

Employee Wellness in Community Mental Health: The Quadruple Aim and Yoga for Providers

Leah Bloomberg

Oregon Health & Science University, School of Nursing

Abstract

Provider burnout is now a leading cause of provider turnover in community mental health (CMH) clinics and contributes to decreased mental health outcomes. Recently, health care systems have been focusing on employee wellness initiatives as a solution to burnout. The literature shows particularly significant improvements in employee wellness from yoga- and mindfulness-based interventions. This report details a four-week pilot project based on yoga and mindfulness at one metropolitan CMH clinic. Clinic employees' mean wellbeing scores increased by 7.7% between pre- and post-intervention surveys, which was reflected primarily in the change in wellbeing scale scores, and less in the scores designed to measure exhaustion and disengagement. The mere creation of the pilot occurred with clinic and organizational approval and indicates the way forward for a more wellness-focused occupational environment.

Keywords: employee wellness, community mental health, occupational health, provider burnout

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Problem Description

There is a parallel relationship between employee working conditions and quality of patient care within every healthcare organization (Ash et al., 2014). At the Portland, Oregon CMH outpatient clinic that was the center for this pilot project, approximately 3 of 7 prescribers (42.9%), 1 of 3 registered nurses (33%), and 5 of 20 (25%) therapists resigned or reduced their hours by over half in the six weeks before and after rollout of a new electronic health record (EHR) system. Leadership transitions and high caseloads contributed to work-related stress in the months and years before the EHR transition. Provider turnover has remained high at the Portland CMH clinic, becoming a cause organizational instability (poor staff morale, reduced productivity, weaker team performance), further provider burnout, and significant cost burden (Beidas et al., 2016). Provider burnout is a recognizable constellation of symptoms characterized by negativity, cynicism, and the losses of a sense of accomplishment, enjoyment, and enthusiasm in one's role and profession; sequelae include early retirement, alcohol use, and suicidal ideation (Bodenheimer & Sinsky, 2014). Due to these issues, mental health providers in the Portland metropolitan area are unionizing in heretofore unseen numbers. Organizational environments have capacity to reduce chronic occupational stress and burnout and improve patient care by improving morale through mindfulness and yoga-based wellness initiatives.

Available Knowledge

Provider Burnout

Multiple large-scale studies confer nationally higher burnout and provider turnover rates in mental health providers (Coates and Howe, 2015; Phoenix, Hurd, and Chapman, 2016; Zhu, Wholey, Cain, and Natafqi, 2017). Provider turnover, defined as the rate at which providers leave

a health organization, fractures the therapeutic alliance and negatively impacts quality of care, coordination and continuity of care, and patient outcomes (Beidas et al., 2016). For the patient, this causes decreased treatment adherence, decreased trust in providers, and lower satisfaction rates (Salyers et al., 2015).

The Quadruple Aim in Mental Healthcare

The Triple Aim, introduced by Berwick, Nolan, and Whittington (2008) for the IHI, is a set of goals for improving the health of populations, enhancing the experience of care for individuals, and reducing the per capita cost of healthcare. The issue of provider burnout is inextricably linked to both the Triple Aim and employee wellness. Providers and researchers have voiced the need for The Quadruple Aim—adding improved work life and joy in work for clinicians and staff to the Triple Aim’s goals (Bodenheimer & Sinsky, 2014; Sikka et al., 2015). Both the Agency for Healthcare Research and Quality (AHRQ; 2016), and The Joint Commission have supported programs geared toward healthcare employee wellness to achieve the Quadruple Aim (Morrow et al., 2018). The biological, psychological, and social impact of burnout from chronic occupational stress is a direct threat to safe, quality healthcare (Privitera, 2018). Mental health employees have the highest burnout rates of all healthcare settings due to the constant empathic output and therapeutic use of self required for successful treatment of the patient: they are most in need of application of the Quadruple Aim to their practice (Luken & Sammons, 2016).

Yoga and Mindfulness at Work

There is a growing body of empirical evidence that supports mindfulness and yoga-based employee wellness initiatives to improve the mental health of the healthcare workforce and indirectly increase the providers’ ability to deliver quality of patient care (Guillaumie, Boiral, &

Champagne, 2017; Luken & Sammons, 2016; Portoghese et al., 2017). In the most recent meta-synthesis of occupational interventions for workplace stress, Bhui, Dinos, Stansfeld, and White (2012) report that organizational interventions involving a combination of cognitive behavioral, relaxation, and mindfulness activities, reduce chronic occupational stress and absenteeism.

Work-site stress reduction interventions, such as therapeutic yoga, prove statistically successful in reducing cynicism emotional exhaustion (components of burnout) in both employee and mental health professional populations. Three large-scale trials conclude that mindfulness-based interventions and creating a buffer of support among coworkers can mitigate burnout among healthcare workers (Lin, Huang, Shiu, & Yeh, 2015; Rollins et al., 2016; Ferguson, 2016).

Mindfulness can be defined as paying attention, purposefully and non-judgmentally, while allowing the experience of a moment to occur (Luken & Sammons, 2016). Mindfulness can be contrasted with mindlessness to demonstrate the act of being present in each moment and each task, rather than completing a task on autopilot. Therapeutic yoga also has the potential to bring together coworkers in a mutually shared environment to foster a supportive climate (Portoghese et al., 2017).

Rationale

The literature supports collaborative efforts between individuals and organizations to improve healthcare employee resilience and reduce occupational stress (Geuens, Franck, & Van Bogaert, 2018; Schrijver, 2016). To introduce an organizational mindful yoga-based intervention to this community mental health (CMH) clinic is to practice the Quadruple Aim; such an intervention is an evidence-based venture with a high likelihood of reducing levels of occupational stress and burnout. Given the high level of turnover at the clinic that is the subject of this research, prevention of future instances of employee burnout is an appropriate strategy.

Specific Aims

The specific aim of this project is to decrease occupational stress and burnout by improving CMH provider wellness. Sub-aims include promoting awareness of occupational stress and burnout in CMH; fostering improved morale and peer support as a buffer against burnout; increasing opportunities for positive social interactions; increasing use of the current mediation space; and, implementing regular surveillance of employee stress levels.

Methods

Context

At the time, the larger non-profit organization served 14,000-18,000 clients per year across 76 residential, forensic, outpatient, and homeless outreach sites (Cascadia Behavioral Healthcare, 2018). The environment for this proposal was one of the organization's four integrated health centers in Portland that offers primary care and mental health to its 1,500 lifespan clients and families per year, over 78% of which were insured through the state-funded health insurance plan (Moss Adams, 2016). Clinic staff were over 30 mental health professionals providing direct patient care, including the following: Qualified Mental Health Providers or Associates (QMHP, QMHA; clinicians), which are licensed clinical social workers (LCSW); licensed professional counselors (LPC); certified addictions counselors (CADC); registered nurses (RN); licensed medical providers (LMP; doctors or PMHNPs); and, peer support specialists (PSS). Each of these providers saw five to 16 clients per day with approximately five administrative support and one RN on staff for the clinic. There was some flexibility in full-time or part-time scheduling and a daily lunch of either 30-60 minutes varying by provider.

Provider turnover and intention to leave has been prevalent at the clinic for several years, with needs assessments, burnout prevention strategies, and employee retention committees

established and disbanded throughout the past three years (Margitan, 2017). At the time of this pilot, there was an under-utilized “meditation room” for the as-desired use of patients and staff during the workday. This meditation room was the only intervention dedicated toward improving provider wellness at this facility. Senior leadership, the organization’s legal department, and the clinic’s medical director officially approved this pilot project proposal.

Intervention

This four-week pilot project was a mindful yoga offering to identify how best to engage employees in wellness activities among workplace and job role constraints. The intervention itself was a package of the following volunteer-based wellness activities: education about burnout; brief yoga; increased use of the meditation room; independent and semi-guided mindfulness activities; and, opportunity for increased positive social interaction with peers before and after the brief (10-20 minutes) weekly yoga sessions. The frequency and duration of the brief yoga sessions was modified from that in a randomized control trial (RCT; Lin et al., 2015). A PMHNP at the clinic who is also a registered yoga teacher led each session. Email reminders were sent before each meeting; summary emails with web links to independent mindfulness scripts were included after each of the four meetings. Improvement cycles were intended after each 4-week pilot with focus on increasing feasibility for employee participation in the project.

Study of the Intervention

The intervention was planned to utilize The Plan-Do-Study-Act (PDSA) methodology. The plan for the first four-week pilot was to be implemented (Do) with at least 20% of employees expected to participate in a wellness offering. In between the two four-week pilot wellness interventions post-surveys allowed employees to provide anonymous feedback

regarding participation and proposed changes (Study). This feedback was intended to be analyzed for feasibility of adoption in the second pilot, which was to be adapted accordingly and implemented within two months of the first pilot.

The pre- and post-intervention surveys both combined The Oldenburg Burnout Inventory (OLBI) and the World Health Organization (WHO) index on well-being (WHO-5) into one survey (see Appendix, Scales section). In addition to the OLBI and WHO-5 questions, surveys requested the selection of preferred pronouns (male, female, other, prefer not to say), age group (18-35; 35-50, 50-65, 65+), and job role (clinician, RN, LMP, administrative, medical employee). The post-survey included a question for the participant to indicate the number of weeks of participation in wellness activities. The post-survey also included an open-ended question requesting feedback for improvement. Responding to the survey was optional and voluntary for all employees of the clinic. Pre- and post-surveys were distributed via workplace email via an electronic survey collections portal with secure options for anonymity (see Appendix, Surveys section).

Measures

The pre- and post-surveys functioned as balancing measures to ensure that the wellness package was functioning as intended; that is, to decrease burnout and increase employee wellness. In this project, OLBI scores demonstrated the effect of the proposed intervention on the specific burnout symptoms of exhaustion and disengagement while the WHO-5 score demonstrated subjective measures of employee well-being. OLBI is a publicly available, 16-question self-administered survey; it is a valid instrument that has been tested in the United States, in English, among healthcare workers (Demerouti & Bakker, 2007). In the occupational setting, WHO-5 is a subjective assessment of psychological well-being that correlates working

condition, workplace stress, and well-being, as well as an evaluation of social capital. The scale has high reliability and sensitivity in demonstrating improvement or negative effect of nonpharmacological interventions, including mindfulness-based interventions for stress. (Topp, Østergaard, Søndergaard, & Bech, 2015). The process measure was the percentage of employees who participated in wellness activities to ensure consistent engagement.

Analysis

Results remained anonymous and stored on a confidential electronic survey platform; these results were then generated as aggregate data and pre- and post-survey data compared with a target of a 20% increase in WHO-5 scores, and 20% decrease in OLBI scores from baseline. Percentage of employees responding was recorded at both survey times. Baseline results and post-intervention results of the WHO-5 and OLBI scales displayed on graphs obtained through the electronic survey platform, with a timepoint axis. Statistical analysis involved observing response trends among age group, gender, and job role (Figures 2 and 3). Results compare WHO-5 and OLBI scores from two timepoints: before (pre-survey; pre) and after (post-survey; post) the four-week intervention (Figure 1). The means of the pre and post scores are compared within an independent samples t-test. Statistical results were obtained by analyzing the raw data with IBM's statistical software, SPSS.

Ethical Considerations

This project was determined to not be human subject research and was exempt from further oversight by Oregon Health & Science University's Institutional Review Board. Participation in pre- and post-surveys was voluntary and anonymous and conveyed with an informative statement in the pre- and post-surveys, as well as within an explanation of the research study and intervention within the email that contained the survey links. Anonymity of

survey responses was maintained throughout the project, statistical analysis, and presentation of results.

Results

The intervention included education about burnout; brief yoga; independent and semi-guided mindfulness activities; and, opportunity for increased positive social interaction with peers. Clinic employees' mean wellbeing scores increased by 7.7% between the pre- and post-intervention surveys (Table 1), which was reflected primarily in the change in the WHO-5 scores, and less in the OLBI scores for exhaustion and disengagement (Table 1).

The results described below emanated from one cycle of the four-week pilot project. These results are expected to be shared with clinic and organizational leadership at a PowerPoint presentation scheduled for July.

Demographics and Participation

The pre-survey respondents (n=34) were majority female pronoun-identifying (82.35%) and between the ages of 25 and 44 (67.64%), with half of them identifying their job role as clinician (50%). The post-survey respondents (n=28) were also majority female pronoun-identifying (75%) and between the ages of 25 and 44 (66.67%), with over half identifying their job role as clinician (50%). Post-survey respondents self-disclosed how many weeks of the wellness package they participated in. The majority of respondents (53.57%) did not participate, or only participated in one week of wellness activities. The minority of respondents participated in all four weeks (10.71%). At each week's brief mindful yoga session, there were at least four attendees, majority female with only one male who attended session three; in the last week there were nine attendees, all female; only two attendees participated in all four weeks. For graphic presentations of demographic and qualitative data, please see the Appendix.

WHO-5 and OLBI

Individual pre and post scores could not be paired for comparison within either the WHO-5 or the OLBI. The WHO-5 score indicated participants' subjective measure of wellbeing. The mean WHO-5 score (out of 100%) increased 7.7% (Tables 1 and 2, $p > .088$, equal variances assumed, standard mean error [SME] of 3.39 percentage points for the post-intervention scores mean). Half of the 16 questions on the OLBI scale specifically measured disengagement (out of 32 points) from work and/or the workplace; the other half specifically measured exhaustion (out of 32 points) caused by and related to work. Higher scores indicate higher levels of disengagement or exhaustion, or both. The mean disengagement score increased by less than one point (Table 1, 0.473 points; Table 2, $p > .583$, equal variances assumed; SME=0.535 for the post-intervention scores mean), while the mean exhaustion score decreased by less than one point (Table 1, 0.786 points; Table 2, $p > .376$, equal variances assumed, SME=.624 for the post-intervention scores mean).

Yoga for Providers Evaluation Comments

Post-survey respondents were invited to complete an open-ended question requesting recommendations for future yoga and mindfulness activities section. 14 respondents answered this question. Six of the 14 answers were positive (i.e., "I really hope it can continue", "thanks", "If you build it they will come"); five of the 14 answers were negative (i.e., "sessions felt patronizing", "It is distracting to do it in people's work space"); and three of the 14 answers were non-categorizable or neutral (i.e., "time options", "varied sessions so I can attend").

Table 1

Statistical comparison (mean, standard deviation) of WHO-5 and OLBI results before (pre) and after (post) the 4-week yoga- and mindfulness-based intervention

	timepoint	N	Mean	Std. Deviation	Std. Error Mean
WHO-5 Percent Score	pre	34	54.0000	16.77661	2.87716
	post	28	61.7143	17.93581	3.38955
Oldenburg Burnout Inventory - Disengagement	pre	34	18.2059	3.73176	.63999
	post	28	18.6786	2.82913	.53466
Oldenburg Burnout Inventory - Exhaustion	pre	34	20.0000	3.56753	.61183
	post	28	19.2143	3.30384	.62437

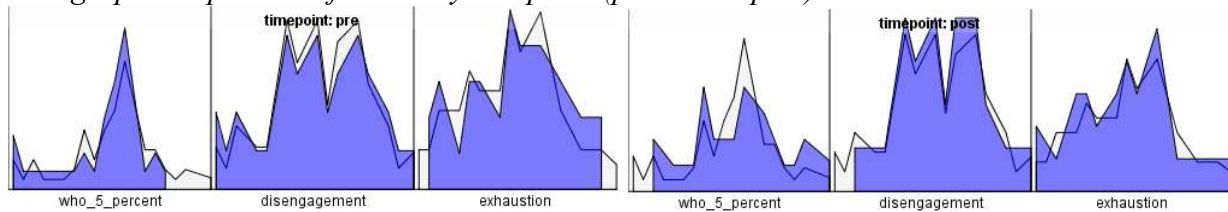
Table 2

Independent samples t-test comparing variances and means of WHO-5 and OLBI scores before and after the yoga- and mindfulness-based intervention.

		Levene's Test for Equality of Variances		t-test for Equality of Means			95% Confidence Interval of the Difference			
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
WHO-5 Percent Score	Equal variances assumed	.215	.645	-1.747	60	.086	-7.71429	4.41693	-16.54946	1.12089
	Equal variances not assumed			-1.735	56.097	.088	-7.71429	4.44602	-16.62040	1.19183
Oldenburg Burnout Inventory - Disengagement	Equal variances assumed	2.272	.137	-.552	60	.583	-.47269	.85638	-2.18571	1.24033
	Equal variances not assumed			-.567	59.634	.573	-.47269	.83393	-2.14101	1.19564
Oldenburg Burnout Inventory - Exhaustion	Equal variances assumed	.226	.636	.892	60	.376	.78571	.88078	-.97611	2.54754
	Equal variances not assumed			.899	59.136	.372	.78571	.87417	-.96340	2.53483

Figure 1

Line graph comparison of scores by timepoint (pre versus post)



Discussion

Interpretation and Summary

Overall, the observed reception of the project was positive or neutral. Four weeks was not adequate time to improve employee wellness and reduce burnout by 20%. This project involved significant consideration of opportunity cost from the view of management, chief executives, board members, and the employees themselves. Focusing on self-care and allowing time for yoga meant supplanting other tasks that are in an employee’s workflow; this supplanted time did

cost the organization in the short term. Throughout meetings to approve this pilot, management was supportive and willing to accept this opportunity cost for the advantage of employees' wellness. The lack of statistically significant improvement in OLBI scores may indicate unintended worsening of the occupational environment from distracting others, as one respondent indicated, "it is distracting to do it in people's workspace" (See Appendix, Table 3). Additionally, some respondents stated they felt the mindful yoga sessions did not acknowledge their professional expertise.

Limitations

Significant, study-changing modifications were made over the course of the study period. Increased use of the meditation room was unable to be part of package of wellness activities due to the meditation room being converted into a nurses' office after the clinic hired a second RN. The PDSA format was unable to be adhered to due to the first pilot not reflecting statistically significant results, and organizational leadership agreeing only to a four-week intervention, and not a repeat cycle.

There were several limitations that impacted the results and success of this project. First, physical space, time within employee schedules, and employee desire to participate in change. Second, due to the study creator's desire to maintain privacy and confidentiality of the respondents, individual pre-survey scores could not be compared against individual post-survey scores (which would be necessary for a paired t-test), as the scores for each did not include paired individual identifiers. Because the pre and post scores could not be individually linked, the assumption of correlation is invalid. Third, a high number of respondents identifying as female (using she, her, hers pronouns) indicated bias, though a high number of clinic staff is female, representing the clinic population. Most post-survey respondents participated in fewer

than two weeks of wellness activities (Appendix, Figure 4), which indicated a weaker correlation between the wellness groups and the outcome measures.

Conclusions

This research does present the valuable hypothesis that the following factors influence levels of occupational stress: employees' perception of their organizational environment, perceived commitment to their wellness, and leadership's acknowledgement of workplace stress. Future versions of this pilot would be improved if implemented within a PDSA cycle format. Reserving of specific quiet space for employee wellness within the clinic is also imperative to not distract other employees during the workday, but still give willing employees an option to participate in an environment free from their daily work's distractions. Once improved in efficiency and delivery, this pilot could be offered multiple times per year to continue to surveil employee stress levels and respond accordingly. Due, in part, to the discourse sparked by this pilot, organizational management has begun prioritizing employee wellness as an initiative and has established workgroups to brainstorm further interventions. In the last business quarter of 2018, the organization paid for its Business Intelligence and Integrity Manager to attend the Harvard Healthcare Quality and Safety Conference, which presented employee health initiatives to prevent burnout. The organization's commitment to future employee wellness initiatives demonstrates possibilities for further employee wellness interventions.

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Appendix

Scales

Scale 1

Oldenburg Burnout Inventory (OLBI)

Oldenburg Burnout Inventory

Instruction: Below you find a series of statements with which you may agree or disagree. Using the scale, please indicate the degree of your agreement by selecting the number that corresponds with each statement

	Strongly agree	Agree	Disagree	Strongly disagree
1. I always find new and interesting aspects in my work.	1	2	3	4
2. There are days when I feel tired before I arrive at work.	1	2	3	4
3. It happens more and more often that I talk about my work in a negative way.	1	2	3	4
4. After work, I tend to need more time than in the past in order to relax and feel better.	1	2	3	4
5. I can tolerate the pressure of my work very well.	1	2	3	4
6. Lately, I tend to think less at work and do my job almost mechanically.	1	2	3	4
7. I find my work to be a positive challenge.	1	2	3	4
8. During my work, I often feel emotionally drained.	1	2	3	4
9. Over time, one can become disconnected from this type of work.	1	2	3	4
10. After working, I have enough energy for my leisure activities.	1	2	3	4
11. Sometimes I feel sickened by my work tasks.	1	2	3	4
12. After my work, I usually feel worn out and weary.	1	2	3	4
13. This is the only type of work that I can imagine myself doing.	1	2	3	4
14. Usually, I can manage the amount of my work well.	1	2	3	4
15. I feel more and more engaged in my work.	1	2	3	4
16. When I work, I usually feel energized.	1	2	3	4

Note. Disengagement items are 1, 3(R), 6(R), 7, 9(R), 11(R), 13, 15. Exhaustion items are 2(R), 4(R), 5, 8(R), 10, 12(R), 14, 16. (R) means reversed item when the scores should be such that higher scores indicate more burnout.

Note. This copy of the Oldenburg Burnout Inventory is from Demerouti, Mostert, and Bakker (2010).

Scale 2

World Health Organization Well-Being Index (WHO-5)

The WHO-5 Well-Being Scale. Instructions and scoring principle.

The WHO-5 questionnaire

Instructions:

Please indicate for each of the 5 statements which is closest to how you have been feeling over the past 2 weeks.

Over the past 2 weeks...	All of the time	Most of the time	More than half the time	Less than half the time	Some of the time	At no time
1 ... I have felt cheerful and in good spirits	5	4	3	2	1	0
2 ... I have felt calm and relaxed	5	4	3	2	1	0
3 ... I have felt active and vigorous	5	4	3	2	1	0
4 ... I woke up feeling fresh and rested	5	4	3	2	1	0
5 ... my daily life has been filled with things that interest me	5	4	3	2	1	0

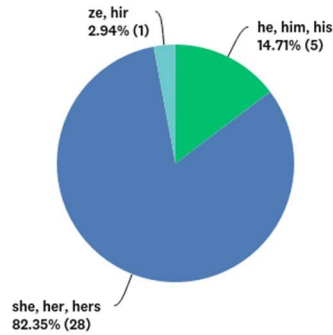
Scoring principle: The raw score ranging from 0 to 25 is multiplied by 4 to give the final score from 0 representing the worst imaginable well-being to 100 representing the best imaginable well-being.

Note. This copy of The WHO-5 Well-Being Scale is from Topp et al. (2015).

Demographic Characteristics: Graphs and Data Tables

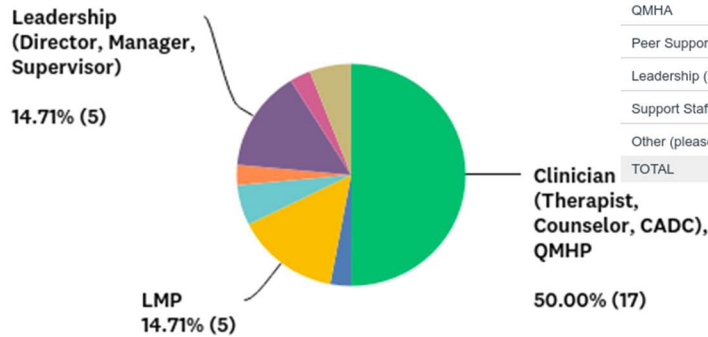
Figure 2
Pre-survey demographics

PRE-SURVEY self-identified preferred pronouns



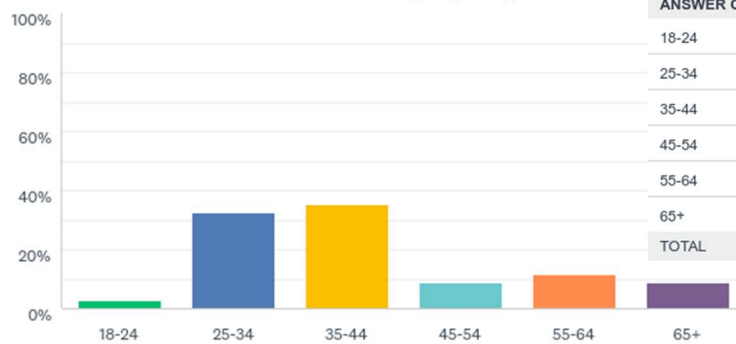
ANSWER CHOICES	RESPONSES
he, him, his	14.71% 5
she, her, hers	82.35% 28
they, them, their	0.00% 0
ze, hir	2.94% 1
Prefer not to answer	0.00% 0
TOTAL	34

PRE-SURVEY self-identified job role



ANSWER CHOICES	RESPONSES
Clinician (Therapist, Counselor, CADC), QMHP	50.00% 17
RN or LPN	2.94% 1
LMP	14.71% 5
QMHA	5.88% 2
Peer Support Specialist	2.94% 1
Leadership (Director, Manager, Supervisor)	14.71% 5
Support Staff	2.94% 1
Other (please specify)	5.88% 2
TOTAL	34

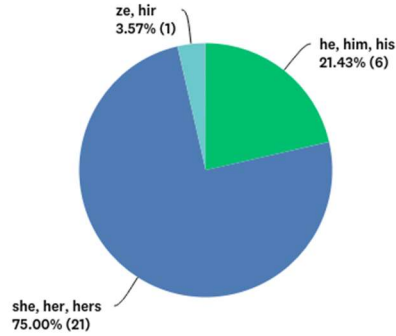
PRE-SURVEY self-identified age group



ANSWER CHOICES	RESPONSES
18-24	2.94% 1
25-34	32.35% 11
35-44	35.29% 12
45-54	8.82% 3
55-64	11.76% 4
65+	8.82% 3
TOTAL	34

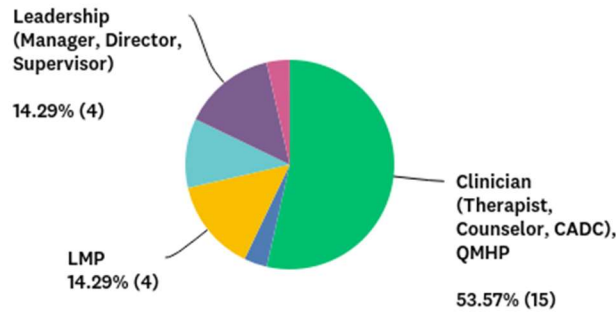
Figure 3
Post-survey demographics

POST-SURVEY self-identified preferred pronouns



ANSWER CHOICES	RESPONSES
he, him, his	21.43% 6
she, her, hers	75.00% 21
they, them, their	0.00% 0
ze, hir	3.57% 1
Prefer not to answer	0.00% 0
TOTAL	28

POST-SURVEY self-identified job role



ANSWER CHOICES	RESPONSES
Clinician (Therapist, Counselor, CADC), QMHP	53.57% 15
RN or LPN	3.57% 1
LMP	14.29% 4
QMHA	10.71% 3
Peer Support Specialist	0.00% 0
Leadership (Manager, Director, Supervisor)	14.29% 4
Support Staff	3.57% 1
Other (please specify)	0.00% 0
TOTAL	28

POST-SURVEY self-identified age group

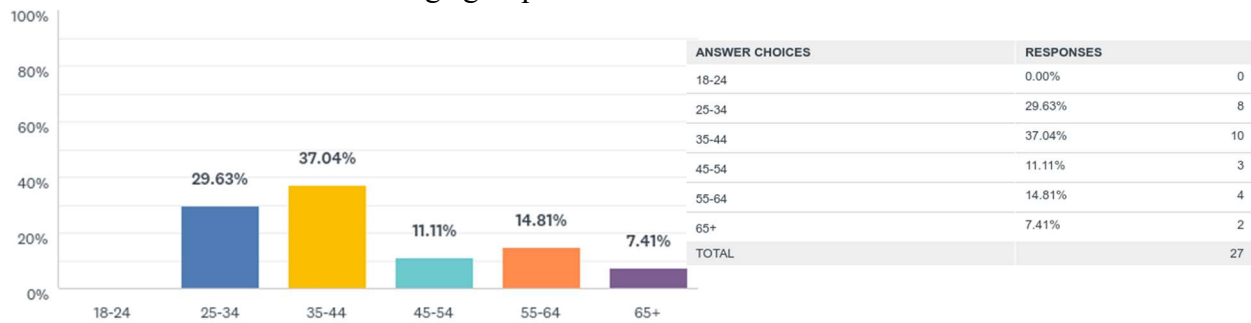


Figure 4
Post-survey self-disclosure of weeks of participation

Weeks of Participation

POST-SURVEY self-disclosure: “How many weeks of the wellness activity did you participate in at Woodland Park?”

*By percentage of respondents

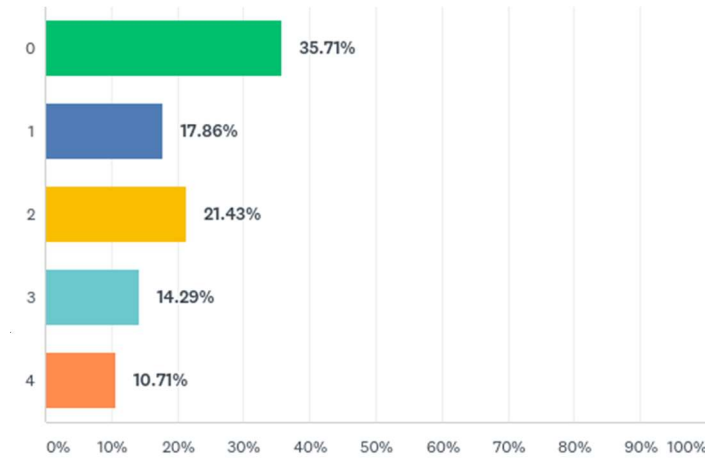


Table 3
Wellness Activities Evaluation

Q10 How could we improve this experience? Do you have any recommendations for future mindful yoga sessions?

Answered: 14 Skipped: 14

#	RESPONSES	DATE
1	I'm going to make an effort to attend next time.	3/11/2019 2:55 PM
2	so ask me about the EHR, bane of my life!	3/11/2019 1:43 PM
3	Using a conference room. It is distracting to do it in people's work spaces. I am sure this is a space issue and was not a purposeful choice for where to do it, but it is my only complaint.	3/11/2019 12:50 PM
4	I really hope we can continue with this activity!	3/11/2019 12:29 PM
5	Would love for it to continue weekly!	3/5/2019 10:07 AM
6	time options	3/1/2019 12:02 PM
7	Thank You!	2/27/2019 5:27 PM
8	to continue them, handouts were great	2/27/2019 4:31 PM
9	varied sessions so i can attend.	2/27/2019 1:44 PM
10	None. I would like more people be able to attend. I think if it were a regular event and staff were block they would attend and benefit. If you build it they will come.	2/27/2019 12:21 PM
11	thanks	2/27/2019 11:07 AM
12	My ability to manage my work load and feel good about my work is not primarily an internal, individual process.	2/27/2019 10:41 AM
13	I didn't participate in yoga unfortunately, but my answers do show improvement - this is due to taking a few days of PTO for self-care.	2/27/2019 9:43 AM
14	Sessions felt patronizing--please acknowledge expertise of your participants.	2/27/2019 9:28 AM

Surveys

Note. Below are copies of the electronic surveys directly from the SurveyMonkey platform. The surveys were created and disseminated to clinic staff through SurveyMonkey.

Survey 1

Pre-intervention Survey

* 1. Over the last two weeks...

	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
I have felt cheerful and in good spirits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have felt calm and relaxed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have felt active and vigorous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I woke up feeling fresh and rested	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My daily life has been filled with things that interest me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Below you find a series of statements with which you may agree or disagree. Using the scale, please indicate the degree of your agreement by selecting the answer that corresponds with each statement.

	Strongly agree	Agree	Disagree	Strongly disagree
I always find new and interesting aspects in my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are days when I feel tired before I arrive at work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It happens more and more often that I talk about my work in a negative way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After work, I tend to need more time than in the past in order to relax and feel better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Below you will find a series of statements with which you may agree or disagree. Using the scale, please indicate the degree of your agreement by selecting the answer that corresponds with each statement.

	Strongly agree	Agree	Disagree	Strongly disagree
I can tolerate the pressure of my work very well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lately, I tend to think less at work and do my job almost mechanically.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find my work to be a positive challenge.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During my work, I often feel emotionally drained.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Below you find a series of statements with which you may agree or disagree. Using the scale, please indicate the degree of your agreement by selecting the answer that corresponds with each statement.

	Strongly agree	Agree	Disagree	Strongly disagree
Over time, one can become disconnected from this type of work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After working, I have enough energy for my leisure activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sometimes I feel sickened by my work tasks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After my work, I usually feel worn out and weary.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Below you find a series of statements with which you may agree or disagree. Using the scale, please indicate the degree of your agreement by selecting the answer that corresponds with each statement.

	Strongly agree	Agree	Disagree	Strongly disagree
This is the only type of work I can imagine myself doing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Usually, I can manage the amount of my work well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel more and more engaged in my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I work, I usually feel energized.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Please indicate your age group

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+

7. Please indicate your job role

- Clinician (Therapist, Counselor, CADC), QMHP
- RN or LPN
- LMP
- QMHA
- Other (please specify)
- Peer Support Specialist
- Leadership (Director, Manager, Supervisor)
- Support Staff

8. Please indicate your preferred pronouns (Options provided alphabetically.)

- he, him, his
- she, her, hers
- they, them, their
- ze, hir
- Prefer not to answer

Survey 2

Post-intervention Survey

* 1. How many weeks of the wellness activity did you participate in at Woodland Park?

- 0
- 1
- 2
- 3
- 4

* 2. Over the last two weeks...

	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
I have felt cheerful and in good spirits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have felt calm and relaxed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have felt active and vigorous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I woke up feeling fresh and rested	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My daily life has been filled with things that interest me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Below you find a series of statements with which you may agree or disagree. Using the scale, please indicate the degree of your agreement by selecting the answer that corresponds with each statement.

	Strongly agree	Agree	Disagree	Strongly disagree
I always find new and interesting aspects in my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are days when I feel tired before I arrive at work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It happens more and more often that I talk about my work in a negative way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After work, I tend to need more time than in the past in order to relax and feel better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Below you will find a series of statements with which you may agree or disagree. Using the scale, please indicate the degree of your agreement by selecting the answer that corresponds with each statement.

	Strongly agree	Agree	Disagree	Strongly disagree
I can tolerate the pressure of my work very well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lately, I tend to think less at work and do my job almost mechanically.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find my work to be a positive challenge.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During my work, I often feel emotionally drained.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Below you find a series of statements with which you may agree or disagree. Using the scale, please indicate the degree of your agreement by selecting the answer that corresponds with each statement.

	Strongly agree	Agree	Disagree	Strongly disagree
Over time, one can become disconnected from this type of work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After working, I have enough energy for my leisure activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sometimes I feel sickened by my work tasks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After my work, I usually feel worn out and weary.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Below you find a series of statements with which you may agree or disagree. Using the scale, please indicate the degree of your agreement by selecting the answer that corresponds with each statement.

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This is the only type of work I can imagine myself doing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Usually, I can manage the amount of my work well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel more and more engaged in my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I work, I usually feel energized.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Please indicate your age group

- 18-24
- 25-34
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- 45-54
- 55-64
- 65+

8. Please indicate your job role

- Clinician (Therapist, Counselor, CADC), QMHP
- RN or LPN
- LMP
- QMHA
- Other (please specify)
- Peer Support Specialist
- Leadership (Manager, Director, Supervisor)
- Support Staff

9. Please indicate your preferred pronouns (Options provided alphabetically.)

- he, him, his
- she, her, hers
- they, them, their
- ze, hir
- Prefer not to answer

10. How could we improve this experience? Do you have any recommendations for future mindful yoga sessions?