

# Employee Well-being Improvement



## AT A GLANCE

In rural Hermiston, Oregon, Good Shepherd placed a local QMHP on-site to support nurses and staff facing high stress and limited behavioral-health access. The initiative tracked coping, burnout signs, and perceived support using pre/post participant surveys and an annual all-staff survey; counseling helped normalize help-seeking, and the survey cadence was later reduced to limit fatigue.

## Key Outcomes

Staff reported improved confidence in managing stress and recognizing burnout signs, with the percentage of participants identifying burnout dropping from 48% to 43%. Coping skills strengthened, and access to on-site and virtual counseling was consistently praised for convenience and impact.



**14%**

Increase in healthy coping skills



**19%**

Improvement on perceived level of support



*The support I've received has had a direct positive impact on my well-being, and I'm not sure I'd be where I am today without it.*

## CHALLENGES

High stress, compassion fatigue, and limited local behavioral-health access in a frontier setting; staff reported survey overload. Group-session targets were overestimated; turnover slowed critical-incident work.

## SOLUTIONS

This project introduced individual and group counseling services with a licensed mental health professional to normalize mental health support and teach practical stress-coping skills to handle workplace stressors. The intervention included:



Counseling Sessions



Critical Incident Program



Personal Coping Mechanisms



On-site QMHP

## LESSONS LEARNED

Demand for on-site counseling quickly exceeded available capacity, highlighting the need to scale staffing and scheduling support when offering direct mental-health services. Group-session targets proved unrealistic given workload, turnover, and limited administrative bandwidth for coordination, data collection, and reminders. Survey burden was a persistent barrier. Staff reported fatigue, inconsistent response rates, and a preference for fewer, better-timed assessments. Development of the critical-incident response program stalled after staff turnover, underscoring the importance of contingency planning and protected time for specialty training. Despite these constraints, on-site access to a neutral QMHP was consistently valued, normalizing help-seeking and providing timely support in a frontier setting with limited behavioral-health resources.

Workplace Well-Being and Safety Infrastructure