

Wellbeing in the Department of Psychiatry: From Assessment to Action

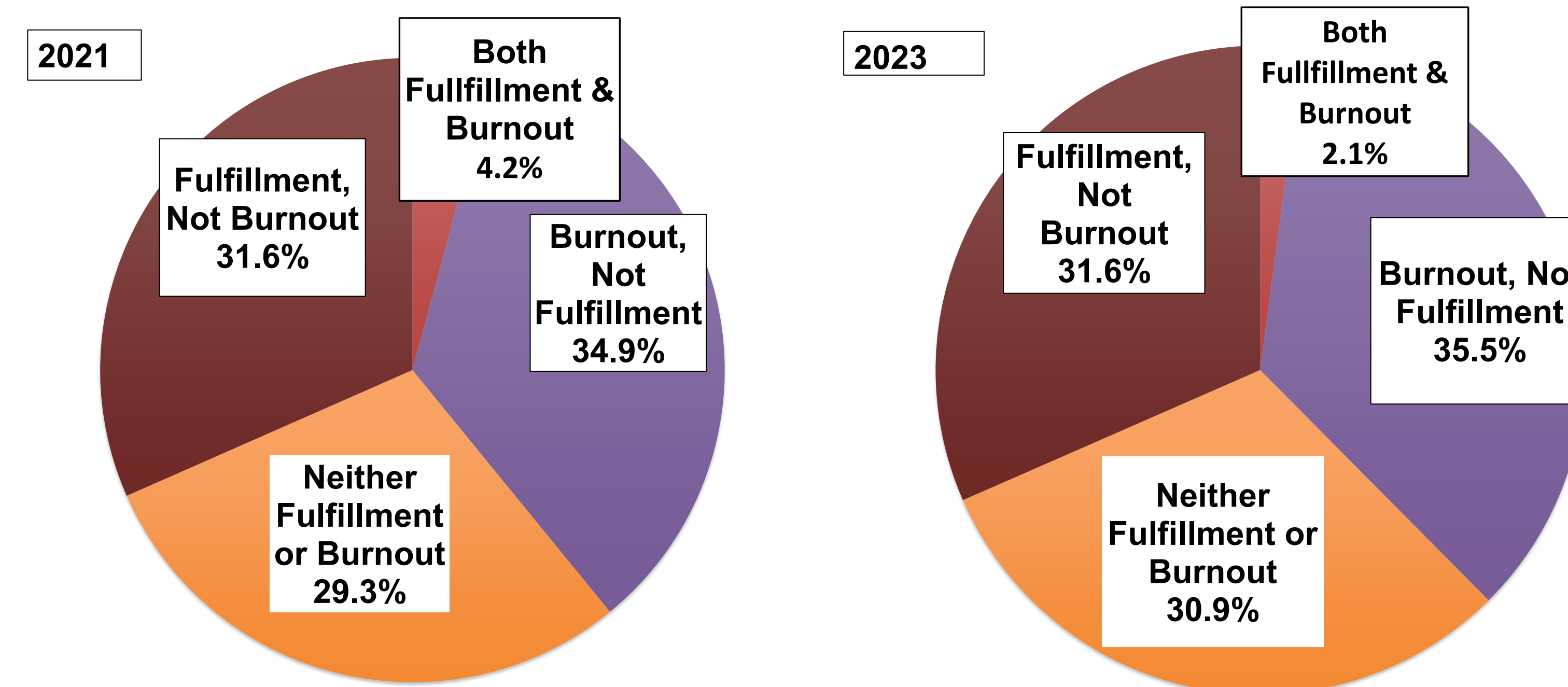
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Background

- **Fostering wellbeing in health systems and training environments** is a local and national priority
- Survey data is an important step in **understanding needs and identifying improvement opportunities**
- **Burnout and satisfaction rates** in multidisciplinary Psychiatry departments are understudied
- The COVID-19 pandemic prompted our department leadership to **survey employees on satisfaction and burnout**
- **Goal:** Use survey data to **identify action steps that**
 - **Address local needs and align with national recommendations** (i.e., URM, Stanford, Mayo Clinic, National Academy of Medicine)
 - **Create and sustain positive work and learning environments and a culture of wellbeing**

Assessment Results

Professional Fulfillment Index



Finding: Distressed and struggling faculty are dissatisfied with their sense of community

Conclusions and Discussion

Surveys (2020-2024)

- YOY faculty **job satisfaction remains high** (Mini Z = 80%)
- YOY faculty **burnout rates** have decreased (PFI = 38% in 2021 to 34% in 2023), but remain high
- Psychiatry faculty without burnout report **social support as a driver of fulfillment**
- Distressed faculty report dissatisfaction with community

Third Place Groups (2025)

- 6 groups with 39 faculty participants
- Post-Evaluation findings
 - Acceptable and feasible
 - Contributed to **sense of belonging** (90%)
 - Contributed to **job satisfaction** (63%)
 - **Lessons learned:** Scheduling difficulties

Wellbeing Curriculum (2026)

- Education committee engagement helped inform and identify learning objectives
- Goal is to implement in 2026

Methods

Assessment



Department Survey (2020, 2021, 2023)

- Mini Z Burnout Survey
- Stanford Professional Fulfillment Index
- Open-ended questions

Hospital Survey among Faculty Clinicians (2024)

- Well-being Index ($n = 56$)

Biannual Employee Wellbeing Survey

2020, $n = 603$ (50.1%)
2021, $n = 576$ (46.4%)
2023, $n = 583$ (44.6%)

Engage Key Stakeholders

Chairs, Division Chiefs, Ambulatory Leadership, and Faculty

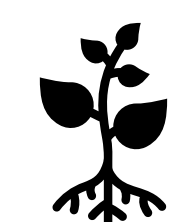
Action



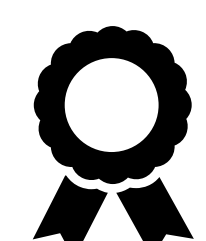
Community at work

Action steps identified based on

- Survey results
- Discussions with key stakeholders
- National recommendations (e.g., Mayo Clinic's 5 Strategic Focus Areas)



Personal enrichment



Being Valued

Action and Implementation

Action Steps

- **Connection groups** to improve community at work, increase professional fulfillment and reduce burnout
- **Wellbeing curriculum** for residents and trainees to build coping and resiliency skills as they enter health professions

Community at Work



Third Place Groups. The term "third place" was coined by sociologist Ray Oldenburg to capture the importance of social spaces outside of work and home. The Third Place Group is an opportunity for faculty to build community with one another over a meal.

Method. Self-identified group leaders invited 6-8 faculty to attend 6 meals over 6 months. Leader scheduled meals and used questions to prompt discussion.

Wellbeing Curriculum for Trainees and Residents

Learning Objectives	Curriculum examples
Resilience	Didactics on growth mindset, self-compassion, mindfulness, gratitude practices, time management skills, Well-U
Mentorship	Embed wellbeing discussion in reviews Hear/read about faculty sacred moments and failure CV
Community	Monthly meal with questions to prompt discussion Flourishing in Medicine program attendance

Future Directions

Survey

- Evaluate links between well-being outcomes and KPIs (e.g., quality of care, patient-reported outcomes and experience, staff turnover)
- Publish findings
- Repeat biannually

Third Place Groups

- Administrative support for scheduling.
- Identify groups who would benefit the most from connection

Curriculum

- Implement and measure wellbeing outcomes

Acknowledgements and References

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- URM Office of Wellbeing Team

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