



Wellness Consults for Leaders and Teams: A Model for Providing Well-Being Support to Healthcare Workers

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Objectives

- Establish context – well-being efforts at the institution
- Introducing Wellness Consults as a model of care
 - Rationale and components
- Utilization and satisfaction data
 - Overall
 - FY2023 - 2024
- Discussion and Q&A

Acknowledgements



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Establishing Context – OHSU Well-Being



OHSU Well-Being – A Team Approach

- OHSU Well-Being structure:
 - Emerged in early 2020 in response to COVID-19 pandemic
 - Has funding until 2025 to support core leadership team, administrative support, and Wellness Consults
 - Executive sponsor, Chief Wellness Officer, is also Chief Medical Officer
- OHSU Well-Being focus has included:
 - Inclusion, belonging, and community
 - Process improvement
 - Grass-roots efforts – amplifying existing efforts

Well-Being Collaborative



- Nursing & School of Nursing
- Occupational Health / Trauma informed care
- Rehabilitation/COSC
- DEIB Organizational Training
- Graduate Medical Education
- Social Work
- Human Resources
- Education Improvement & Innovation
- Office of Digital Health
- Oregon Occupational Health Sciences Institute
- Student Health
- Resident & Faculty Wellness
- Peer Support
- Faculty Development
- Environmental Health & Safety
- Research Mission
- School of Dentistry
- Division of Management



Wellness Consults for Leaders and Teams



I was on the verge of giving up and giving in to the pressure of trying to lead in the pandemic and you were one of the very few people I turned to for support. You lifted me and others up so we could keep going and see it through to the end with pride and joy.

- OHSU healthcare leader



Wellness Consults for Leaders and Teams

- Originated in 2020, in response to pandemic-related stressors
 - Offerings have evolved to provide support in response to multiple and/or chronic sources of stress on institutional, local, national, global levels
- Timely, in-house emotional support for leaders and teams
 - Support for faculty providing the service
 - Leaders defined broadly
- Serving all members of OHSU community across healthcare, education, and research missions



A Focus on Leaders

- Healthcare leaders have been encouraged to:
 - Provide timely and transparent information and action plans
 - Provide psychological safety
 - Promote self- and collective-efficacy
 - Strengthen connection
- Healthcare leaders and teams may not have the combined knowledge, time, capacity, and resources to carry out best practices in terms of well-being support.
- Increased burnout among healthcare leaders affects:
 - Their own well-being
 - The extent of burnout and work satisfaction among those they lead



Wellness Consults for Leaders and Teams

- Informed by:
 - Trauma- and disaster recovery
 - Psychological first aid
 - Meaning-making frameworks
 - Relational leadership
- Core services
 - 1:1 confidential consultation with leaders (Description)
 - Supportive listening sessions with small groups (~3-12; Description)
 - Interactive workshops with groups of any size (~10-400+; Description)
 - Follow-up advocacy and connecting with resources as needed
- Contraindications for consideration



Utilization and Satisfaction



A Model for Providing Psychological Support to Healthcare Leaders and Teams in Times of Crisis

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Abstract

Objective Pre-pandemic, the healthcare workforce was already at risk for higher burnout than the general population and, in some roles (e.g., physicians, nurses), at higher risk for clinical distress and suicide. Studies of healthcare workforce well-being during and after past pandemics reflect that distress can persist after a pandemic subsides, if adequate support within the workplace is not forthcoming and accessible. The current report presents the rationale for and development of a wellness consult service to provide support to leaders and teams in an academic medical center during the COVID-19 pandemic and now as teams work to recover and rebuild after years of significant pandemic and other stressors.

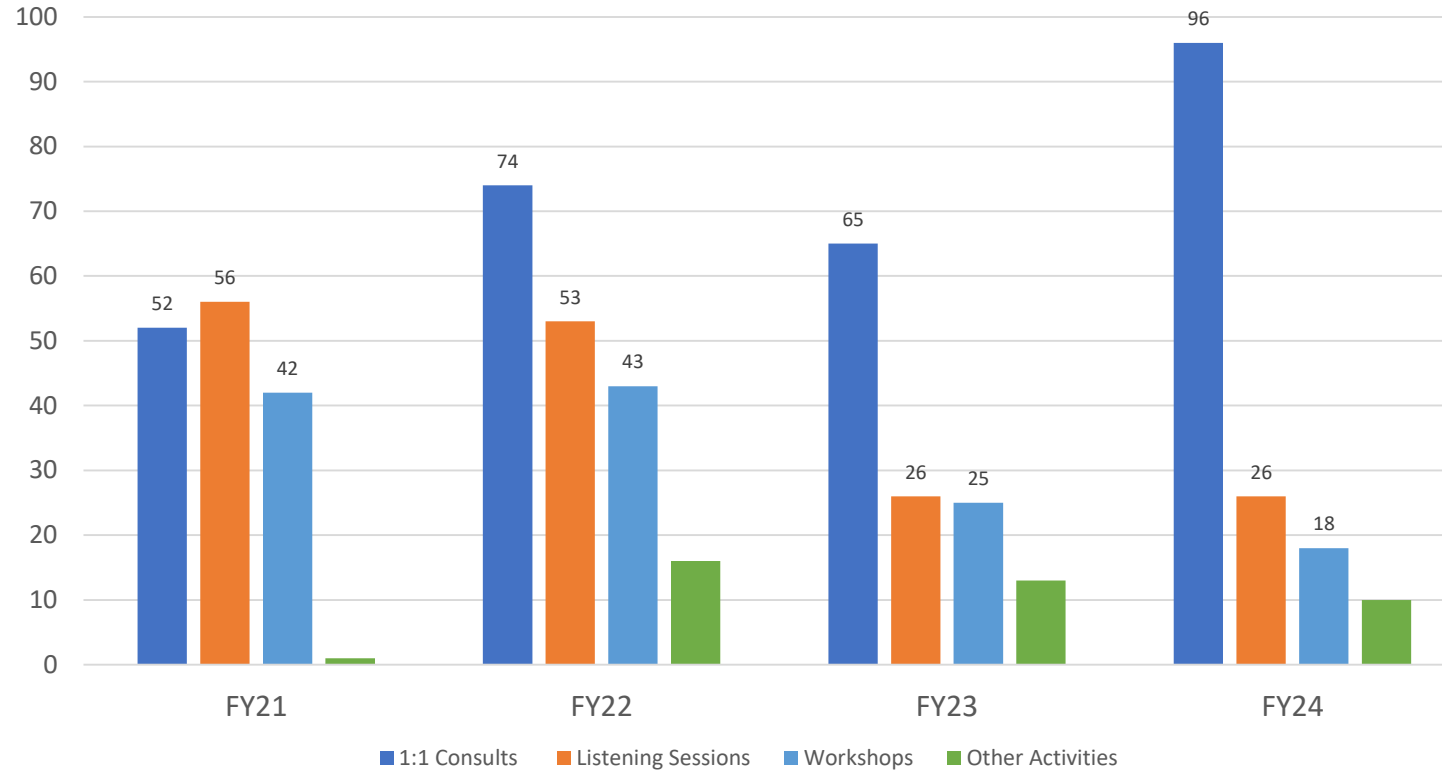
Methods Healthcare workers who participated in supportive Listening Sessions or Interactive Workshops facilitated by the wellness consult service were invited to complete an anonymous post-session survey.

Results Between March 2020 and November 2022, 185 leaders and teams participated in 342 supportive Listening Sessions and Interactive Workshops. Of the respondents to the post-session survey ($N = 701$), 89% rated the intervention as “good to excellent” and 84% were likely or very likely to recommend this service. Leaders rated the experience more highly than non-leaders ($F(1,307) = 13.99, p < 0.001$) and were more likely to report feeling emotionally supported ($F(1,304) = 19.836, p < 0.001$).

Conclusions Supporting leader and team well-being may be critical to post-pandemic recovery of the healthcare workforce. The current report presents a feasible, theory-driven model for doing so, which was rated as highly satisfactory by participants.

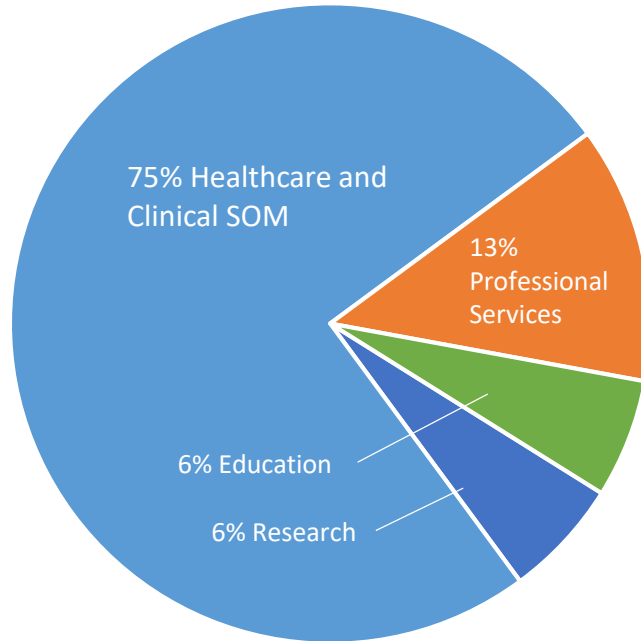
Keywords Workforce well-being · Healthcare · Leader

Overall Utilization



Unique teams served: 315
Total sessions offered: 602

FY2023-2024: Utilization and Satisfaction



FY 24 Total Services:
87 teams, 150 sessions,
+750 members served

89%

participants **rated their experience positively**

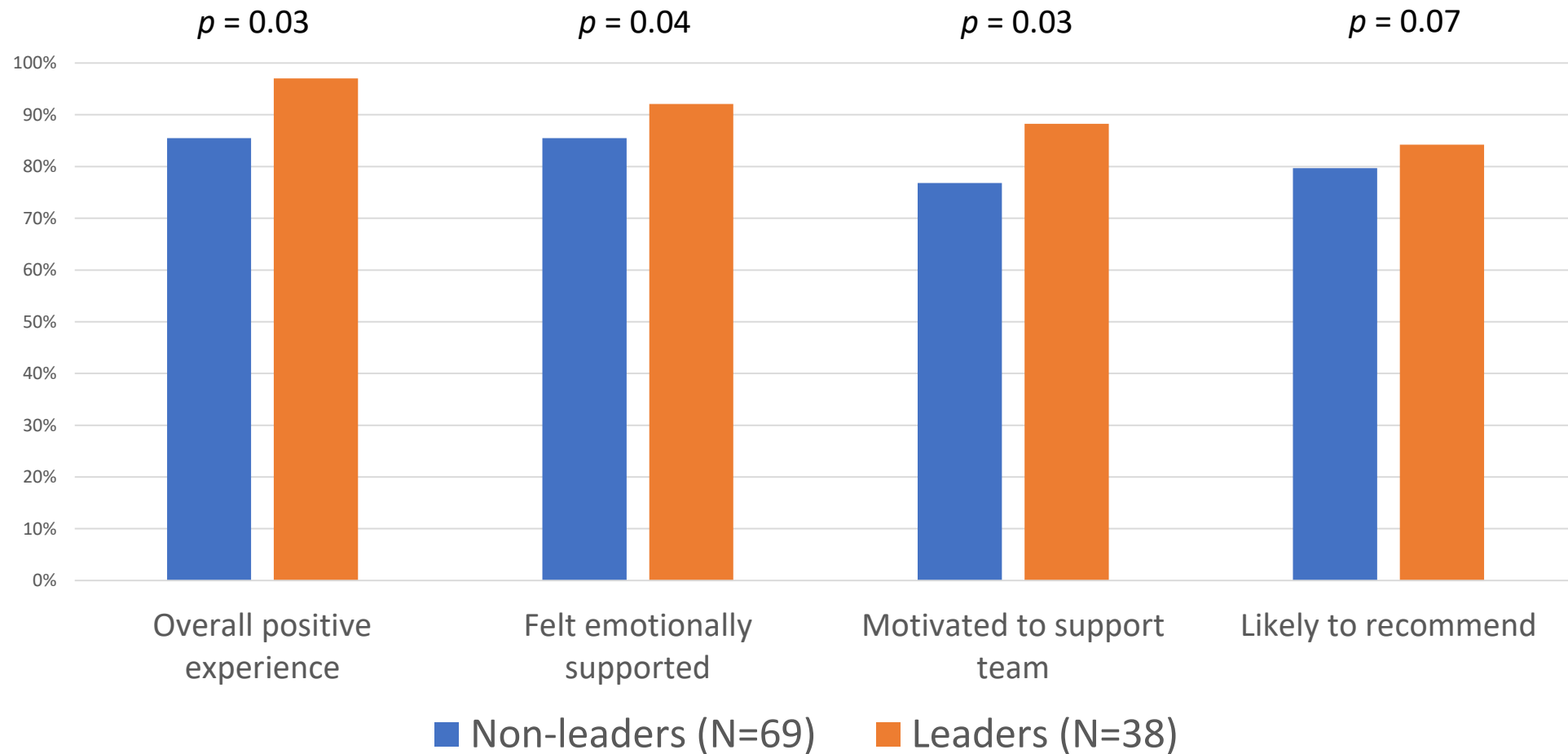
81%

participants **likely to recommend this program**

81%

participants who feel motivated to **proactively support their team members**

FY 2023-2024: Leaders vs. Non-Leaders





Qualitative Leader Feedback: FY2023-2024

- *The consultant's kindness and leadership helped my team find their **balance** these past few years and I know **helped me through** some of my toughest days.*
- *I am grateful for...**concrete suggestions** for further interventions for our team.*
- *[The consultant] was wonderful and thoughtful throughout the entire session. She gave myself and two other leaders on my team some really great advice on **how to move forward** with a difficult situation within our research team.*



Limitations and Future Directions

- Limitations

- Initially unclear denominator/response rates
- Anonymous, unstandardized post-intervention surveys
- Unclear generalizability across education or research missions

- Future directions:

- Satisfaction as a function of participant characteristics
- Change in behavior/attitudes/sense of connection
 - E.g., as indicated by Workgroup Inclusion Scale (Chung et al., 2020)
- Difference in satisfaction, behavior, attitudes b/w modalities
- Potential downstream effects of leader support



Conclusions

- Our Wellness Consults model has been:
 - Informs leaders and teams about stress and coping responses
 - Offers an opportunity to be heard and feel cared for
 - Feasible, flexible, and cost-effective
 - Visible and credible, with buy-in from leadership
 - Highly rated by participants

"This reminded me of the good around us."



Discussion and Q&A

A scenic landscape photograph featuring a city skyline in the distance, partially obscured by a dense forest of snow-covered evergreen trees in the foreground. The sun is setting behind the trees on the right side, creating a warm, golden glow. A prominent mountain peak is visible on the horizon to the left.

Thank you!

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Initial Post-Intervention Surveys

- 4 questions on Likert scale:
 - How would you rate your experience?
 - I felt emotionally supported
 - I feel more motivated to proactively provide emotional support to my team members
 - How likely would you be to recommend this consult service to others?
- Two open-ended questions:
 - What aspect did you find the most helpful?
 - Suggestions for improvement?



Leaders vs. Non-Leaders

- As of FY2021-2022, question re: leader status
 - Leaders ($n = 135$) and non-leaders ($n = 174$) responded
- Leaders:
 - Rated the experience more highly***
 - Felt more emotionally supported***
 - Felt more motivated to provide support to others*
 - Were more likely to recommend to others***



Preliminary Data: Belonging and Inclusion

- Workgroup Inclusion Scale
 - Two-factor structure
 - Each w/5 items on Likert scale of 1-5
 - Belongingness: e.g., “I am treated as a valued member of my work group.”
 - Uniqueness: e.g., “I can bring aspects of myself to this work group that others in the group don’t have in common with me.”
- From respondents thus far ($n = 19$)

Scale	M	SD	Range
Belongingness	4.0	0.7	2.6 - 5.0
Uniqueness	3.9	0.9	1.0 - 5.0