perception, Pediatrician burnout, Physician wellness, Social drivers of health, Patient care quality, Physician work satisfaction

Background

Burnout is a human-driven, occupational syndrome that manifests behaviorally as emotional exhaustion, depersonalization, and reduced professional fulfillment [1–3]. Physician wellness and risk for burnout are pervasive public health concerns in the United States, with substantial implications for workforce sustainability, quality of care, and health system costs. Within pediatrics specifically, 45% of residents surveyed in 2019 endorsed experiencing symptoms of burnout weekly or more [4]. Pre-COVID, 46.3% of general pediatricians reported burnout—a 10% increase in burnout from just three years prior [5]. As one might expect, post-COVID studies suggest burnout rates have increased further and far exceed general population estimates [6]. While general burnout rates in pediatrics are concerning, rates are disproportionately higher amongst women—a group comprising the majority of the pediatrician workforce [1].

The cost of unaddressed burnout in pediatrics is high, with substantial implications for workforce sustainability, quality of patient care, and health system costs. Burnout has been associated with increased rates of anxiety and depression, chronic sleep deprivation, loss of cognitive function, as well as career disengagement and physician turnover [7, 8]. Reduced patient ratings of pediatrician performance [9], as well as higher rates of medical errors [8, 10], and other metrics of reduced patient care quality have also been observed [11]. From a workforce perspective, a dose–response relationship exists between burnout and professional work effort [12]—a concerning outcome amidst overarching concerns regarding the adequacy of the pediatric physician workforce to meet population needs [13, 14], high turnover rates, and unfilled pediatric residency positions [13, 15, 16].

While a variety of organizational, human, and individual factors are well-established contributors to physician burnout, physician practice, especially in pediatrics, is uniquely shaped by social and economic circumstances [17–19]. Pediatricians routinely encounter medically vulnerable patients affected by poverty, housing instability, food insecurity, limited access to transportation or childcare, and other social drivers of health (SDOH) [20]. Thus, a critical and under-addressed driver of burnout in pediatrics is likely to be the cognitive dissonance resulting from the gap between the clinicians' responsibility to promote child health and the limited resources available to do so; this is particularly salient when applied to their ability to address the systemic and often root causes of the health issues they aim to treat and prevent. Although the American Academy of Pediatrics (AAP) recommends routinely screening for SDOH at well-child visits [21], identifying social needs in the absence of adequate resources to address them does little to improve family outcomes or support a pediatrician's job satisfaction and sense of fulfillment. Moreover, research suggests that even when supportive resources are incorporated into the clinical workflow (e.g., embedded social workers), physicians are often unable to meaningfully respond to identified social and environmental needs [22, 23].

When ill-equipped to manage SDOH, many pediatricians experience professional strain, reduced work efficiency [24], moral distress, moral injury, and compassion fatigue [25], all of which reduce physician wellness and increase risk for burnout. Moral injury has been described as "the challenge of simultaneously knowing what care patients need but being unable to provide it due to constraints that are beyond our control" [26]. When paired with reduced capacity to empathize with patients, it's unsurprising that affected healthcare professionals and trainees are more likely to endorse core symptoms of burnout-related sequelae [27–29]. Individual factors often valued in

pediatrics, including altruism, compassion, and conscientiousness, may also contribute to burnout when paired with workplace environments in which patient problems cannot be fully addressed [30].

Addressing physician burnout and promoting wellness is complex and multi-factorial in nature. Individual efforts demonstrated to improve wellness are broad (e.g., adequate nutritional intake and sleep, strategic use of time off, maintenance of engagement in hobbies and social networks). Additional strategies that hold promise include those targeting professional fulfillment, cultivating and maintaining meaning in the workplace, and supporting physician and medical team thriving [31–33]. Occupationally solution-focused interventions, including interventions designed to improve workflow [17], team-based care [34], and schedule flexibility [35], have also been studied and demonstrated varying degrees of effectiveness. Ultimately, coordinated approaches that target multiple levels and systems are needed in order to dramatically reduce burnout [1] and improve physician well-being. This includes identifying additional innovative strategies that target unaddressed sources of risk for burnout.

As pediatricians increasingly recognize the role of SDOH in shaping patient outcomes, equipping general pediatricians with resources that directly address poverty may both strengthen physician well-being and improve child health simultaneously. Enabling pediatricians to prescribe unconditional cash transfers to families during the perinatal and early childhood periods may reduce providers' experiences of moral distress/injury and cognitive dissonance when caring for highly vulnerable mothers and infants. In turn, this capacity may buffer against compassion fatigue and burnout while enhancing professional fulfillment and meaning in the

workplace. Additionally, viewing physicians as advocates and having higher engagement in SDOH is of increased focus for newer physicians, federally qualified health centers, and physicians caring for lower socioeconomic neighborhoods, suggesting that perspectives on interventions may vary by practice type and physician experience [36]. Although the benefits of unconditional cash transfer programs for mothers and infants are well established [37], the potential impact of access to such interventions on pediatrician well-being and burnout risk has not yet been empirically investigated.

Rx Kids is the nation's first community-wide, unconditional prenatal and infant cash prescription program. Launched in Flint, Michigan, in January 2024, Rx Kids is designed to treat poverty and improve health with a "prescription for health, hope, and opportunity." All expectant mothers in Flint, Michigan, receive $1,500 mid-pregnancy and $500 per month until the baby is 12 months of age. The perinatal period is one of the most economically challenging times, marked by declining income and rising expenses with profound consequences for health and development [38]. To date, Rx Kids participation rates are near universal, suggesting community-wide program uptake [39], and substantiated outcomes include increased prenatal care utilization, reductions in prematurity, child welfare involvement, and babies born with low birth weight, and improved maternal mental health [40–44]. The effect of Rx Kids on clinicians, however, remains unknown.

The current investigation aimed to explore how a community-wide poverty-reduction intervention impacted pediatricians' perceived sense of professional fulfillment, meaning in the workplace, general well-being, and risk for burnout. Understanding the physician perspective on

such interventions is critical for understanding to what extent structurally addressing SDOH may mitigate sources of moral distress, cognitive dissonance, and occupational burnout while enhancing physician well-being.

Methods

Study Setting

Participants included pediatric attending and resident physicians working at Hurley Medical Center in Flint, Michigan. The city had a population of around 81,000 in 2020 [45] and is the seat of Genesee County. Flint is considered one of the most disadvantaged places in the nation [46]. Pre-Rx Kids launch, the city of Flint had a child poverty rate of 58.8%—significantly higher than the state (17.6%) and national (16%) child poverty rates [47]. The median income in Flint is around $33,000 [48], with 40% living below the federal poverty line [47]. Flint is also a majority-minority city with 62% of the population identifying as Black or African American alone, and 5% identifying as Hispanic/Latino [45].

Hurley Medical Center is the largest hospital in the city and a non-profit, public teaching hospital. Its affiliated pediatric primary care clinic, Hurley Children's Center, is a large and high-volume pediatric medical home where pediatric resident physicians deliver primary care services. Hurley Children's Center cares for a large portion of the local population of children, many of whom are underinsured. The clinic has embedded social work, pediatric psychology, a Women, Infants and Children (WIC) office, lactation support, and sits adjacent to the city's main public bus hub. The Hurley Medical Center Pediatric Residency Program, which is associated with Michigan State University's College of Human Medicine, is the only pediatric residency

training program in Flint. The residency program includes 21 residents-in-training at any given time and eight general pediatricians who are core faculty and preceptors in Hurley Children's Center.

Study Design and Procedure

Semi-structured interviews were completed and analyzed to understand the impact of Rx Kids on pediatrician perceptions of well-being and burnout risks. Rx Kids is a first-of-its-kind program, providing unconditional cash prescriptions during pregnancy and infancy to all moms in a geographically defined community. In this study, we analyze how Rx Kids may impact pediatric physicians.

Recruitment

To recruit participants, a general email was sent to all pediatric attendings and pediatric residents at Hurley Children's Center. Follow-up was conducted via individual emails to improve response rates. Both resident and attending physicians were recruited to capture trainee and practicing pediatrician perspectives. Participants received a $25 gift card for their time.

Participants

As shown in Table 1, a convenience sample of seven pediatric residents and three attending physicians completed the interview. The average age of participants was around 32 years, with ages ranging from 27 to 41. Nine subjects identified as female and one as male. Years of graduate medical training or independent practice varied from 1 to 12 years. All participants engaged with patients who were Rx Kids participants.

For the purposes of this study, the authorship group assigned numeric study identifiers to each participant; these are reflected in Table 1. Table 2 contains summary statistics of participants' demographic data. Race and ethnicity data were not collected.

Table 1: Participant Medical Experience and Residency Training Status

Participant ID	Year(s) Of Training	Years of Independent Practice	Residency Training Status
1	4	3	No
2	3	9	No
3	1	0	Yes
4	1	0	Yes
5	2	0	Yes
6	2	0	Yes
7	1	0	Yes
8	1	0	Yes
9	2	0	Yes
10	3	9	No

Table 2: Participant Demographics

Characteristic	Residents (n=7)	Attending Physicians (n=3)
Sex		
Female	6 (86%)	3 (100%)
Male	1 (14%)	0
Age		
≤30	5 (71%)	0
>30	2 (29%)	3 (100%)

Data Collection and Procedure

Prior to beginning this study, the research protocol and informed consent procedures were reviewed and approved by the Hurley Medical Center Institutional Review Board (Study ID

2336693). All participants provided informed consent before the interviews were conducted and recorded.

In-depth, semi-structured interviews were completed from July 2025 to August 2025. Interviews were conducted via Zoom, recorded, and transcribed using the Zoom transcription feature with participant permission. Interviews started with demographic questions, then elicited participants' knowledge and awareness of Rx Kids programming. The interviews then followed the interview guide (Additional File 1), which contained semi-structured, open-ended questions pertaining to participants' general experience with Rx Kids, perceived changes in clinical decision-making attributed to Rx Kids, and whether and how Rx Kids impacted their emotional well-being.

Data Analysis

The Braun and Clarke Thematic Analysis techniques were used to perform inductive analysis of the interview data [49]. The lead interviewer also led the coding process, beginning with reviewing transcripts and developing a codebook. The codes were then used to analyze the transcripts from all ten interviews. Building on these codes, themes and sub-themes were developed.

Results

The thematic analysis resulted in five key themes, each of which is presented below. Sub-themes and illustrative quotations are presented below and in Table 3.

Theme 1: Improved Job Satisfaction and Professional Fulfillment

Respondents often expressed that Rx Kids improved their overall sense of job satisfaction and sense of professional fulfillment. Pediatricians explained that the program itself reduced the emotional burden associated with patient care, an outcome respondents attributed to patients prescribed Rx Kids experiencing fewer burdens (Table 3, Theme 1.1). One respondent noted that "it's good to know that... your patients are not so much limited financially" and that Rx Kids "makes it less stressful to be in the clinic with the patients." Participants also expressed that prescribing Rx Kids aligned their practice with the overarching goal of improving pediatric health. Prescribing Rx Kids was viewed by many as a tangible intervention they could offer parents to support optimal child outcomes. Routine screenings and check-ups were reported to feel like delivering suboptimal care when actionable social needs were identified yet resources were lacking; participants noted this, in turn, contributed to frustration and moral distress (e.g., "vitamin D drops…don't seem like a lot [of money] but for a lot of my patients, that is a big thing, and I can't prescribe them [if] they don't get covered by Medicaid… and [now] it's something they don't have to worry about."). Many noted that the ability to connect with families through delivering direct support for a known social factor provided significant professional fulfillment (see Table 3, Theme 1.2). Physicians also expressed that the program itself, a novel intervention, gave them a sense of progress and hope for the future of pediatric practice in underserved communities. This sense of hope in their daily practice was described as promoting increased job satisfaction as well (Table 3, Theme 1.3). Finally, physicians explained that the program promoted a greater sense of empowerment to make a difference in their role as a clinician (see Table 3, Theme 1.4).

Theme 2: Strengthened Physician–Patient Relationships

Physicians perceived patient trust as a key component in supporting a strong physician–patient relationship. During interviews, many physicians reported improved patient/family trust because patients and families associated Rx Kids with the healthcare institution. In turn, trust was reported to facilitate improved and more open communication that improved patient care quality (see Table 3, Themes 2.1 and 2.2). Families "will trust the physician more. They will be more comfortable to mention… their difficulties they have and I think it would be a good relationship between physicians and the family." Some participants also commented that Rx Kids increased the appreciation parents showed towards them, thereby improving the overall relationship and rapport between the physician, patients, and their families (see Table 3, Theme 2.3).

Participants also expressed that when families were enrolled in Rx Kids, they were able to shift counseling from present-oriented survival to future-oriented health promotion strategies and anticipatory guidance. Because of the flexible support provided by Rx Kids, barriers to care, including transportation, housing insecurity, and the general instability associated with financial hardship, are reduced, allowing patients to attend routine care visits more frequently. Pediatricians expressed that Rx Kids allows them to have more time to focus on other health needs, as less time is required to address urgent needs related to SDOH.

Theme 3: Enhanced Shared Decision-Making and Use of Time

Physicians often reported that Rx Kids allowed for improved shared decision-making and better use of time during appointments. Participants described improved equity in recommendations made across patients and feeling more confident that newborn care recommendations carrying a

financial cost (e.g., certain types of cribs, bassinets, diets) were affordable (see Table 3, Themes 3.1 and 3.2) (e.g., "[Rx Kids] enables patients to be able to act on our recommendations" and "it encourages us to… do more, to make more recommendations, knowing that there's a means for them.").

Physicians reported spending less time addressing crises and urgent basic needs with Rx Kids–enrolled families, which afforded them more time to discuss long-term, preventative care. More time for education and counseling was also endorsed, improving, for example, their ability to effectively counsel around vaccines. With more time for bidirectional dialogue and exploration of patient perspectives, physicians reported being able to better educate parents and collaborate with them to develop informed, family-centered treatment plans (Theme 3.3).

Theme 4: System and Community Impact on Physician Well-Being

Across interviews, participants reported that being able to prescribe Rx Kids and having patients enrolled in Rx Kids improved their well-being. Specifically, physicians shared that Rx Kids addressed many SDOH that they would otherwise need to further assess and intervene upon, thereby reducing the number of issues needing attention and improving their ability to not just treat existing issues but prevent future challenges. Physicians reported that the reduction in medical complexity and the ability to prescribe an intervention for poverty—an issue impacting a majority of families served—would reduce symptoms of burnout if experienced (Themes 1.1 and 4.1). Notably, around half of the interviewees explained that while Rx Kids access for their patients could reduce burnout, they did not experience burnout themselves in part because there was already a strong support network for physicians and patients in the Flint community. Rx

Kids was thought to work in conjunction with existing community resources (e.g., WIC, farmers' market, fruit and vegetable gift cards), ultimately strengthening community impact upon child health outcomes (Theme 4.2). One respondent stated, "Knowing that I'm not the only one trying to make a patient's life better, knowing that there are other… programs that support what I do, that encourages me to do more, and in effect, that reduces my burnout."

Additionally, some pediatricians reported that they felt a sense of pride that their community was leading the way in addressing children's health with the innovative, upstream programming that was Rx Kids (Theme 4.3). Several pediatricians noted that having strong community programming to address SDOH enabled them to find deeper meaning in delivering care to underserved communities while amplifying the sense that their work was high impact and affirmed their continued commitment to serve (Theme 4.4). Physicians also reported that access to Rx Kids programming made them feel that the responsibility for health outcomes was shared by the larger community—a notion that was described to reduce pressure, reduce personal blame for suboptimal outcomes, and improve their sense of support (Theme 4.5).

Theme 5: Opportunities for Advocacy and Education

Attending pediatricians noted that the Rx Kids program enhanced their ability to teach residents about SDOH, health disparities, and approaches to improving health equity in practice. Attending physicians noted that resident physicians appeared to better understand the broader context and systemic factors that impact patient health due to their exposure to the Rx Kids program (Theme 5.1). Attending pediatricians reported that they were also able to model optimal systems-based practice by showing resident physicians how to integrate Rx Kids into routine

well-child care, and, more broadly, demonstrate how resident physicians should integrate resources to improve SDOH into their care planning (Theme 5.2). Additionally, because the creation of Rx Kids was led by a Flint pediatrician (author MH) following successful and effective advocacy efforts, respondents viewed the Rx Kids program as a case example from which to teach advocacy skills to residents and to support an appreciation for the impact their voices and position as pediatricians carried (Theme 5.3). One pediatric attending stated that "[it] is a part of our job as pediatricians, to advocate and to help support things like this. So, there's that teaching aspect, too, to make sure that our residents are fully aware of why this is important and how it was done by a pediatrician."

Discussion

The current exploratory study examined how Rx Kids impacted pediatricians' perspectives of their well-being and sense of burnout in their professional role. Interviews with pediatricians revealed Rx Kids' impact upon five key domains, including job satisfaction and professional fulfillment, strengthened physician–patient relationships, enhanced shared decision-making and use of time, system and community impact on physician well-being, and opportunities for advocacy and education. Participant commentary suggested favorable impacts related directly, or indirectly, to promoting physician well-being and/or reducing risk for burnout. Together, findings suggest that structurally addressing SDOH not only benefits child health, but may mitigate sources of moral distress, compassion fatigue, and professional burnout for physicians while promoting their well-being.

Across interviews, pediatricians consistently described enhanced overall professional fulfillment, enhanced meaning in their work, reduced work demands, and increased job satisfaction when afforded access to Rx Kids and caring for families supported by Rx Kids. Findings align with prior literature demonstrating that unmet social needs, particularly when clinicians feel ill-equipped to assist patients satisfactorily, contribute to physician stress and burnout [23]. Rx Kids appeared to reduce this stress and risk for burnout by offering a tangible resource to providers that aligned with a primary patient need and determinant of health outcomes, as well as core pediatric values surrounding promoting child health, safety, development, and family stability. When organizational interventions to promote physician well-being also promote optimal child health outcomes and align with clinician values, burnout risk may be reduced through improved role congruence and professional fulfillment [50].

Physicians also emphasized the program's positive influence on physician–patient relationships. Participants described increased trust, openness, and communication, noting that families were more willing to share psychosocial concerns when they felt supported by Rx Kids. This is consistent with recent survey research showing that exposure to Rx Kids was associated with significantly higher levels of trust in healthcare institutions for Flint mothers, compared to non-exposed mothers in the city before the program and in nearby areas [40]. The relationship between a physician and patient directly impacts the patient's level of comfort in disclosing information which ultimately impacts the ability to deliver quality care [51, 52]. Prior qualitative research among primary care physicians demonstrated that limited capacity to address social needs contributes to emotional exhaustion and practice inefficiency [22]. Unlike many social interventions, Rx Kids requires minimal administrative effort from physicians and operates

largely outside of clinic workflows, which may have amplified physician recognition of its positive relational effects.

Enhanced shared decision-making and improved use of time emerged as another important theme. Furthermore, physicians with access to Rx Kids and who had patients enrolled in the program reported greater confidence in making material recommendations related to child health and preventative care because they knew families were more likely to have the financial means to act on their advice. This suggests that Rx Kids may improve equity in management recommendations and reduce recommendation "rationing" that sometimes occurs when serving patients experiencing extreme economic hardship. Facing patient needs while equipped with the tools to address them likely reduces moral distress and dissonance, thereby promoting physician well-being [26]. Additionally, patient access to flexible resources through Rx Kids allowed providers to shift focus from crisis management toward preventative and longitudinal care during visits. Future research should examine the impact of Rx Kids on specific health-promoting actions, such as well-visit appointment attendance and vaccine uptake.

Physicians also described a restored sense of shared responsibility and enhanced systems-level support for patient health that positively influenced their well-being. Although several physicians did not identify as personally experiencing burnout, many noted that Rx Kids would likely reduce burnout risk by lessening the sense of personal and sole accountability for addressing SDOH. That shared responsibility promotes well-being is consistent with evidence that collaborative environments and strong systems-based care reduce distress [53]. As the demand for pediatricians rises in a variety of communities facing similar SDOH to Flint, having

programs available to aid in addressing upstream factors impacting child health will go a long way in attracting and retaining pediatricians [54]. This finding was supported in the current study, where physicians reported increased job satisfaction, meaning, and motivation to serve underserved communities when strong community and public health systems were in place.

Finally, Rx Kids was perceived as an important tool to educate pediatric residents in systems-based practice, advocacy, and in improving health equity through addressing SDOH. Exposure to successful advocacy efforts of pediatricians and effective systems-level interventions may enhance physician readiness to effectively advocate, develop innovative programs, and improve child health outcomes while simultaneously improving job satisfaction and retention [55, 56].

Limitations

This study has several limitations. While exploration into the impact of social programming upon physician well-being is novel and needs investigation, the study sample size was small, thereby limiting the generalizability of findings and rendering this study exploratory in nature. Additionally, given that Rx Kids has only been present in the Flint community for two years, respondents may experience recall bias and thus overattribute outcomes to Rx Kids. Interviews also occurred during the early phase of program implementation, which limits the ability of participants to report on longer term or sustained impacts. Finally, because the program was launched by a Flint-based pediatrician, the level of impact for Flint pediatricians may not be generalizable to pediatricians in other communities. That said, exploring initial physician perspectives of social programming in relation to burnout and well-being is an important first step in expanding approaches to physician well-being that simultaneously significantly improve

patient outcomes. Future research could replicate this study with faculty and trainees of additional pediatric residency programs located in other Rx Kids communities. Future studies could also expand the physician workforce examined to include others in maternal–child health, such as obstetricians and pediatric subspecialists; replicating this work with allied health professionals in maternal–child health (e.g., nurses, home visitors, social workers, psychologists, early childhood practitioners) could also shape future efforts in healthcare professional wellness. The growth and longevity of Rx Kids will allow for future studies to expand in physician representation and duration of outcomes, including workforce sustainability. Lastly, burnout and well-being were assessed through qualitative, open-ended questions, rather than through validated screening instruments. Future research should incorporate validated measures of burnout and physician well-being in order to more accurately quantify the impact of universal cash transfer programs on physician well-being.

Conclusion

By addressing economic hardship in infancy, a central social driver of health, Rx Kids appears to support not only improved maternal–child health outcomes, but also the well-being of the pediatricians who care for them. Physicians reported that Rx Kids strengthened trust with families, improved communication, enhanced care delivery, reinforced their advocacy role, bolstered job satisfaction and professional fulfillment, and improved systems-based care and a sense of shared responsibility—all factors known to improve physician well-being and decrease risk for burnout. Findings suggest that community-wide, unconditional cash transfer programs may represent a novel systems-level approach to improving pediatric clinician well-being and reducing physician burnout while advancing health equity.

List of abbreviations

SDOH: Social drivers of health

WIC: Women, Infants and Children

Declarations

Ethics approval and consent to participate

This study was approved by the Hurley Institutional Review Board (IRB) and adhered to the Declaration of Helsinki (Study ID 2336693). All subjects provided informed consent before the interviews were conducted and recorded.

Consent for publication

Not applicable

Availability of data and materials

Data sharing is not applicable to this article as no datasets were generated or analyzed during the current study. Interview transcripts are not publicly available due to concerns that they may be identifiable due to the small population of Flint pediatricians working at this specific clinic.

Competing interests

The authors declare they have no competing interests.

Funding

The project was supported with funding from Morton A. Madoff, MD, MPH Fellowship at Tufts University School of Medicine and the Charles Stewart Mott Foundation. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement by, any of the funders.

Authors' contributions

AB led the conceptualization, data collection, analysis, and drafting of the manuscript. MW, JL, and MH supported the conceptualization and analysis of this project. AB, RH, MW, CC, MH, and JL supported the drafting and editing of the manuscript. All authors reviewed and approved the manuscript for submission.

Acknowledgements

The authors thank Tiffany Ceja for her role supporting this project's administration, as well as Katlin Harwood-Schelb and Katherine Negele for their assistance with manuscript preparation.

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642 **Table 3: Illustrative Quotes**

Theme	Sub-theme	Illustrative Quote
1. Improved Job Satisfaction and Professional Fulfillment	1. Reduced Emotional Burden	"As a pediatrician, it's good to know that... your patients are not so much limited financially" (7) "It makes me happier, too... less burnout, different things like that. So [Rx Kids] makes it less stressful to be in the clinic with the patients." (1)
	2. Alignment with Pediatric Goals	"I think this is a program that can provide some of those things that me as their general pediatrician can't necessarily do for them. So it brings more satisfaction in the work that we do to be able to say, hey, like, this… look, there's this amazing program..." (2) "Part of my job is to make sure that the patient, she has the adequate resources that will help her raise the kid in a… in a safe environment, and in an environment that would help him, meet his needs, and I believe Rx Kids helps me provide them with the resources that a baby might need." (3)
	3. Sense of Progress and Hope	"This is such a cool thing that I feel like a lot of… underserved communities should have, or should start using, because it really does help the community and helps moms feel like they're heard and seen and, you know, know that… We care for them, and we care about their babies, and all we want to do is help them, and not hurt them." (9)
	4. Empowerment in Clinical Role	"It makes me more confident that I'll be able to help them out… and that I'll be able to talk them" (3)
2. Strengthened Physician–Patient Relationships	1. Increased Trust and Openness	"[Rx Kids] gave the family a chance to have an opportunity to get the best service to their kids. And it will affect their follow-up and they will trust the physician more. They will be more comfortable to mention what, like, their difficulties they have and I think it would be a good relationship between physicians and the family." (5)
	2. Enhanced Patient-Centered Communication	"[Being a pediatrician] it's mainly about communicating with the families, know what they need. So being aware that there is another program that can really help the moms, and the pediatrician can share this information with the family, it will have, a better communication. They can trust you more, and know you can provide them with resources and, help them to, as a pediatrician, navigate the struggles they're facing." (6)
	3. Physician Appreciation	"I would say appreciation from many of our families have come up in clinic, just because it takes some of that extra stress off" (2) "So, the patient… recognized [Dr. Mona], she appreciated, the help and the program and she said, the change in her life, was a lot of support and she mentioned, [it gave] a better life for her and her baby" (4)

3. Enhanced Shared Decision-Making and Use of Time	1. Confidence in Making Recommendations	"[Rx Kids] enables patients to be able to act on our recommendations, for example, the type of cribs we encourage, the type of bassinet we encourage… it encourages us to… to do more, to make more recommendations, knowing that there's a means for them." (7)
	2. Improved Adherence and Follow-Through	"Seeing a patient, and I feel like they don't have that many resources, when I'm speaking with the parents. I can definitely recommend this program to them, and I feel like that, as a physician, that would really be beneficial for me, because, like I mentioned before, it can help them come to their appointments better, it gives me more chance to make that physician–patient relationship." (8)
	3. Focus on Long-Term Care	"[I can] focus on things that are really important for the patient like vaccines and all those things" (8) "Long-term, these families are more likely to come to visits and they're more likely to get the preventative care" (2)
4. System and Community Impact on Physician Well-Being	1. Reduced Burnout Risk	"Knowing that I'm not the only one trying to make a patient's life better, knowing that there are other… programs that support what I do, that encourages me to do more, and in effect, that reduces my burnout." (7)
	2. Integration into Care Planning	"just making sure that our patients are taking advantage of this if they're eligible, has been a huge impact in our clinic. And then, of course, the benefits of the program directly impact so many of our patients" (2)
	3. Pride in Community Support	"I was surprised in a positive way. It was impressive to me. It's not something I was familiar with before I came to the country." (7)
	4. Sustained Motivation	"working with a patient population that do have a lot of impact, you know, by social determinants of health and extra stressors is sometimes we feel like we wish we could do more, because, you know, sometimes. [Rx Kids] allows us to feel more satisfied in kind of what we're doing" (2) "I feel like I'm helping out people that need the help that they, you know, that sometimes they don't… don't receive, and so I feel like I have, uh… I have a good impact on the society here, and I love working with underserved populations. I think it's a really cool experience that not a lot of people can" (9)
	5. Shared Responsibility	"someone is supporting these families. They're not by themselves, just suffering, and nobody cares about them, no. You feel this is a supported community. The families are all together in this and we are part of the community, we are contributing to the community ourselves." (4)
5. Opportunities for Advocacy and Education	1. Broadening Clinical Perspective	"I think it's important for them to see. Something that doesn't feel like it might be within the purview of a medical practice is so critical. You know, if [a patient] can't afford the vitamin D drops, it doesn't matter how many times or how persuasive I am with my arguments about vitamin D. If they can't buy it, they can't buy it." (1)

	2. Role Modeling Resource Use	"you will help, like, in the family in general to connect to the healthcare system, and to provide a good environment for the baby before they come." (5) "I will bring [Rx Kids] up. …Because I'm in a training program clinical site… some of our residents will say 'this family is involved in the Rx Kids'. Or 'I asked the family about resources, and they need them'" (10)
	3. Training Residents in Advocacy	"[it] is a part of our job as pediatricians, to advocate and to help support things like this. So, there's that teaching aspect, too, to make sure that our residents are fully aware of why this is important and how it was done by a pediatrician." (2)

643

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