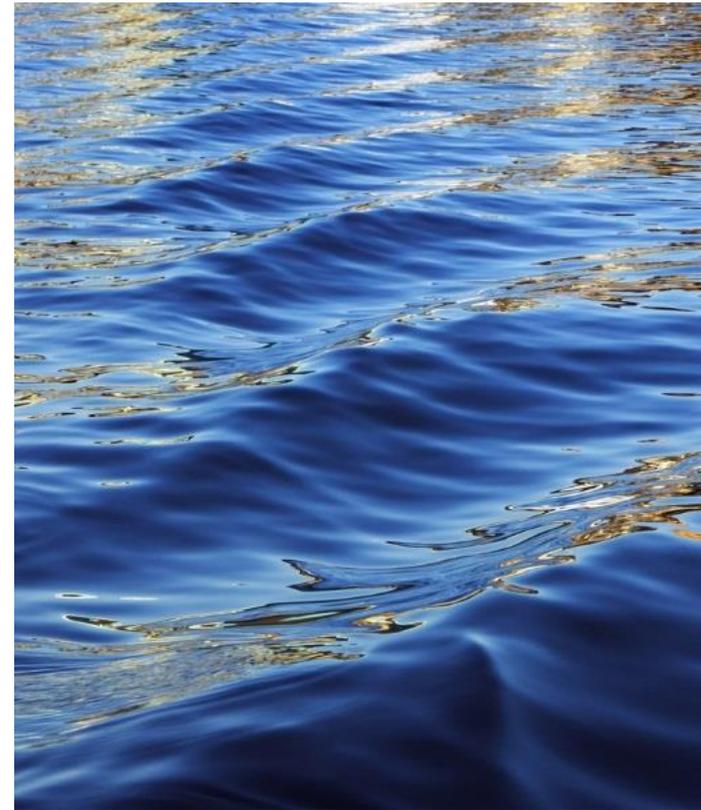


Improving Wellbeing and Retention Within the Rural Health Care Workforce

Lisa Ladendorff, Development and Training
Program Director, Northeast Oregon Network
(NEON)

Jenn Rolfes, DBH, President and CEO of Health
Equity Solutions





HOW ARE YOU TODAY ?

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Lisa Ladendorff Biography

Lisa Ladendorff is the Founder and current Development and Training Director of Northeast Oregon Network, a health collaborative serving the state of Oregon. She was instrumental in designing and implementing the NEON Pathways Community Hub, one of the only rural hubs in the nation. She provides training throughout the region on mental health, addictions, workforce wellbeing, and other topics relevant to the health and social service sectors.

Prior to working at NEON, she served as the local public health administrator in Union County, and a member of a team CEO model. Lisa has completed the Northwest Center for Public Health Practice Leadership Institute and the UCLA Health Care Executive Training Program. She is the 2016 National Health Network Leader, recognized by the National Cooperative of Health Networks. She has a BA in Political Science from the University of Arizona, and a Masters in Social Work from Walla Walla University.

Lisa is a member of the National Association of Social Workers, the American Public Health Association, the Society for Human Resource Management, and the American College of Healthcare Executives. She serves on several local boards, and is a current board member of the Nonprofit Association of Oregon.

Jenn Rolfes Biography

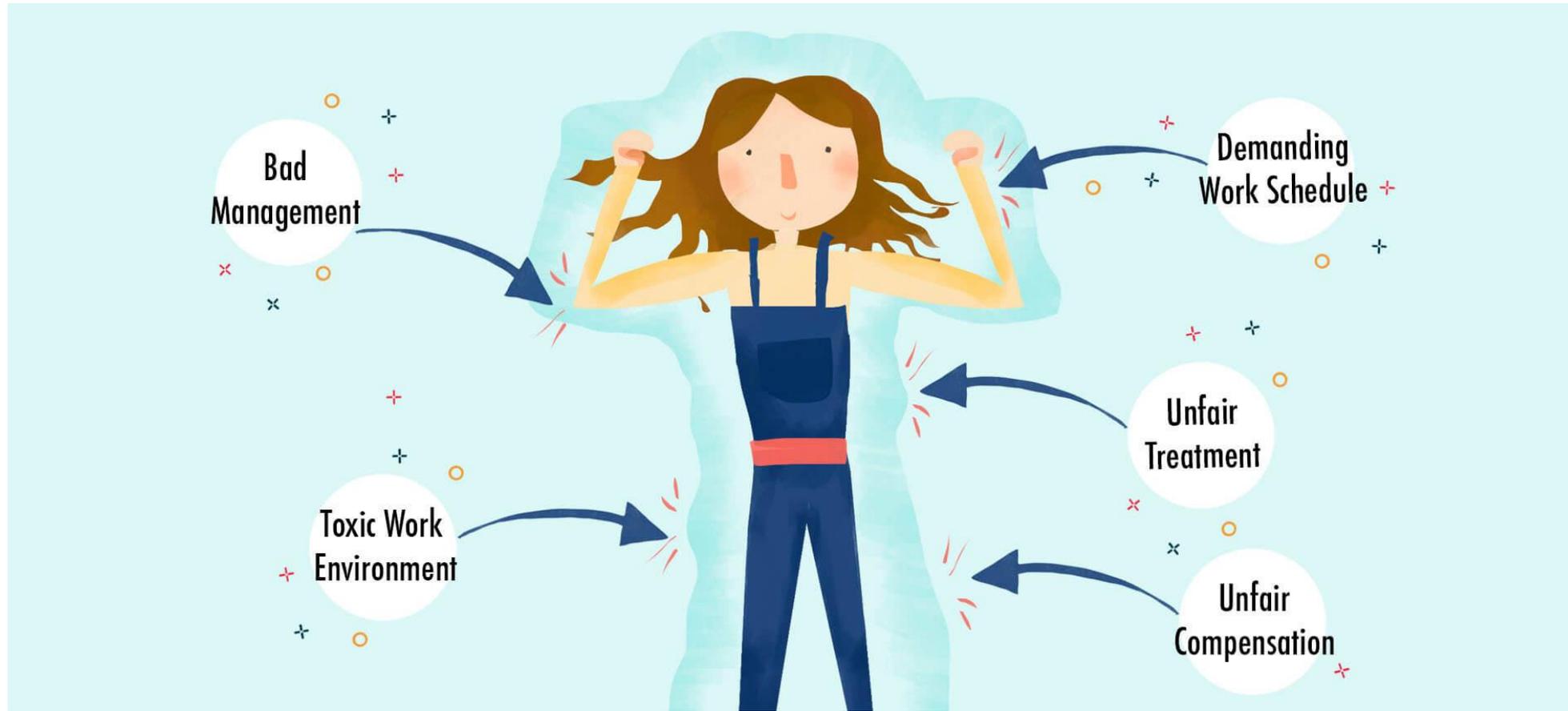
Dr. Jenn Rolfes recently started Health Equity Solutions, a nonprofit focusing on health equity. She previously served as the Chief Data and Research Officer at Cornerstone Whole Healthcare Inc. She has the privilege of supporting this grant as the project evaluator, telling the story of the journey through data. Her background as a statistician and Sr. Business Manager in telecommunications also brings a unique perspective to the challenges and opportunities that technology and data can bring to healthcare services, particularly in underserved and rural populations.

She received her Doctorate in Behavioral Health (DBH) from Arizona State University, her Masters in Statistics from Texas A&M University and an MBA in Finance from Southern New Hampshire University. She has taught at the university level for the past 17 years and is currently working with DBH students at Cummings Graduate Institute and Arizona State University.

Agenda

- National and Oregon Statistics
- Surgeon General's Framework: Five Essentials for Workplace Mental Health & Well-Being
- NEON's Training Philosophy
- What Resonated Across Training Programs
- Evaluation and Data Collection
- Challenges
- Lessons Learned
- Learning Activity

How do we see workforce wellness challenges showing up in your workplace?



National Statistics

50% of healthcare workers are experiencing burnout²

40% of healthcare workers are experiencing work overload²

32% of healthcare workers intend to leave their roles³

Patients seen by providers with high levels of burnout experience twice as many adverse safety events¹

Twice as many patients report low levels of satisfaction/quality of care⁴

Provider job satisfaction is declining: 72% of healthcare providers⁵ and 83% of behavioral healthcare providers⁶ are satisfied (down YoY)

The economic cost of turnover on average is ~\$40,000 to \$50,000 per provider (Based on RN salary)⁷

Oregon Statistics

60% of physicians experiencing burnout (up 22% YoY)⁸

50% of healthcare workers are experiencing work overload⁸

33% of nurses have considered leaving their positions⁹

*Note that our training programs focused on unlicensed workers since there is very little research on levels of burnout, job satisfaction etc.

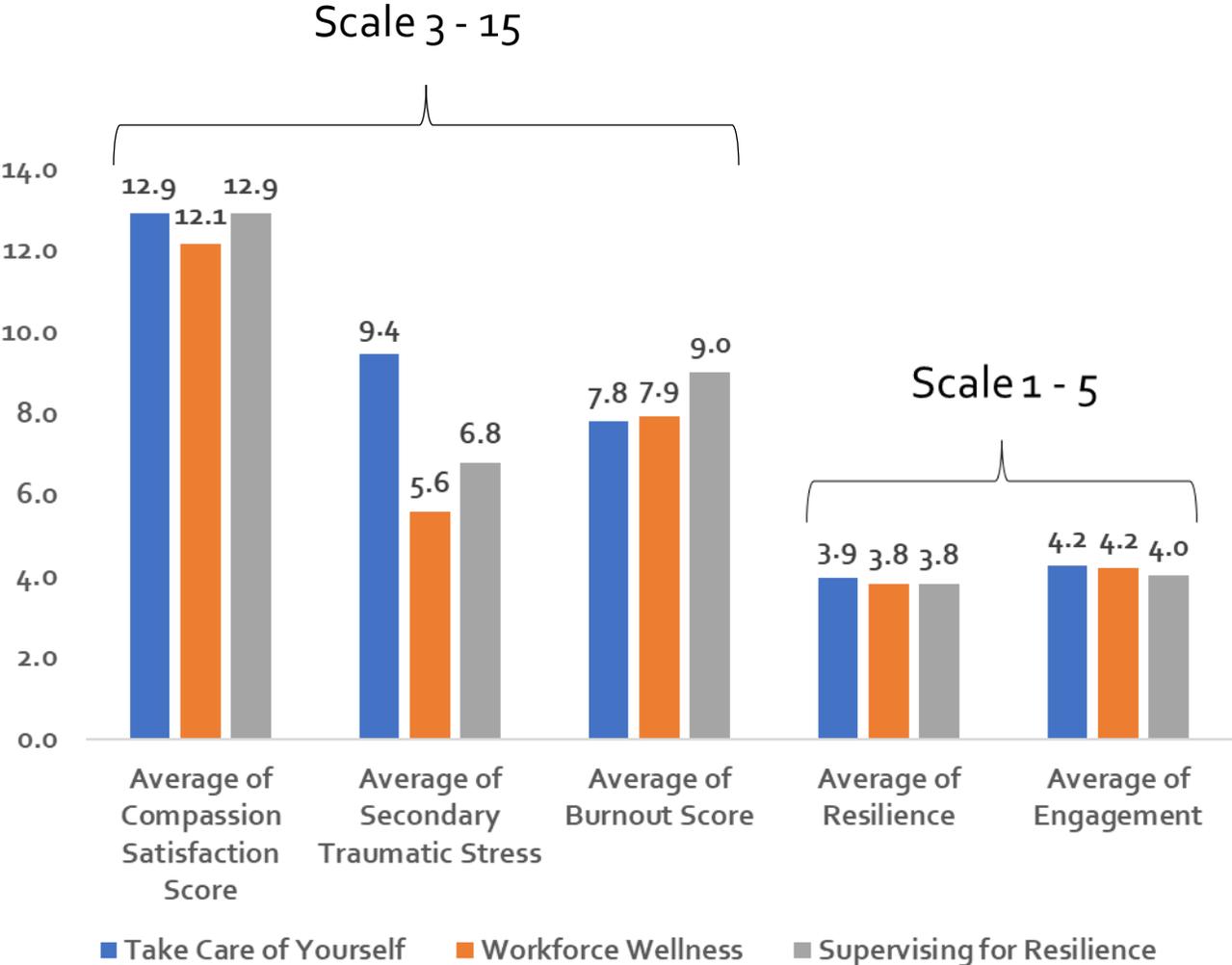
Top stressors: heavy workload, uncertainty, burnout, insufficient communication with leadership⁹

8% of PCPs, 10 – 15% of nurses and 6 – 9% of social workers in Oregon plan to leave the workforce or reduce hours¹⁰

Physician satisfaction with their work/life balance declined from 46% to 30%⁸

The economic cost of turnover on average is ~\$40,000 to \$50,000 per provider (Based on nurse salary)⁹

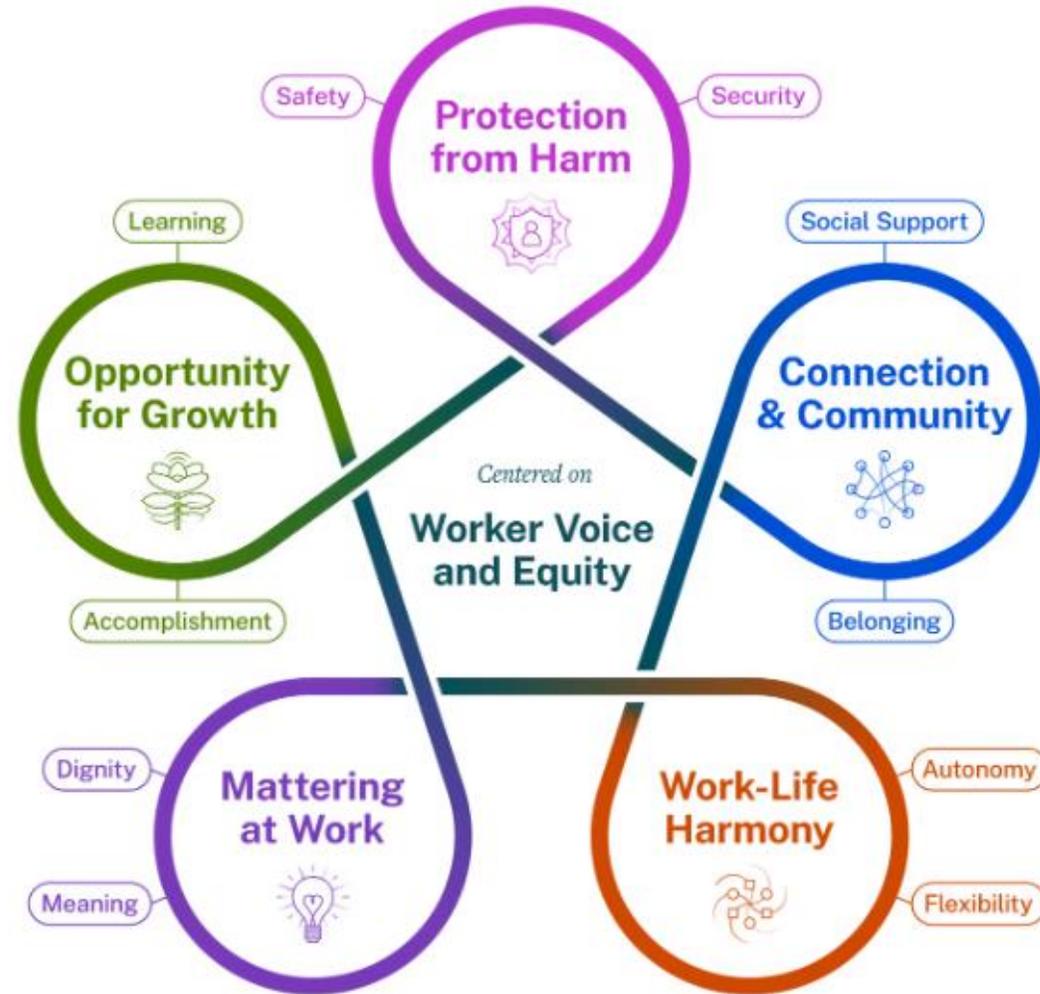
Baseline Scores



- Compassion satisfaction was consistently high for the three training programs indicating a positive feeling about work. Higher is better.
- Secondary traumatic stress was the highest for the Take Care of Yourself training participants. Lower is better.
- Burnout was the highest for supervisors which is aligned with what we heard during the training program. Lower is better.
- Resilience and engagement were consistently at the moderate level suggesting participants can disconnect from work and recharge. Higher is better.

Surgeon General's Framework

Five Essentials for Workplace Mental Health & Well-Being formed the basis for the training programs developed





Protection from Harm

- Prioritize workplace physical and psychological safety
- Enable adequate rest
- Normalize and support mental health
- Operationalize DEIA* norms, policies, and programs

Opportunity for Growth

- Offer quality training, education, and mentoring
- Foster clear, equitable pathways for career advancement
- Ensure relevant, reciprocal feedback

Connection & Community

- Create cultures of inclusion and belonging
- Cultivate trusted relationships
- Foster collaboration and teamwork

Mattering at Work

- Provide a living wage
- Engage workers in workplace decisions
- Build a culture of gratitude and recognition
- Connect individual work with organizational mission

Work-Life Harmony

- Provide more autonomy over how work is done
- Make schedules as flexible and predictable as possible
- Increase access to paid leave
- Respect boundaries between work and non-work time

Training Programs

- Take Care of Yourself (3 hr. training – 1 Session) replaced compassion fatigue
- Supervising for Resilience (30 hrs. – 2 Sessions per month for 6 months)
- Workforce Wellness (30 hrs. – 2 Sessions per month for 6 months)
- OHSU ECHO Workforce Wellness Series (12 weekly sessions – 1 hr. each session)
- ORCHWA Self-Care Series (2 sessions – 3.5 hrs. each over two days)
- OSU Mindfulness in Motion (8 weekly sessions – 1 hr. each session)
- Total participants: 554 registered; 352 completed



Curriculum Development

Three-pronged approach



Self Care – Needs to be continuous and experiential



Supervision to enhance resiliency – Trusted supervisor relationships are a strong protective factor



Organizational Change – Fundamental change is required at all organizational levels for wellness to be sustainable

Diversity, Equity, Inclusion and Belonging



A common discussion point throughout all training programs

- Ensuring all voices are heard
- Having a seat at the table
- Respecting differences
- Fair pay practices
- Recognizing and addressing structural inequalities
- Creating safe places
- Celebrating different cultures/identities

Take Care of Yourself

“The polyvagal theory video was very impactful to me”

“The interventions were the most meaningful to me. I will remember the signs of compassion fatigue the best due to my own self awareness”

“For me, the most effective part of CHW training was learning from the other trainees when we responded to prompts from the trainers”

“I would put more emphasis on how strong compassion fatigue can affect you in a negative way if you don't get help”

“Loved the interactive aspect of the training: jamboard, breakout groups. I felt more part of the group and included”

“The most meaningful aspect was the idea of taking care of ourselves in order to better take care of our clients and do our work better”

“Transition rituals. Adults need transition rituals also! Meaning I work with preschoolers, and they have transitions”

“Maybe doing plain language review on some of the materials - especially considering the target audience of professional but unlicensed healthcare workers”

“Personally, I would add a slide or two on toxic positivity. We touched on it briefly and I think it would be an interesting topic to discuss”

What Resonated – Sphere of Control and Influence



Control

- My engagement
- My schedule
- My reactions
- My communication
- How I speak to and treat others
- Staff recognition
- My leadership skills
- Leading by example

Influence

- Support for care teams
- Respectful interaction
- Team culture
- Processes
- Engagement
- Inclusion
- Staff development

Concern

- Staffing levels
- Other's emotions and responses
- Organizational support and culture
- Number of patients
- Organizational perception in community
- Pay/benefits

What Resonated – Culturally Responsible Supervision



Supervisor Vulnerability

- Be upfront and honest
- Hear all voices
- Take accountability

Creation of Safe Spaces

- Have an open-door policy
- Demonstrate active listening
- Ask if employees have what they need

Cultivating the Whole-Self

- Acknowledge aspects of cultural identity
- Using narrative or storytelling

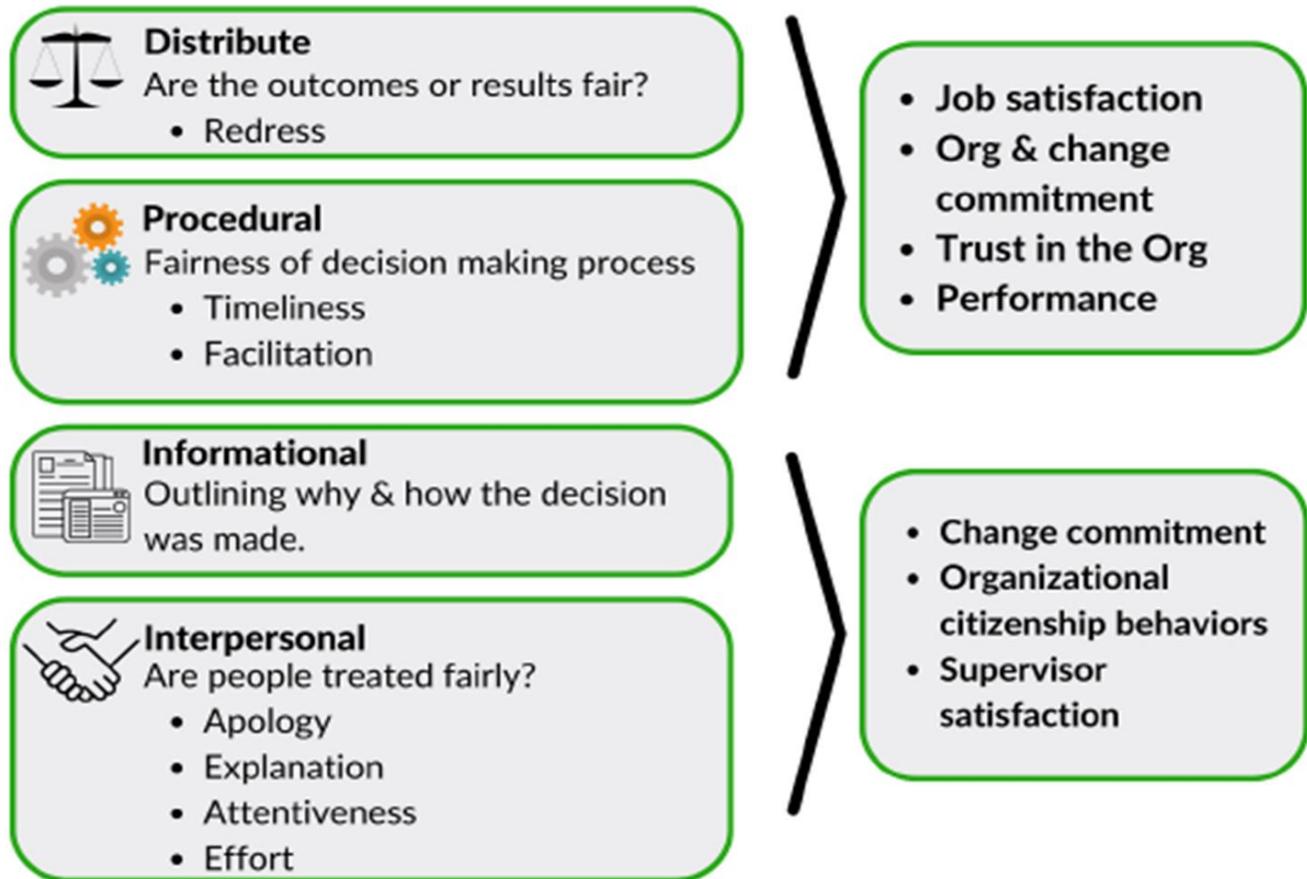
Capacity Building in Others

- Identify areas for skill development
- Using reflective supervision
- Ask about future goals

What Resonated – Organizational Justice

Consistent themes were related to pay, access to decision makers, the continuous challenge of unfilled positions and scheduling

An employee's perception of their organization's behaviors, decisions and actions and how these influence the employee's own attitudes and behaviors at work.



J. Greenberg, 1987

Sourced from: Colquitt, J.A., et al (2001), Cohen-Charash, Y., & Spector, P. E (2001); Bernerth, J. B et al. (2007), Dimensions of organisational justice and response theory. Adapted from Abisuga et al.

Evaluation Design

Data Collection

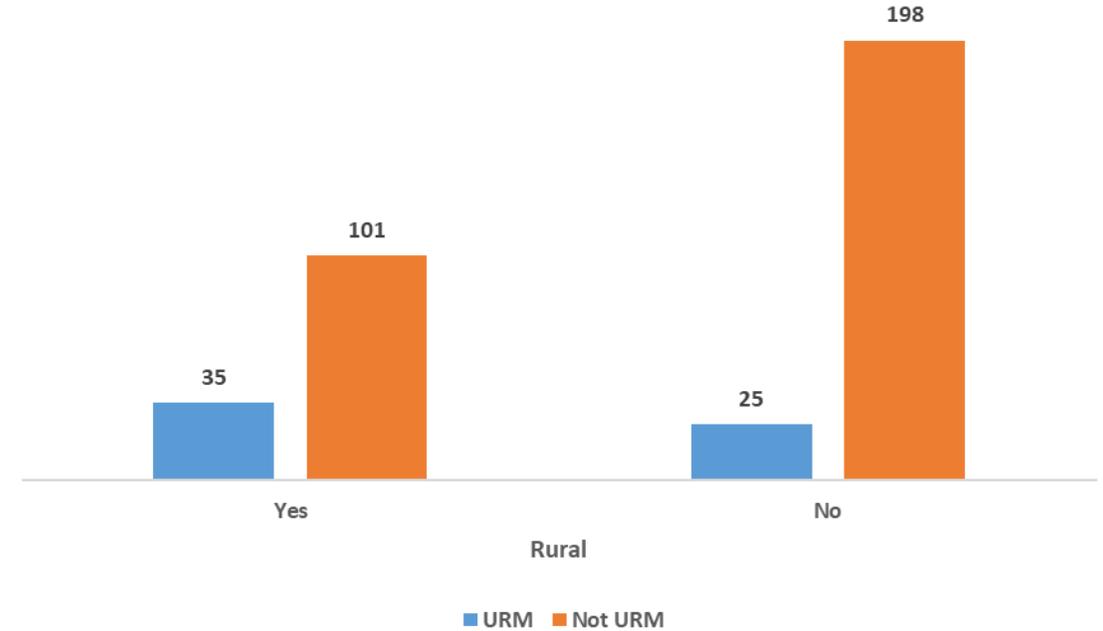
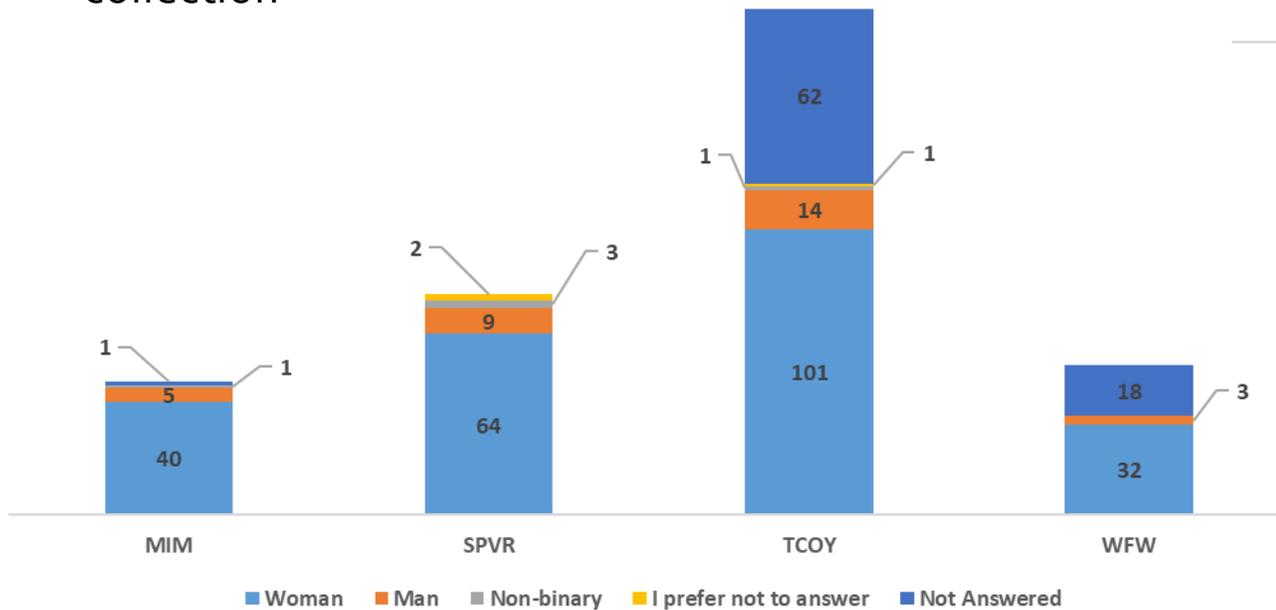
- Demographics (Real D)
 - Age, race, ethnicity, primary language, disability, SDOH, and SOGI data
- Short Professional Quality of Life (ProQoL) 9 items
 - Burnout, Secondary Traumatic Stress, Compassion Satisfaction
- Employee Engagement Survey
- Employee Resilience Survey
- Semi-Structured Interviews

Software/Technology Utilized

- Microsoft Forms developed for demographics and each training program
- Power Automate process designed to instantly send scores to participants
- Natural Language Processing(NLP) utilized to identify themes in semi-structured interviews

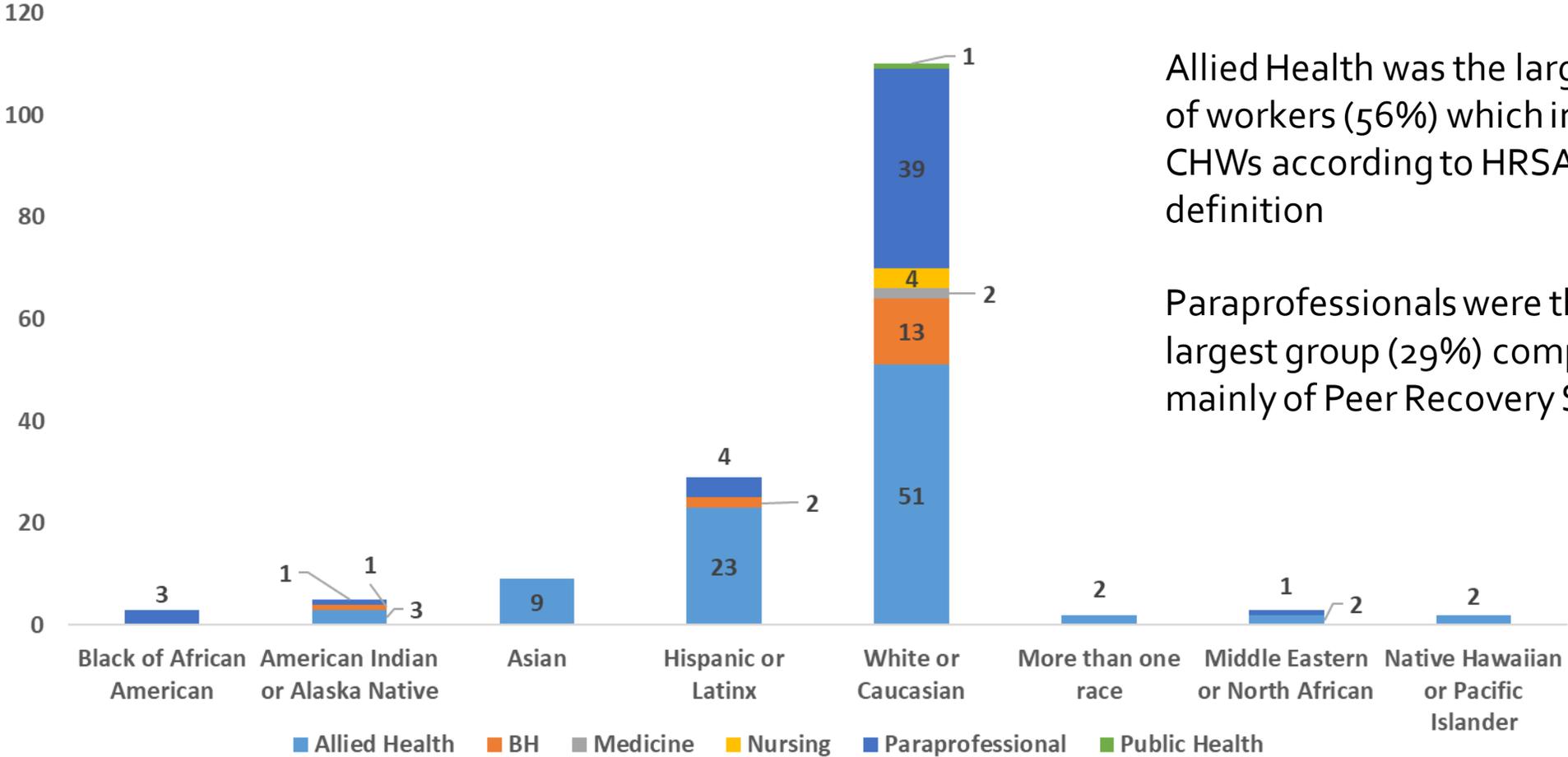
Participant Demographics

- Not surprisingly, there was a high percentage of women (61%), compared to men (9%)
- There were initially a high percentage of participants (25%) that didn't complete the demographic data collection



- There were 136 respondents (38%) from rural zip codes
- Underrepresented minorities made up 16% of the respondents

Participant Demographics

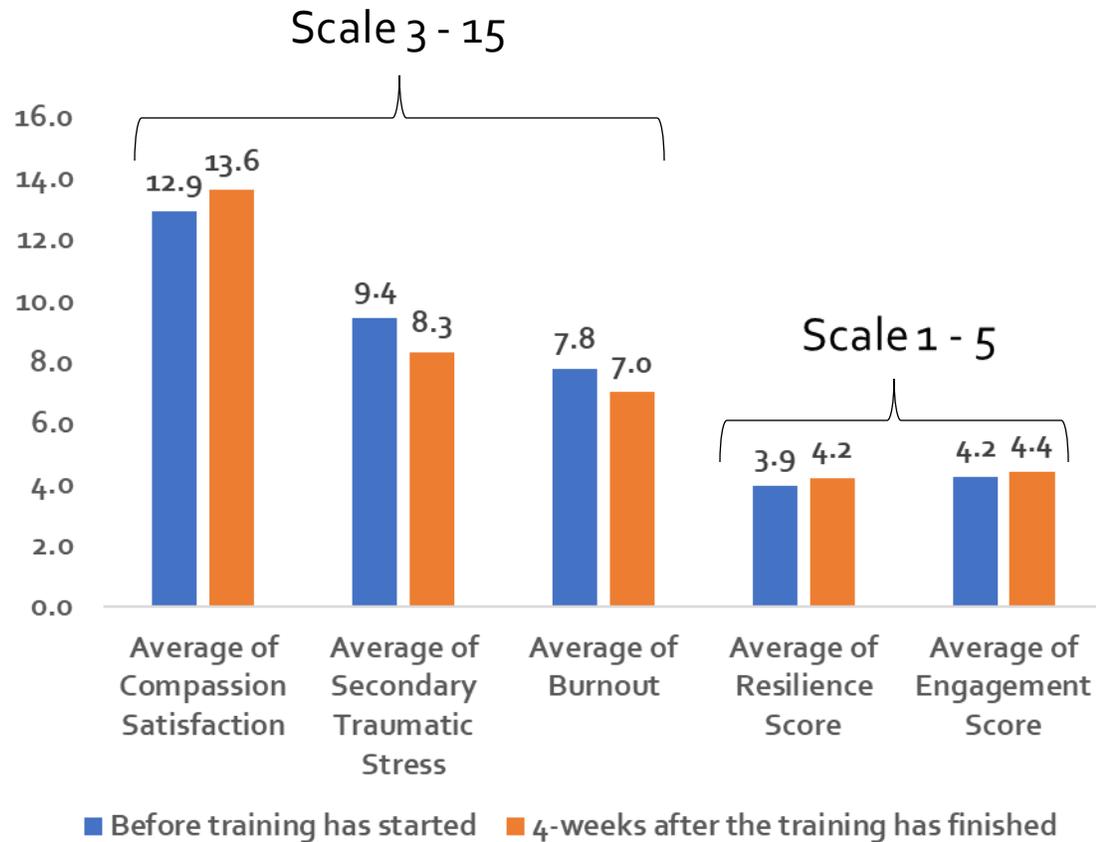


Allied Health was the largest group of workers (56%) which includes CHWs according to HRSA’s definition

Paraprofessionals were the second largest group (29%) comprised mainly of Peer Recovery Specialists

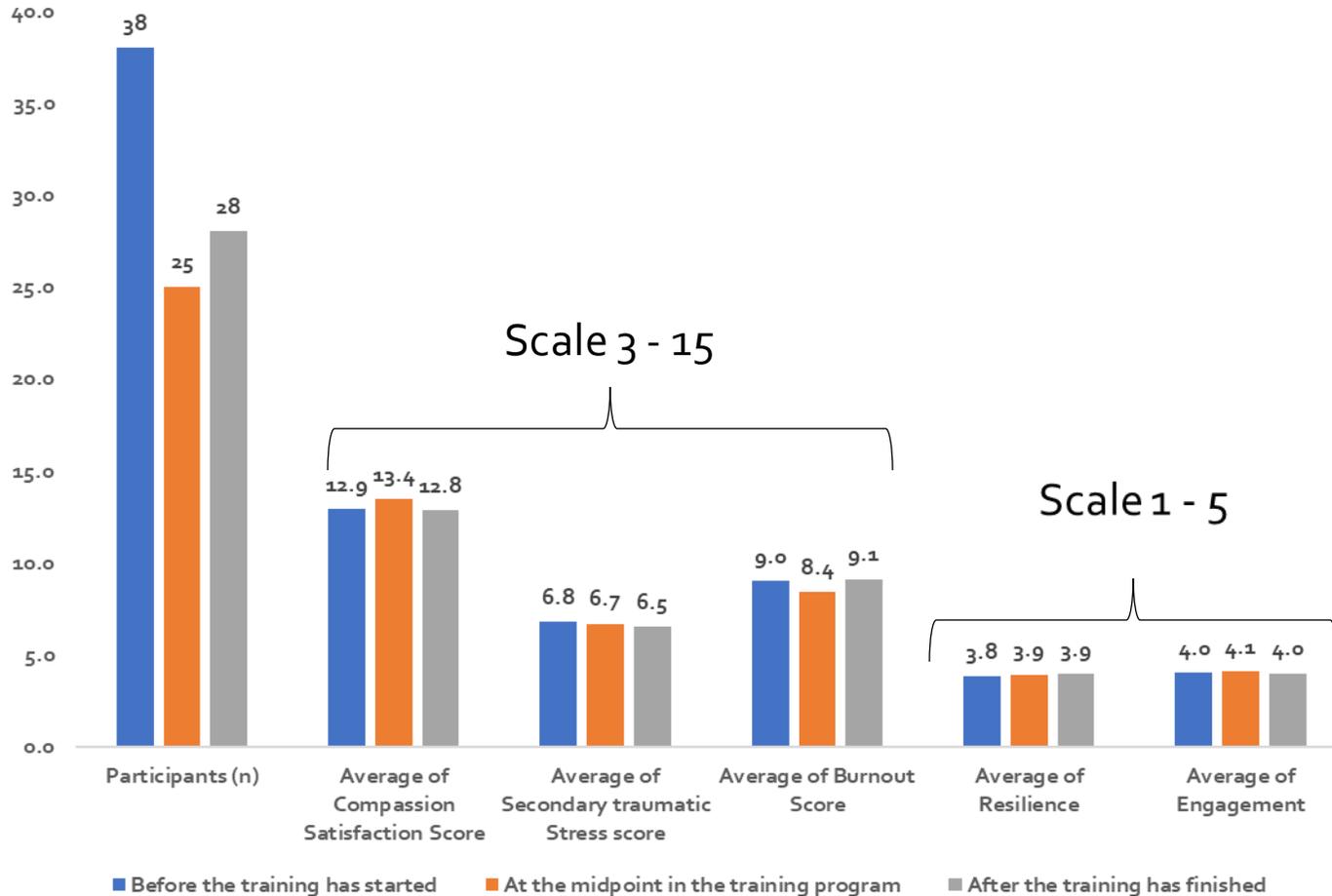
*Blank and “prefer not to answer” were removed from this graph

Take Care of Yourself – Scores



- Compassion satisfaction was consistently high for this group indicating a positive feeling about work. Higher is better.
- Secondary traumatic stress decreased but was still about the level that indicates that it is present (> 8). Lower is better.
- Burnout decreased to an amount that indicates that it is not as prevalent (< 8). Lower is better.
- Resilience and engagement were consistently at the moderate level and increased slightly, suggesting participants can disconnect from work and recharge. Higher is better.
- These were true pre/post scores since there was a reasonable number that completed both.

Supervising for Resilience – Scores



- Compassion satisfaction was consistently high for this group indicating a positive feeling about work. Higher is better.
- Secondary traumatic stress decreased and stayed below the level that indicates STS is likely. Lower is better.
- Burnout did increase nominally and continued to be above the threshold indicating burnout is present. Lower is better.
- Resilience and engagement were consistently at the moderate level suggesting participants can disconnect from work and recharge. Higher is better.
- The participants that completed the data collection were not consistent across time points. Therefore, it is not possible to make any true inferences on the population.

Challenges

Demographics Collection

- Over 30% of participants did not complete Real D

Survey Instrument Completion

- Fewer than 10% of participants completed pre/post tests

Power Automate

- There were numerous revisions to the logic to ensure participants received their scores and received incentives

iPad Adoption

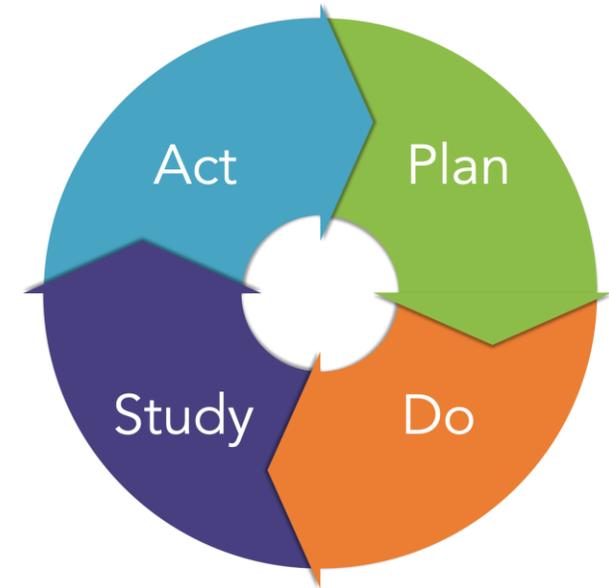
- There was a very low adoption rate for the free iPads that were offered with cell service

Six Month Program Completion

- Having two long sessions each month for six months was non sustainable for many of the participants

PDSA Cycles

Challenge	Plan	Outcome
Demographics Collection	Offered \$10 gift card	Participation increased 70%
Survey Instrument Completion	Offered \$10 gift card	Participation increased 73%
Power Automate	Developed custom code to deliver scores	100% of participants receive their scores within seconds
iPad adoption	Consistent messaging in training courses regarding availability, converting lease to own	152% increase in distribution over half the prior time period
Six-month program completion	Redesign training delivery	Launching new program January 2024



Our next year (or two)

- Executive Level Training (Launching in January '24)
 - Informed by our findings that executives were not aware of the needs of their employees and didn't have wellness strategies implemented across the organization
- Wellness Strategies Training
- Self Care Series with 4 90-minute experiential aspects related to 5 senses
 - Informed by our findings that self care needs to be continuous and experiential
- Ongoing Learning Communities (Drop-in coaching)
 - Informed by our findings that it takes time to digest materials and find opportunities for implementation leading to the need for additional coaching
- Semi Structured Interviews
- Develop Training Dashboard
- Disseminate Findings
- Review the new ProQol for healthcare workers <https://proqol.org/proqol-health-1>

Surgeon General Reflection Questions



How can our workplace support both the physical health and mental health needs of all workers?



How might we facilitate respectful, friendly working relationships between coworkers?



Do the leaders in our workplace model healthy behaviors and boundaries?



How might we more transparently share results from worker surveys and follow through on their ideas?



How can we facilitate more opportunities for timely and fair feedback for workers and leaders?

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