**Problem Overview**

The COVID-19 pandemic has created an environment within the healthcare community ripe for accelerating the already high levels of burnout and compassion fatigue among workers (Mitchell, 2020; Van Mol, Kompanje, Benoit, Bakker, & Nijkamp, 2015; Zhang, Zhang, Han, Li, & Wang, 2018). As many as 69% of employees have reported that the COVID-19 crisis has been the most stressful point in their career, with 88% of employees reporting moderate to severe stress experienced since the onset of the pandemic (Mayer, 2020). Productivity has also sharply dropped since the onset of the crisis, with 62% of workers reporting at least 1 lost hour of work per day due to COVID-19 related stress, and 32% of workers reporting at least 2 lost hours of work per day. This type of stress has been linked not only to decreased productivity, but increased distraction and increased rates of physical illness.

Nationwide, 4 in 10 adults have reported symptoms of anxiety or depression, an increase from the rates of 1 in 10 observed prior to the pandemic from January to June of 2019 (Dubey, et.al., 2020; Panchel, et al., 2020). Reports of difficulty eating, and sleeping have also risen sharply, as well as the worsening of alcohol abuse, drug abuse, and chronic conditions. Essential workers have been particularly impacted by these negative trends and are more likely to experience symptoms of anxiety and depression, suicidal ideation, and the onset or increase of substance abuse.

Within the state of Alaska, University of Alaska Anchorage (UAA) researchers have noted that Alaskans already suffer at high rates from frequent mental distress, anxiety, and symptoms of depression (Van Wyck, 2020). Rates of completed suicide were also among the highest in the country prior to the onset of the COVID-19 crisis. It was noted that a life event like the pandemic can acutely increase these negative mental health states, causing an increase in self-harm, neglect and abuse. It was also noted that these events increase the burden placed on behavioral health services and reduce economic productivity.

Due to these factors, it is clear that stress related to the COVID-19 crisis has a negative effect on the community of healthcare providers. This stress is likely to result in high rates of attrition, leading to a significant drain on healthcare organization’s resources at the present time, as a lost employee can cost an organization between 6 months to 2 years of their annual salary to replace. Alaska as a state struggles to maintain an adequate healthcare workforce, and with the stresses of the pandemic, burnout and compassion fatigue have resulted in a sharp increase in job related stress and high permanent position vacancy rates for many healthcare organizations. Investment into recovering the resilience of the Alaskan healthcare workforce in the midst of the COVID-19 crisis is key to the health and stability of the state’s healthcare system and ongoing budgets as well as the state’s ability to adequately serve the healthcare needs of Alaskans in the coming years.

**Program Overview**

The COVID-19 Pandemic has required an unprecedented response by the community of Alaskan healthcare workers. These expenditures and the circumstances surrounding the pandemic have aligned perfectly with the factors that have been shown to have high correlation to burnout and compassion fatigue. Managing Me Enterprises specializes in employee resilience recovery and workforce retention, achieving desired outcomes through focusing on the key factors of resilience: self-knowledge, coping skills, and healthy boundaries. We utilize a mixed methods approach that begins with understanding the current stage of team development as well as team strengths and weaknesses. After this assessment is complete, we host a one-day retreat for each team to develop customized plans for each team with goals based on the values the team identified and the areas of improvement that are most important to both team leadership and the team members themselves. The goals outlined are then worked on through small group work and a monthly meeting that allows the team to see gradual and sustained progress, maximizing team member ownership in both the work being done and the outcomes being accomplished. A mini retreat is held for each team after the first 6 months of the program to determine which goals and objectives are being met, and where interventions need to be adjusted to fully address desired outcomes within the project year. Assessments on team member satisfaction, burnout and compassion fatigue levels, and underlying stress are conducted at the onset of the program, at the 6-month mark, and at the completion of the program year. Reports are furnished to the leadership of each team on a quarterly basis, with assessment outcomes documented to show team progression. Team leadership will also be provided with specialized leadership training and resources at each stage of the project as dictated by the desires and needs identified by the leadership team. This program can be scaled up or down to meet the needs and budgetary considerations of organizations interested in launching the program.

**Project Target Audience**

**Participants**

* Alaskan healthcare organizations of all sizes. This program is appropriate for all employees within an organization, be they healthcare professionals or other non-licensed support staff.

**Project Elements and Outcomes**

**Project Elements**

1. Initial team developmental stage assessments
2. Team strengths and opportunities for growth assessments
3. Baseline outcome evaluation assessments
4. Customized retreat developed for each team
5. Initial year-long team development program created
6. 8-hour retreat for each team hosted. Retreats designed to increase individual and team self-knowledge, coping skills and boundary creation resulting in 3 identified goals for the team in the program year
7. Monthly small group work with each team on team-specific goals and communication
8. Weekly small group work as needed
9. 4-hour mini retreated hosted. Designed to assess what is working in the program and what is not
10. Complete mid-project team member outcome evaluations
11. Monthly small Group Work with Each Team on Team-Specific Goals and Communication
12. Weekly Small Group Work as Needed
13. Final Team Outcome Assessments
14. Create Goals for Next Steps
15. Specialized Leadership Training and Resources to Accompany All Team Work

**Outcomes**

1. Employee satisfaction scores will increase by a percentage tailored to the organization by the end of the project year
2. Employee retention rates will increase by a percentage tailored to the organization, and permanent position vacancies will decrease by the same metric by the end of the project year
3. Burnout, Compassion Satisfaction, and Secondary Trauma scores as measured by the Professional Quality of Life Scale (ProQOL), version 5will improve by a percentage tailored to the organization by the end of the project year
4. Self-Compassion Scale scores will improve by a percentage tailored to the organization by the end of the project year
5. Stress vulnerability scores through the How Vulnerable Are You to Stress Scale will improve by a percentage tailored to the organization by the end of the project year
6. Secondary trauma scores as measured through the Secondary Traumatic Stress Scale will improve by a percentage tailored to the organization by the end of the project year
7. Each employee and each department will understand the percent probability that they will develop a physical illness due to the impact of stress on their physical health through use of the Social Readjustment Rating Scale (SRRS) at baseline and throughout the program year
8. Each department will define 3 values that they as a group unite around
9. Each department will define 3 SMART goals to work towards through the program year
10. Each department will achieve a minimum of 80% completion of SMART goals by the end of the project year
11. Each team member will understand their extrinsic, intrinsic, and prosocial motivations for work within the healthcare organization
12. Each team member will be able to describe the communication strategies the team has committed to for conflict resolution
13. Each team member will be able to describe their personal, internal mental and emotional state, their coping mechanisms, and their boundaries by the end of the project year
14. Each team member will be able to describe their team’s stage of development, current team developmental tasks, strengths and areas for team improvement, team coping skills, and team boundaries

**Program Description**

**Stage 1: Leadership and Team Assessment**

The focus of this initial stage is to understand each individual department and the teams that make them up, both from a leadership and team member standpoint. Surveys, teleconference and face to face meetings (whenever possible) will be utilized to perform the assessments. The goals of this stage will be as follows: To determine the stage of team development, calculate the results of baseline assessments of the leaders and team members in the areas of stress, coping, burnout, and compassion fatigue, ascertain the current team rates of retention and attrition, outline the strengths and opportunities for growth in the team, identify the style and effectiveness of team communication, and understand both the leaders and the team member’s priorities for growth. Leadership support needs will also be assessed through the reports of the leadership team.

**Stage 2: Customized Program Development**

Based on the initial assessment results, resources will be developed for each team within the organization, as well as the organization’s leadership team. These resources will focus on education regarding team development stage, the tendencies, tasks, and goals of this stage, communication tools tailored to team needs, and education and exercises that will enhance individual and team self-awareness, coping skill building and healthy boundary setting. These resources will include a plan for both the initial team retreats as well as team meetings, and group and individual exercises throughout the program year. All manuals, PowerPoint presentations, and other written materials will be provided to the team leads and members as appropriate in digital form. Where appropriate, audio recordings of educational sessions will also be provided to team leadership and team members.

**Stage 3: Team Retreats**

An 8-hour retreat will be held for each of the teams within the organization. If possible, these retreats will be held in person, but Zoom will be utilized if this is not possible. In the first 4 hours, team members will work on recognizing what is occurring mentally and emotionally inside of them, the coping skills they employ, and the approach they currently take to boundaries. In the afternoon, the team will be viewed as an “individual” and the team members will work together to recognize what is going on with the team mentally and emotionally, learn about the stage of team development they are currently in, identify current coping strategies and coping needs, understand the team’s approach to boundaries, identify shared team values, learn about and commit to a team conflict resolution and communication strategy, develop 3 team goals to work on through the upcoming program year, and identify initial steps towards those goals to be worked on throughout the coming month. There will be catered meals and snacks at each of these events. A leadership retreat will also be held for the organization’s leadership to provide a safe space for leaders to explore leadership joys and challenges together.

**Stage 4: Team Work Sessions Part 1**

Based on the goals the team has created to work on, the areas for growth identified, the communication challenges currently experienced, and the stage of team development the team is currently in, monthly staff meetings will be developed that dive more fully into team shared awareness, coping skills, boundaries and communication work. Our team will also develop resources such as small work groups, team member self-directed exercises and studies, and team group activities that can be utilized in between staff meetings to further progress towards group goals. Leadership resources and support will also be provided in accordance with the leadership needs and desires shared with our team.

**Stage 5: Mini Refocusing Retreats**

Half-way through the program year, a 4-hour mini retreat will be held with each team. These retreats will be held in person if possible, but over Zoom if necessary. The goal of this retreat will be to review the values and goals that were established initially, evaluate the progress made during the months since, discuss the effectiveness of the communication and conflict resolution plan, evaluate and adapt goals as necessary based on initial outcomes, conduct assessments regarding team member underlying stress, burnout, compassion fatigue, and coping, and refocus the team and team interventions to allow for maximum progress towards the goals the team is working to complete by the end of the program year. A leadership retreat will also be held for all organizational leaders to allow them to reflect on initial progress and further areas of need and improvement.

**Stage 6: Team Work Sessions Part 2**

Based on the feedback and assessments conducted at the 6-month mini retreats, work towards team goals will continue through monthly staff meetings that work to increase team shared awareness, coping skills, boundaries and communication work. Our team will also develop resources such as small work groups, team member self-directed exercises and studies, and team group activities that can be utilized in between staff meetings to further progress towards group goals. Leadership resources and support will also be provided in accordance with the leadership needs and desires shared with our team.

**Stage 7: Final Program Evaluation and Next Steps Planning**

At the end of the program, assessment measures will be given for a final time, and results compiled into a report. There will be a final meeting with each team to talk about progress over the next year, and a new set of goals for the coming year established. Anecdotal information on the experience will be collected from all team members and reported with the data collected, as well as directions for next steps and continued work towards shared goals.

**Project Deliverables**

1. Baseline assessment reports for each team
2. Written program manuals customized for each team
3. Team-specific program goals based on the team a Values Root Cause Analysis
4. Team “Communication with My Coworkers” agreements and a clear communication and conflict resolution plan
5. Quarterly progress reports for each team
6. Mid-project report and team outcomes assessment results
7. Modified program plan for each team after the 6-month reassessment period
8. Final program report and outcome assessment results
9. Customized plans for each team with recommended next steps

**Outcome Evaluation Plan**

1. Employee Satisfaction Surveys
2. Employee Retention Rates
3. Burnout, Compassion Satisfaction, and Secondary Trauma scores as measured by the Professional Quality of Life Scale (ProQOL), version 5
4. The Self-Compassion Scale
5. The How Vulnerable Are You to Stress Scale
6. Secondary trauma scores as measured through the Secondary Traumatic Stress Scale
7. Social Readjustment Rating Scale (SRRS)
8. Anecdotal Employee Reports
9. Anecdotal Leadership Reports

**Project Timeline**

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Stage** | **Target Dates** | **Project Element** | **Deliverables** |
| Stage 1: Leadership and Team Assessment | First Month | 1. Team Developmental Stage Assessment 2. Team Strengths and Opportunities for Growth Assessments 3. Baseline Outcome Evaluation Assessments | 1. Baseline Assessment Report |
| Stage 2: Customized Program Development | Second Month | 1. Customized Retreat Developed for Each Team 2. Initial Year-Long Team Development Program Created | 1. Written Program Manuals Customized to Each Team |
| Stage 3: Team Retreats | Third Month | 1. Host an 8-hour Retreat for Each Team Designed to Increase Individual and Team Self-Knowledge, Coping Skills and Boundary Creation | 1. Team-Specific Program Goals Based on the Team Values Root Cause Analysis 2. Team Communication with My Coworkers Agreements |
| Stage 4: Team Work Sessions Part 1 | Fourth-Sixth Month | 1. Monthly Small Group Work with Each Team on Team-Specific Goals and Communication 2. Weekly Small Group Work as Needed | 1. Quarterly Progress Reports for Each Team |
| Stage 5: Mini Refocusing Retreats | Seventh Month | 1. Assess What is Working in the Program and What is Not 2. Complete Mid-Project Team Member Outcome Evaluations | 1. Mid-Project Report and Team Outcomes Assessment Results 2. Modified Program Plan for Each Team |
| Stage 6: Team Work Sessions Part 2 | Seventh-Twelfth Month | 1. Monthly Small Group Work with Each Team on Team-Specific Goals and Communication 2. Weekly Small Group Work as Needed | 1. Quarterly Progress Reports for Each Team |
| Stage 7: Final Program Evaluation and Next Steps Planning | Twelfth Month | 1. Repeat Team Outcomes Assessments 2. Create Goals for Next Steps | 1. Final Program Report and Outcome Assessment Results 2. Customized Plan for Each Team with Recommended Next Steps |

**Program Theory and Supporting Evidence Provided as Addendum Following the Reference Section Below**

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**Evaluation Scales**

1. Social Readjustment Rating Scale (SRRS)

<https://www.brandeis.edu/roybal/docs/Social%20Readjustment%20rating%20scale_Website.pdf>

1. Stress Vulnerability – How Vulnerable Are You to Stress?

<https://ubwp.buffalo.edu/ccvillage/wp-content/uploads/sites/74/2017/06/wcstress2hand2.pdf>

1. Self -Compassion Scale

<https://self-compassion.org/wptest/wp-content/uploads/Self_Compassion_Scale_for_researchers.pdf>

1. Professional Quality of Life Scale (ProQOL), version 5

<https://www.proqol.org/uploads/ProQOL_5_English_Self-Score_3-2012.pdf>

1. Secondary Traumatic Stress Scale

<https://www.masterword.com/wp-content/uploads/2018/05/SECONDARY-TRAUMATIC-STRESS-SCALE-.png>

**Addendum 1: Program Theory and Supporting Evidence**

Managing Me Enterprises bases all resilience work in Relational Leadership Theory (Uhl-Bien, 2006). This theory views the objective truth of any organization as fluid, being created and determined by the people that form the team. Compassion fatigue and burnout are closely correlated with exhaustion, over-extension, and a lack of support (Ericksen, 2018; Zhang, Zhang, Han, Li, & Wang, 2018). Therefore, helping team members to become aware of themselves in a new way, understanding their level of fatigue and the things they need because of this fatigue is pivotal to burnout recovery. In order to thrive in this type of environment, employees must be able to employ coping mechanisms that refresh and renew their mental, physical, and emotional energy, and understand how to establish boundaries that protect their relationships from erosion. Managers in turn must be able to effectively understand their team through their team members and find ways to support them that are consistent with the values of the group and the demands of the environment.

Behavioral change can be viewed in a variety of ways. In the field of healthcare when approaching health teaching that is aimed at lifestyle change, it has been observed that a multi-faceted approach is important (Soler, et al., 2018). For example, changes that allow for small steps to be taken in a deliberate way have been shown to increase the formation of positive habits in those with Type 2 Diabetes. Self-determination theory has been shown to play an important part in the motivation for this type of change (Flannery, 2017). This theory espouses the idea that humans are predisposed to growth, and that interaction with the world around the individual can encourage and shape that growth. It also highlights the importance of intrinsic motivation for change, as opposed to external motivation. In order for a person experience internal motivation, they must possess three essential factors of psychological wellbeing: autonomy, competence, and relatedness. When the environment can supply these or create the opportunity for the person to experience them, that environment can facilitate the motivation to learn and to change behaviors.

This program will focus heavily on interactive activities and education will be provided through stories, metaphors, and humor as much as possible. This approach recognizes the difficulty the brain has in assimilating new information during times of stress and works to build rapport and create an atmosphere of empathy and humor as the basis for learning (Leidy, 1992; Stress impacts brain's ability to learn: Study, 2011; Vogel, Marieke Kluen, Fernandez, & Schwabe, 2018). The educational topics will focus on helping the participant to gain a deeper understanding of burnout and compassion fatigue, identifying the degree to which the participant is experiencing these phenomena in their own lives and practice, and helping them to establish habits that increase their resilience and decrease the negative effects they are currently experiencing. Leaders will be given tools to empower their employees to increase healthy communication, invite team members to be a part of problem-solving, and encourage the team to show genuine appreciation for each other as they work through times of intense stress (Shell, 2020).

**Addendum 2: An Introduction to Managing Me Enterprises**

The Managing Me Method is based on a “tribe” approach to team dynamics, and we ascribe to Relational Leadership Theory (Uhl-Bien, 2006). This view of the individual or the team sees reality within a family, organization, or community as a construct of the people who comprise the whole and the relationships that exist between them. Leadership and culture are not established through hierarchy in this approach. Instead, ownership in the mission and vision of the team is established in all group members because shared purpose is born out of the values and passions of those team members themselves.

With the onset of the COVID-19 Pandemic, Managing Me has developed tools for healthcare organizations and providers to combat the compassion fatigue and burnout so common among those responding to this unprecedented crisis. These tools focus on utilizing self-exploration, coping skills, and boundaries to understand more about the impact the pandemic has and is having on the organization or individual and what can be done to recovery and sustain resilience through the end and into our new norma

**Mission**

To foster resilience, first in ourselves and then in others be they individuals, organizations or communities. We pursue this goal through dynamic connectedness, compassionate communication, and a stubbornly determined evolution that allows who we are to create what will be.

**Philosophy**

1. We lead and teach through telling our story.
2. We radically and bravely embrace reality.
3. We believe the truth of an organization is created by the people who compose it and is therefore unique and fluid.
4. We own the room we paint our pictures in. Better to be small and ourselves than big having lost who we are.
5. We are committed to authenticity. We only ask organizations and individuals to pursue health that we ourselves are pursuing.

**7 Core Values**

1. Resilience
2. Relationality
3. Balance
4. Authenticity
5. Stubborn Determination
6. Better Failure
7. Acceptance

**Vision**

To promote resilience and healthy, connected cultures in an ever-growing number of people and spaces.