

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