**BACKGROUND**

Training and developing a healthy workforce in an integrated care setting starts in academic medical centers. Yet, the quality of work life (QoWL) and well-being of the workforce in these settings are strained due to the unique demands of a training culture.

**OBJECTIVES**

1. Create an interprofessional well-being committee to identify themes and communicate areas for improvement to departmental leadership.
2. Assess the QoWL of our clinic staff to identify contributing factors using individual surveys and focus groups.
3. Develop potential methods for addressing these themes to improve QoWL, job performance, and retention.

**METHODS:**

1. Created interprofessional well-being committee composed of residency program manager, social worker, counselor, psychologist, and rotating chief residents who are on staff at both residency clinics.
2. Participants completed individual QoWL Scale surveys.
3. Conducted focus groups divided into four groups by site and role (e.g., Clinic A administrative staff, Clinic A clinical staff).
4. Participants completed a survey created in SurveyMonkey which included Likert Scale items that asked for feedback on clinic wide changes and empirically-informed open-ended questions on perceived control and QoWL.
5. Results of all survey and focus groups were compared across groups and across two clinics.

**QoWL Scale**

Individual self-report 23-item scale that surveys the perceived quality of life of staff based on six psychosocial subfactors: Job-Career Satisfaction, Control at Work, General Well-being, Home-Work Interface, Stress at Work and Working Conditions. The QoWL Scale has good psychometric properties.

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**QoWL Survey Results**

- Highest scores seen in general well-being (GW) and home-work interface (HWI). Lowest scores in control at work (CAW) and stress at work (SAW).
- All scales fell in the average QoWL range, with the exception of control at work which fell in the lower QoWL range.

**Changes Made to Clinic Operations:**

1. Same day appointment slots
2. Clinic start times shifted to 8am/1pm
3. Opportunity for 10 hour shift
4. Moved pharmacy offices
5. Moved preceptor offices
6. Development of work pods
7. Organization of forms in work spaces
8. Front office reorganization of mailboxes

**Lessons Learned**

- Support from leadership enables time and resources necessary for committee formation, staff surveys, and communication and follow through.
- Buy-in from staff may come more easily when the Well-being committee members are neutral parties and not in evaluative roles.
- Communication regarding staff feedback and leadership’s response to needs to be thoughtful and systematic.