

A WELLBEING NEEDS ASSESSMENT WITH SUPPORT SERVICE WORKERS AT STRONG MEMORIAL HOSPITAL, GOLISANO CHILDREN'S HOSPITAL, AND WILMOT CANCER CENTER

¹Gretchen Roman, PT, DPT, PhD

¹Department of Family Medicine; University of Rochester Medical Center, Rochester, NY

Background

Census management, environmental service, food & nutrition service, patient transport, and supply chain/materials management employees (collectively, support service workers) play a critical role in health system operations and patient safety.

Often, they feel overlooked in their own work environments by interdisciplinary colleagues and underrecognized for the demands and importance of their work and job-related risk as frontline responders. They express the emotional impact of patient interactions and experience stress from changes in duties, staff shortages, and unclear communication on safety precautions and resources.^{1,2} Many need to juggle multiple jobs and one-third live below the federal poverty level.³

Wellbeing issue

When compared with physicians and other clinical staff, support service workers experience disparity in their access to relevant wellbeing interventions.

Goal

The goal of this concurrent multiple-methods quality improvement project is to complete a comprehensive occupational safety, health, and wellbeing needs assessment with support service workers.

Acknowledgements

With gratitude to:

- **Support service employees** for taking the time to meet and discuss how we can create an organizational culture of safety, health, and wellbeing across the entire healthcare workforce
- **Census Management and Support Service leadership** for their suggestions and support of this project and for being so welcoming
- the **University of Rochester Medical Center's Office of Wellbeing** for supporting this project and Dr. Roman's role as a Wellbeing Fellow
- **Jessica Shand, MD, MHS** and **Craig Rooney, PhD** for their mentorship and support with idea development and navigating medical center infrastructure throughout the Wellbeing Fellows Program
- the **other Wellbeing Fellows** for their comradery and contributions to the University of Rochester Medical Center as a learning health system

References

- 1) Jordan SR, et al. Forgotten frontline workers: Environmental health service employees' perspectives on working during the COVID-19 pandemic. *J Hosp Med.* 2022;17(3):158-168.
- 2) Zerden LDS, et al. Frontline, essential, and invisible: The needs of low-wage workers in hospital settings during COVID-19. *WHS.* 2022;70(11).
- 3) DHHS. Office of the Surgeon General. Health Worker Burnout. 2022. <https://www.hhs.gov/surgeongeneral/reports-and-publications/health-worker-burnout/index.html>
- 4) University of Minnesota. Minnesota Satisfaction Questionnaire. 2025. <https://vpr.psych.umn.edu/node/26>
- 5) CMS. The Accountable Health Communities Health-Related Social Needs Screening Tool. 2023. https://www.aafp.org/dam/AAFP/documents/patient_care/everyone_project/hops19-physician-form-sdoh.pdf
- 6) CDC. The National Institute for Occupational Safety and Health (NIOSH). NIOSH Worker Well-Being Questionnaire (WellBQ). 2021. <https://www.cdc.gov/niosh/docs/2021-110/>
- 7) Piercy KL, et al. The Physical Activity Guidelines for Americans. *JAMA.* 2018;320(19):2020-2028.
- 8) Gale NK, et al. Using the framework method for the analysis of qualitative data in multi-disciplinary health research. *BMC Med Res Methodol.* 2013;13(1):117.

Partners

Senior Directors, Directors, Assistant Directors, and Managers across Census Management and Support Services (Fig. 1)

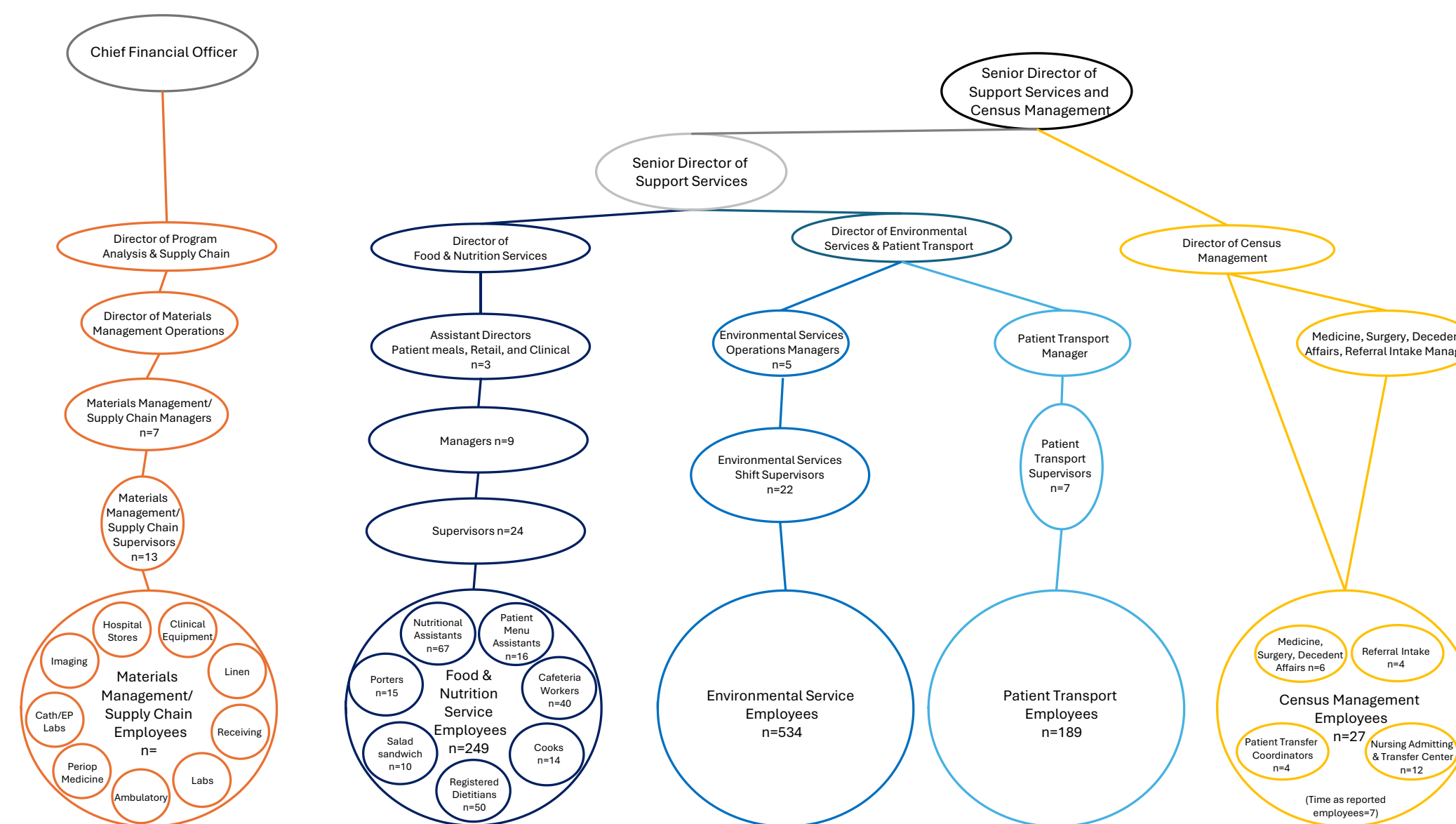


Figure 1. Navigating the Census Management and Support Services infrastructure

Participants

Census management (referral intake and admitting), environmental service, food & nutrition service, patient transport, and materials management/supply chain employees

Participants

18 support service employees • 38.0±13.4 years old • 7.0±10.0 years of experience • 9 male and 8 female, and 1 trans male • 7 Black, 6 White, 3 Asian, and 2 Hispanic • 7 food & nutrition service, 6 census management, 4 patient transport, 1 environmental service, and 0 supply chain/materials management • 14 full-time and 4 part-time • 61.1% union • 5.6% less than high school diploma, 38.9% high school degree or equivalent, 27.7% some college – no degree, 5.6% Associate degree, 11.1% Bachelor degree, and 11.1% Master degree

Qualitative

Hospital

- added dental benefits and paid time off (PTO), neighboring institution offers 72 hrs compared to 56
- instead of flat PTO amount, should accrue at a greater rate with seniority or with more hrs worked
- in addition to PTO, would like a quarterly mental health day
- would like to be uniquely differentiated across the support services
- facilitated introduction of support services and explanation of title and role
- somewhere to go and "decompress"
- better job keeping the staff safe, better protection of the staff
- incentives for employees in the cafeteria
- education about available benefits/Well-U

Department

- ↑ support service workers understanding of their pivotal role in patient-care
- more signs of appreciation from management; particularly, to the workers who stay long-term
- regarding recognition weeks, "there's a lot more you could put into it to really make us feel appreciated (EVS worker)"
- request for ongoing recognition efforts, 90-day check-ins/regular "wellness meetings"
- recognition equivalent to nursing (institution-wide, not just departmental)
- foster feedback loop among workers (patient menu and nutrition assistants)
- address workflow concerns & follow-up, establish alternative work arounds
- teamwork, willingness to help each other, train new workers, lessen blame
- bidirectional/respectful communication
- upfront communication about mandates (during interview rather than orientation) and likelihood of emotional exposures
- automated check-ins after known emotional exposures
- proactive about work-related injury prevention (equipment maintenance)
- re-examine the rules for subbing out shifts instead of calling off
- offer pay differential when mandated or working in a greater capacity

Structural-level supports

Units

- cleanliness (breakrooms, patient rooms, kitchens)
- empathy should be a practice "it's a difference between talking to a person and talking at a person (EVS worker)"
- communication from nursing, "they don't understand if you're asking them a question, you want to get an answer (patient transport worker)"

Individual-level supports

- openness to employer support with unmet health-related social needs
- posted resources for support, for workers who are emotionally distressed

Quantitative

Job satisfaction (1=very dissatisfied; 5=very satisfied)⁴

items	mean ± SD
the competence of your supervisor in making decisions	3.0±1.1
the way your job provides for steady employment	3.6±1.2
the chance to do something that makes use of your abilities	3.2±1.2
the way company policies are put into practice	2.8±0.9
the pay and the amount of work you do	3.1±0.8
the working conditions	3.0±0.9
the way your co-workers get along with each other	2.8±1.0
the feeling of accomplishment you get from the job	3.1±1.2

Health-related social needs⁵

items	frequencies
worried that you may not have stable housing?	11.1% yes; 88.9% no
problems with where you live?	33.3% with bug infestation, inadequate heat, lead paint or pipes, no or not working smoke detectors, oven or stove not working, and/or mold
not have enough money to pay bills	11.1% never; 38.9% rarely; 38.9% sometimes; 5.6% often; 5.6% always
utility company threatened to shut off services?	16.7% yes; 83.3% no
worried food would run out?	5.6% often true; 33.3% sometimes true; 61.1% never true
food didn't last	5.6% often true; 22.2% sometimes true; 72.2% never true
reliable transportation	66.7% yes; 33.3% no
problems with childcare	11.1% yes; 88.9% no
feel unsafe	72.2% never; 16.6% rarely; 5.6% sometimes; 5.6% often; 0% always
unmet social needs	mean ± SD 2.3±1.9 out of 9

Methods

Data collection

Qualitative

- 7 focus groups and 1 individual interview across A and B shifts from 9/23/25 through 11/4/25
- Addressed organizational culture, sense of belonging, patient interactions, wellbeing initiatives, benefits, work-related injury, and intention-to-leave

Data analysis

- Thematic framework matrix by way of qualitative description⁸

Quantitative

- Completed a survey containing items about participant demographics, job satisfaction,⁴ health-related social needs,⁵ and chronic health conditions^{6,7}
- Descriptive statistics (mean, variability, and frequencies)

Discussion and next steps

This project is ongoing. We hope to continue our partnership with Census Management and Support Services leadership to recruit a larger sample size, further data collection, and achieve saturation.

We plan to seek additional funding to carry on this work beyond the Wellbeing Fellows Program and plan interventions. This project will provide preliminary data for an extramural grant proposal to be submitted in 2026.

Next steps will involve iterative identification, ranking (based on feasibility and impact), and modification of structural- and individual-level supports in response to the noted gaps in wellbeing.

Preliminary results

- no break room
- lack of accessibility for those with reported differing abilities
- clinicians lack of understanding of support services role
- clinicians' perceptions of non-clinical employees, experiences of feeling dismissed, feeling lesser than
- a desire to be able to do more for the patients, "all you look at me is as a nutrition assistant and think because I don't hold a supervisor or manager title, what I say means nothing (food & nutrition worker)"
- issues about getting overlooked correlate with patient-care, need for patient advocacy, "not only are we being overlooked but so are the patients (food & nutrition worker)"
- emotional exposures from patient interactions on the job
- preferential treatment, favoritism, unfairness from management
- association between lack of a specific benefit with calling off
- 33.3% expressed an intention to leave or go to a different department within the next 12 mos
- report of last-minute mandates or being mandated twice within 24 hrs, "they are just going as they feel fits their best needs than what, actually, is hand-written in the book (food & nutrition worker)"
- "how aggressive they get with mandates causes people to want to quit (food & nutrition worker)"
- mandates worse for day shift personnel
- staffing shortages, even if sick – feel like cannot call out, expected to cover entire facility/no longer assigned stations
- increasing workload (from 2-3 to 4-5 units), increased pressures limit time to engage with patients
- lack of flexibility with scheduling (shifts, days)
- "inservices" ineffective

Gaps in wellbeing

Chronic health conditions^{6,7}

	frequencies	have currently
arthritis	0%	17.6%
other musculoskeletal disorders (e.g., back pain, neck pain)	11.8%	35.3%
asthma	11.8%	5.9%
lung disease, other than asthma (e.g., emphysema)	5.9%	0%
cancer	5.9%	0%
depression	5.9%	35.3%
obesity	0%	23.5%
diabetes	0%	5.9%
chronic kidney disease	0%	0%
heart disease	0%	0%
high blood pressure	5.9%	17.6%
high cholesterol	11.8%	11.8%
number of chronic conditions	mean ± SD (U.S. 50%≥1; 42%≥2; 12%≥5) ⁷	2.1±1.8 out of 12 (82%≥1; 65%≥2; 12%≥5)