ADDRESSING ADMINISTRATIVE STAFF WELL-BEING THROUGH A BELONGINGNESS AND CONNECTEDNESS PROGRAM IN THE DEPARTMENT OF EMERGENCY MEDICINE AT STANFORD UNIVERSITY SCHOOL OF MEDICINE

By

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ABSTRACT

Addressing Administrative Staff Well-Being Through a Belongingness and Connectedness Program in the Department of Emergency Medicine at Stanford University School of Medicine. Dent, Jamie S., 2023. Capstone Paper, East Tennessee State University

In a Fall 2022 survey conducted on administrative staff in an academic emergency department, it was found that they sought well-being enhancements and specifically noted the need for improved communication and collaboration. This paper explores the intersection of a well-being program that seeks to address the need for administrative staff to connect to the department and its mission through stakeholder-derived engagement activities. This capstone project identified interventions to improve administrative staff well-being and the benefit of standing up a working group to institutionalize a program on employee well-being to provide informal communication opportunities for staff through a predictable and culturally accepted set of opportunities for belongingness and connectedness.

The following three aims have been identified; 1) develop an annual calendar of administrative staff opportunities for engagement; 2) develop an integration into the recruitment of administrative staff; 3) develop an integration into the onboarding of administrative staff. The first aim will have an evaluation tool established to measure the effectiveness of this program. A workgroup will be convened to determine the appropriate mechanism. The capstone framework has been approved to move forward to the next phase for collaborative workgroup development over the next four months. The program will be officially launched at the beginning of the fiscal year 2024, which starts on September 1, 2023.

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To my mother Denise, who left this world ravaged by cancer, and why I have redirected and dedicated my life to addressing the inefficiencies of the healthcare industry, I hope I made you proud.

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Chapter 1: Introduction

The Department of Emergency Medicine at Stanford University School of Medicine is dedicated to leading the advancement of emergency medicine and providing career-defining education, cutting-edge research, and precision emergency medical care. The department's goal is to become a leader in precision emergency medicine. The department currently has an administrative staff that supports two emergency departments, one for adults and one for pediatrics, and a multitude of education, research, and clinical care focus areas. The department's mission, vision, and values focus on service, leadership, innovation, collaboration, compassion, diversity, and inclusion. The proposed project aims to address the well-being of the administrative staff in the department and improve their sense of belongingness and connectedness. The purpose of this project is to identify interventions in response to a Fall 2022 survey of emergency medicine administrative staff where they reported the need for improved communication and collaboration.

Stanford University was founded in 1885 by California senator Leland Stanford and his wife, Jane, “to promote the public welfare by exercising an influence on behalf of humanity and civilization.” The history of Stanford Medical School begins in 1858 with the founding in San Francisco by Dr. Elias Samuel Cooper of the first medical school on the Pacific Coast, known as the Medical Department of the University of the Pacific. Stanford's School of Medicine is the lineal descendant of this pioneer medical school. In 1882, the school was incorporated as an independent institution and the name was changed from Medical College of the Pacific to Cooper Medical College. After the death of the founder Levi Cooper, Cooper’s Board of Directors transferred Cooper Medical

College and all its property in San Francisco as a gift to Stanford University for the purpose of establishing a Medical Department in the University. The university opened on October 1, 1891.[1]

The first class of students entered the Stanford Medical Department (now the Stanford University School of Medicine) in September 1909. In 1959 the Palo Alto-Stanford Hospital Center (School of Medicine, Stanford Clinics, and Palo Alto-Stanford Hospital) opened on the Stanford Campus, and the teaching, research, and clinical programs in San Francisco were transferred to these new facilities. Palo Alto-Stanford Hospital (440 beds) was jointly financed by the University and the City of Palo Alto for the purpose of providing teaching, research, and clinical resources for the University, and hospital beds for Palo Alto patients.[2] In 2015, the Division of Emergency Medicine, formerly housed under the Department of Surgery, becomes a stand-alone department.[3] Our current Chair of the Department of Emergency Medicine, Andra Blomkalns, MD, MBA, began her tenure in 2018.[4]

In November 2019, the new 613-bed Stanford Hospital opened as a Level-1 trauma center, with an adult emergency department.[5] In August of 2022, the new Level-1 trauma Stanford Medicine Pediatric Emergency Department opened.[6] Stanford Department of Emergency Medicine is one of the thirty-one basic science and academic departments within the School of Medicine.[7]

Stanford University is a trust with corporate powers under the laws of the State of California. The university is a tax-exempt entity under section 501(c)3 of the Internal Revenue Code.[8]

Stephanie Edelman, MBA serves as the Director of Finance and Administration (DFA) for the Departments of Surgery and Emergency Medicine at Stanford, where she

has accumulated over 38 years of experience in finance and management. As the DFA, she supervises a team of over 200 faculty and staff and is responsible for overseeing budgeting, operations, human resources, and other crucial areas. Before her current role, Stephanie held a similar position as the DFA for the Departments of Radiation Oncology and Urology. She has earned a bachelor's in finance from the University of San Diego and a master's in business administration from San Jose State University.

1.1 Organization's mission, vision, and values statements

The mission of the Stanford Department of Emergency Medicine is to transform healthcare for all by leading in the advancement of emergency medicine through innovation and scientific discovery.

Values

Stanford Department of Emergency Medicine actively embraces and promotes. We are dedicated to providing career-defining education, leading-edge research, and precision emergency medical care. Their values are:

- Service
- Innovation
- Collaboration
- Compassion
- Diversity
- Leadership
- Adaptability
- Collegiality
- Resilience
- Inclusion

The Department of Emergency Medicine's organizational goal is to be the leader in precision emergency medicine. Precision emergency medicine is a new, innovative approach to individualized care that utilizes information and technology to effectively,

efficiently, and authentically deliver acute care for our patients and our communities.[9] To support the execution of the missions, vision, and values the department must have a robust and committed administrative staff to support the organization's goals in providing career-defining education and in being the leading force in emergency medicine research and precision emergency medicine care. One of the supporting strategies that define a broad path to accomplish the Strategic Goal: Develop a department leading precision Emergency Medicine is to Optimize Human Capital (Resource A – Strategic Plan Overview). This project directly addresses this goal.

Stanford is nationally ranked #39 in the number of emergency department (ED) visits within the United States.[10] As I have access to unpublished data; we currently have a rolling 12-month average of +/- 100,000 ED visits, which is significantly higher than what was reported two years ago.

There are 2,547,100 civilian labor force jobs in the Bay Area with 381,000 (15%) in the education and health services fields.[11] In 2022, Stanford University (including the School of Medicine staff) employed 16,963 staff members who supported teaching, learning, research, and core operations.[12] The Department of Emergency Medicine currently employs 43 staff members, 60 emergency medicine residents, 16 fellows, and 95 attending physicians.

1.2 Industry life cycle

Stanford University is well-established and sits comfortably in the Mature phase of the industry life cycle. As companies mature, the barriers to entry increase, and the competitive environment becomes more defined. The focus shifts from growth to market share, cash flow, and profitability as the primary objectives for the surviving companies.

The Department of Emergency Medicine is in the Growth phase after having just moved out of the Introduction phase. The focus is currently on innovating and improving care through clinical pathway enhancements, business processes, culture, and communication.

In a recent article published in the International Journal of Management, Technology, and Social Sciences - Building World-Class Universities: Some Insights & Predictions – the authors discuss the essentials for world class universities.[14] Here at Stanford University, I believe we excel at four of the six areas (Figure 1), need improvement in one – Networked Infrastructure, and are just starting to address another – Emotional Infrastructure. The primary focus of the emotional infrastructure is the belongingness and connectedness of all stakeholders. The ideal level of expectation is that every stakeholder feels that the organization is their own and feels connected to their colleagues.

1.3. Organizational objectives

Stanford University launched the BeWell Program in 2008.[1] The Stanford BeWell Program promotes a culture of care and well-being at Stanford. BeWell is part of Employee Support Programs & Services and inspires Stanford community members to lead healthy lifestyles. The mission of the BeWell program is; Together we create a culture of wellness where all are valued, supported, and empowered to thrive.[15] The objectives of the organization are to make working at Stanford an exceptional experience where all members feel heard and valued. In the Fall of 2022, I became a BeWell Champion to explore how we can foster a culture of wellness and belongingness and connectedness in our department. BeWell Champions are University employees who value wellness and want to support a culture of care in their workgroup.[16] The

organization is committed to employee well-being as this directly impacts productivity, retention, and burnout.

What started the exploration into this project was that administrative staff in the Department of Emergency Medicine reported that they need improved communication and improved collaboration to perform their work effectively and that Emergency Medicine is reported to have the highest burnout rate of all medical specialties.[17] I'm interested in investigating if there is a correlation between the burnout rate of physicians and the rate of reported well-being among staff.

Chapter 2: Current State/Definition of the Need for the Project

In an unpublished anonymous survey conducted in the Fall of 2022 of administrative staff in the Department of Emergency Medicine, the following question was asked – If you could have one wish to improve your job? Two of the top five responses were related to intradepartmental belongingness and connectedness: improved collaborations and improved communication. The administrative staff in the department are spread over a dozen different focus areas such as education, research, critical care, pediatrics, emergency medical services, innovation, and more with few opportunities to come together to collaborate and socialize. The global COVID-19 pandemic exacerbated this separateness with remote and hybrid work arrangements.

The department will benefit from a truly integrated organizational structure that provides opportunities for administrative staff to socialize, learn from each other, and develop workplace experiences that provide opportunities for belongingness and connectedness. Additionally, a formal plan that communicates a variety of opportunities on a predictable schedule can encourage participation. When busy administrative staff wants to participate in workplace social and collegial events, they are often committed to work obligations due to a lack of advance notice of these gatherings and a communicated supportive culture to allow them to set aside work duties for their participation.

The specialty of emergency medicine is ripe for burnout in physicians and ranks the highest of all specialties.[17] The following bar chart from Medscape Emergency Medicine Physician Lifestyle, Happiness & Burnout Report 2022, shows how emergency medicine ranks in relation to burnout from other specialties (Figure 2).

Based on my review of attrition data in the department, 40% of administrative staff have left in the past three years. I believe that a lack of opportunities to engage with colleagues contributes to burnout. I know because I feel it and hear about it regularly through my interactions with colleagues within and outside of the department.

By developing and communicating an annual calendar of collaboration opportunities in structured settings, staff will report that they feel more connected to their colleagues, department, and university.

2.1 Budgetary considerations

Fortunately, we have the financial resources to implement this project. As part of the framework approval discussion, a budget has been developed and approved (Table 1). The workgroup will iterate the budget based on the design that is agreed upon over the next several months of planning through workgroup consensus.

2.2 Project goals

The main goal of this project is to realize cohesion among the Department of Emergency Medicine's administrative staff by developing and communicating the resources and time investments that are committed to them by leadership. Another goal is to develop opportunities for engagement that can be shared with potential hires as proof of our unwavering commitment to employee satisfaction. The value this project brings to the department and university is to be a leader in administrative staff well-being and share best practices with other departments to develop robust and replicable employee engagement programs to address well-being, reduce attrition, and enhance retention.

2.3 List of anticipated outcomes

This project will be a phased approach that will extend beyond this capstone requirement. The first phase occurred from January through April of 2023 and this work includes the outputs of conducting interviews with human resource and financial management personnel, developing a survey to gauge interest in engagement opportunities, developing a list of opportunities in a calendar format, hosting opportunities, and collating feedback.

To evaluate this project's budget and resource issues, I met with the following Department of Emergency Medicine administrative leadership:

- Stephanie Edelman, Director of Finance and Administration
- Yvette Caro, Associate Director, Human Resources and Administration
- Justine Samonte Murphey, Associate Director of Finance and Administration
- Christine Hendricks, Administrative Operations Manager

I am fortunate to have blanket preapproval to develop a robust program and am mainly limited by my creativity and innovation. The performed Gap Analysis helps to show this approach (Figure 3). In the Gap analysis, interventions have been identified which are the aims of this project.

The second phase is to stand up a working group to further develop the resources that are an output of this project. The third phase will be to pilot this program at the beginning of the fiscal year starting September 1, 2023.

To test my hypotheses, we will conduct a survey to measure if there is any movement of staff reporting a change in their desire for improved communication and

improved connectedness. At the end of the fiscal year launch, we will analyze data to determine if the attrition rate has been reduced and to survey those that stayed to see if the project interventions were a factor in the reported changes.

2.4 List and discussion of resources needed for the project

A critical resource I will need for this is access to people to field a workgroup to iterate this program. I have partnered with the University's BeWell program leadership to inform them of this project. We will engage with the BeWell group throughout the phase 2 planning stage to partner with their developed opportunities for engagement. I have access to employment data from within the organization and department. I have secured financial commitment to cover expenses such as transportation and meals when needed, speaking honorarium, and other costs as they occur. I have engaged and piloted two service projects HandsOn Bay Area (our local volunteer center) and administrative staff gave relevant feedback that has and will inform the development of these opportunities in this program.

The purpose of this project is to collectively pool department leadership, university, and school of medicine partners to develop robust and accessible resources for administrative staff to provide them with opportunities for belongingness and connectedness through communication and engagement activities in a predictable and forecastable model. The main outcome of this project is that through a post-survey, administrative staff will report that improved communication and connectedness are less needed because it is being addressed to their satisfaction. A longitudinal goal is that attrition will be reduced through this project.

Chapter 3: Feasibility of the Project

The following feasibility study is a comprehensive analysis that assesses the viability of addressing the Department of Emergency Medicine administrative staff's well-being through belongingness and connectedness by developing a program that provides opportunities for informal communication and team building. I will consider various factors, including technical, economic, and operational aspects, to determine whether the project is feasible and if it should be pursued. My goal is that this feasibility study becomes an essential tool for decision-making, as it provides stakeholders with a clear understanding of the potential impact of this project.

This feasibility study is to determine if this proposed intervention is a reasonable approach to addressing administrative staff well-being through belongingness and connectedness are actionable. The analysis that I conducted cataloged the current administrative efforts at providing opportunities for well-being that are offered to administrative staff both as a cohort and wrapped under *all are welcome* in the department events. At this time, the following three aims have bene identified:

1) To develop an annual calendar of administrative staff only and communicate all-inclusive events (inc. physicians, fellows, and residents).
2) To develop an integration of this program into the recruitment of administrative staff.
3) To develop an integration of this program into the onboarding of administrative staff.

The high-level overview of this project can best be described as collating the current resources available to administrative staff and enhancing these offerings by coordinating additional opportunities to bring administrative staff together to build comradery through informal communication events to improve well-being through staff-focused and department-wide events with intentional opportunities for belongingness and connectedness.

3.1 Technical Feasibility

The technology required for the project includes the use of Microsoft Outlook for communications, Smartsheet for databases, dashboards, surveys, and sign-ups, a webpage to share collated information, a smartphone to document events, video-capable high-speed internet connection, and a computer to participate in training and informational videos (YouTube), and online activities (Zoom).

Assessment of the availability and reliability of the technology is low risk and is not anticipated to limit the success of this project. We have many redundant resources if any of the aforementioned technologies fail. As we navigate a typical workday, these alternatives are commonly used to replace technologies that are nonoperational. For instance, if the video conferencing service Zoom fails, we have active access to Slack, Microsoft Teams, or Apple FaceTime. Evaluation of the technical requirements for the project found that all the technology needed is covered under existing agreements and paid services. Identification of potential technical risks and challenges is mainly related to the technical skills needed to develop and host a webpage. I have over 20 years of utilizing basic skills in web content development, building webpages, related coding, and sufficient technical skills.

In addition to technology as technical feasibility, our administrative staff have expertise in planning and hosting events. I have expertise in coaching, engagement, and leadership through a previously obtained Master's degree in Civic Leadership and over two decades of program implementation and evaluation experience. Our administrative staff team members that sit in this workgroup will represent several different department initiatives where employee satisfaction and well-being are primary topics.

3.2 Economic Feasibility

Fortunately, the Stanford University Department of Emergency Medicine had previously allocated significant financial and administrative staff temporal resources to develop opportunities for well-being events and will continue to support these initiatives. The Director of Finance and Administration has approved this project and any associated costs. The final budget will be determined by the workgroup.

In addition, we will be applying for a BeWell Champions grant. The Stanford BeWell grant has a maximum funding limit of $1,000. The grant due date is September 15th. For the purposes of this project, the success will be the collaborating on the grant and submitting it for funding consideration. I am considering a pre and post-survey using Gallup's Q12 Employee Engagement Survey[18] which costs $15/per for a single use which equals ~50 administrative staff x $15 = $750. I will be asking for an additional $750 from the department to cover the post-survey cost if the workgroup selects this tool.

In this section, I will discuss data points that I have attained to understand the current state of recruitment and retention in the department. I have obtained data from the Department of Emergency Medicine human resources section (Table 2). The Department of Emergency Medicine has a retention rate of 72% in three years for those that were

employed as of November 2019. The number of the administrative staff will double by November 2023.

Gallup's State of the Global Workplace: 2021 Report identified a global employee engagement rate of 35% in the United States.[19] Gallup defines employee engagement as the involvement and enthusiasm of employees in their work and workplace. Based on over 50 years of employee engagement research, Gallup knows that engaged employees produce better business outcomes than other employees when adjusted for the industry, company size, and nationality, and in good economic times and bad.[20] Employee engagement is connected directly to a sense of well-being which is the focus of this program.

Replacing existing workers costs one-half to two times the employee's annual salary. Assuming an average salary of $50,000 that replacement cost translates to between $25,000 and $100,000 per employee.[21] Recruiting new employees is an expensive cost of doing business. According to new benchmarking data from the Society for Human Resource Management (SHRM), the average cost per hire was nearly $4,700. Here in Silicon Valley California, the cost per hire is likely on the right side of the bell curve as the cost of living in this part of the Bay Area is over three times the national average.[22] The data highlighted that employers estimate the total cost to hire a new employee can be three to four times the position's salary in this area, according to the Menlo Park, Calif.-based talent management and development company E.L. Goldberg & Associates.[23,24] It is conjectured that if we can increase employee retention, then we can find cost savings of hundreds of thousands of dollars over several years. This is strictly a figure based on the cost of replacing and onboarding (i.e., training) new employees.

3.3 Operational Feasibility

Our organizational structure is a Holacracy. Every industry today involves complex knowledge work and that is never more evident than in medicine. We need an organizational structure that is built for humans. We're not part of a machine. Our work challenges change frequently and require creative, uniquely human problem-solving. Holacracy is a management practice for the modern era.[25]

The Department of Emergency Medicine's Holacracy structure is a "flat" or "circular" management practice and is a method of decentralized management and organizational governance that distributes authority and decision-making through a holarchy of personal accountability and self-organizing teams (Figure 4). In a Holacracy, everyone has a voice. It embraces our individual humanity, autonomy, and creative problem-solving capacities. Holacracy turns the tables on how authority works. Every team member plays by the same rules. Authority to act is distributed through dynamic roles instead of static titles. This is what affords me the opportunity to take the lead on this project that is outside of my traditional roles and responsibilities.

Analysis of the potential impact of the project on operational processes has identified several areas where we can improve communication during the recruitment, onboarding, and engagement of staff. In the recruitment of staff, we can help define the culture by highlighting the many engagement events that take place. In the onboarding process, we can encourage new hires to block out time on their calendar for these events (non-mandatory) and share a curated video of administrative staff in action at events and how they felt in a reflection format.

Evaluation of the organizational readiness to implement the project has found the timing is ripe for implementation. Through discussions with colleagues that were in the

organization prior to my arrival, they have shared with me how the culture was structured prior to the COVID-19 pandemic taking root early in the year 2020.[26] I joined the organization a few months prior to the rapid shift from in-person to fully remote work due to the infectious state of the unknown. Although the organization had many engagement activities prior to my tenure, they did not have a well-being focus. Many of our events welcome everyone in the department to attend, which I completely support. However, I find that group events with select attendees have a richness for collaboration that gets lost when supervisors are present.

Integrations into organizational operations consist of the following points:

- Add our administrative staff engagement opportunities for interaction to the recruitment process
- Add our opportunities for interaction into the onboarding process
- Stand up a workgroup to coordinate activities
- Iterate a budget with the workgroup to support this program
- Identify, develop, and conduct a pre-survey at baseline and a post-survey at 12-months (preferrable at 6 months also) using Gallup's Q12 Employee Engagement Survey[18] or other survey instruments as determined by workgroup consensus

The technical feasibility of the project is low risk, and the technology required is covered under existing agreements and paid services. The main technical risk is related to the skills needed to develop and host a webpage.

Chapter 4: Analyses for Project Completion

4.1 Policy analysis

The purpose of this policy analysis is to review current policies and their application in practice at Stanford University as an institution. Stanford University, Department of University Human Resources (UHR), does not specifically address or have any reference to administrative staff well-being, volunteering, or community engagement in their Administrative Guide.[27] Stanford University does invest significant resources into its BeWell program. The Stanford BeWell Program promotes a culture of care and well-being at Stanford. BeWell is part of Employee Support Programs & Services and inspires Stanford community members to lead healthy lifestyles.[28,29] This program provides ample opportunity for individualized and group services to address well-being through wellness resources. This review is structured based on the Centers for Disease Control and Prevention Policy Analytical Framework[30] (Resource 2) as a means to understand the current policy landscape and to give recommendations.

As is common at this institution, there are numerous policies that are published via web pages that may not live in a standalone published guide. Stanford University has invested significantly in providing employees with wellness programs and services. They have a dedicated page to well-being[31] and provide a multitude of options that are made available to administrative staff.

In the case of the policy regarding volunteering, the UHR has a dedicated webpage providing information on the policy for using work hours to volunteer. There are two statements that address volunteering during work hours/on workdays:

- Volunteer opportunities for community organizations would

require the use of accrued leave time for the work hours you are volunteering.

- Volunteer opportunities for Stanford organizations or Stanford-sponsored events should be discussed with your manager and local human resources office.[32]

In tying together the UHR policies and resources on well-being and volunteering, let's look at a study that was recently published in the Journal of Occupational and Environmental Medicine. According to this article, individuals who volunteered demonstrated better self-reported health, lower depression risk, and increased engagement and satisfaction. These findings were attributed in part to volunteering, fostering stronger interpersonal social connections and greater identification with one's employer.[33] They concluded that employers should sponsor volunteer activities and provide workplace flexibility because employees who volunteer have greater individual well-being and also higher levels of pro-employer outcomes, such as engagement and job satisfaction.

Therefore, an opportunity that has been identified is that unless volunteer opportunities are coordinated by departments and top-down communication on the allowance to serve on work time is clear, employees will likely not engage in volunteer activities during work hours and will report lower levels of engagement and satisfaction.

Known as Employer -Supported Volunteering (ESV) in the United Kingdom[34] and Corporate Social Responsibility (CSR) in the United States[35], this is when an employer supports volunteering during work hours without the requirement to use accrued vacation time. This applies to both personally identified opportunities and those that are coordinated within the organization.

There are three main components of Corporate Social Responsibility (CSR). The first pertains to the principles of CSR, which encompass legitimacy (at the institutional level), public responsibility (at the organizational level), and managerial discretion (at the individual level). The second involves the processes of corporate social responsiveness, which consist of environmental assessment, stakeholder management, and issues management. The third component relates to the outcomes of corporate behavior, which comprise social impacts, social programs, and social policies.[36] The policies that are defined at Stanford University are all institutional-level based. At the organizational level, the Department of Emergency Medicine allows volunteering during business hours on a case-by-case basis; a formal policy is not written. As part of the work group, we will draft a policy to be included in the employee manual.

The concept of creating shared value was further developed by Porter and Kramer who explained it as a necessary step in the evolution of business and defined it as: "policies and operating practices that enhance the competitiveness of a company while simultaneously advancing the economic and social conditions in the communities in which it operates."[37]

Prior to my arrival in the Fall of 2019, Stanford University had conducted its first Staff Engagement Survey in 2015 to capture the employee experience with these two foci:

- Maintain a consistent, reliable, and confidential method for empowering staff to provide feedback
- Highlight the workplace environment of our staff community over time and compared it to other leading organizations[38]

In 2018, an additional instance of this survey was administered. The survey included 48 core questions spread among 11 categories (i.e., engagement, inclusion & diversity, alignment, continuous improvement, development, agility, respect & trust, collaboration, performance management, openness, efficiency, and one open-ended).[39] In the university-wide 2018 Staff Engagement Survey, there was a slight indication that collaboration initiatives were falling short (Figure 4). This may have been the first indicator that something was changing. I have confirmed that there are no plans to conduct an additional survey which is unfortunate because it would be interesting to see what the data shows after the COVID-19 pandemic.

In May 2021, Stanford conducted a diversity, equity, and inclusion (DEI) survey.[40] The survey focused on how race and ethnicity impact experiences at Stanford, asking about demographics, inclusion/exclusion, and discrimination. This survey did highlight areas where well-being initiatives could be focused but did not address employee well-being engagement directly. The reason I bring up this survey is that only 44% of staff completed the survey versus 67%[39] of the 2018 surveyed[41]. The engagement of survey participation may be an indicator to be explored.

I have several recommendations that I'll pursue as a result of the review of the policies, surveys, and initiatives. The first is to modify an existing survey instrument to measure well-being. My supposition is that survey data will find a significant decrease in employees reporting that they feel connected to the university and their colleagues. This is where this project will be guided by the workgroup.

Next, I will engage in discussions to further commit the university to administrative staff well-being by instituting an ESV/CSR program. The purpose of this program would be to allow administrative staff a set number of workdays (e.g., 2/year) to

engage in a community benefit activity with their colleagues. These days of service, where informal communication thrives, will not require the use of accrued vacation time, but rather a specific timecard designation to show the university's commitment to their well-being through their collaborative engagement with colleagues to better serve their community.

The policies at Stanford University are generous and intentional in promoting well-being and provide the use of volunteerism as a mechanism to affect the state of being for employees. I'd like to see the university reengage in its efforts to assess well-being and engagement and further its commitment to building community through opportunities for administrative staff to serve while building relationships via informal communication experience.

4.2 SWOT analysis

A Strength, Weaknesses, Opportunities, and Threats (SWOT) analysis was conducted for this capstone. Throughout this analysis, I will interpret the findings and consider how this informs the direction of the project by considering proposed actionable steps (Table 3).

The internal components of the SWOT analysis consist of an evaluation of the strengths and weaknesses of this project design. Let's begin by considering the strengths. There are substantial commitments by both Stanford University and the Department of Emergency Medicine to the well-being of both staff and faculty. This is most evident in the appointment of a faculty Director of Well-Being in the Department of Emergency Medicine. Both the university and the department have committed financial resources to ensure that project success is not limited by financing. The Department of Emergency Medicine is a flat organization that allows administrative staff to have access to

leadership to propose projects such as this. My leadership on this project is a strength in that both faculty and staff know I can get things done and that I actively participate in developing a culture of well-being. Our administrative staff is exceptional in their varying degrees of professionalism and talent which will be essential to a productive workgroup.

In the area of weaknesses, there are several key findings to highlight. There is currently a lack of a formalized data capture instrument that is validated that is administered for staff. While there are resources available at the university level, the department's current focus is on faculty well-being. An area where there is annual feedback sought from faculty is when conducting performance reviews on staff. Another weakness is that there is no current resource that provides administrative staff the ability to plan to attend staff-focused events. Lastly, the department lacks a workgroup that works to address the topic of administrative staff well-being within this proposed framework.

The external components of the SWOT analysis consist of an evaluation of the opportunities and threats of this program design. While the opportunities are many, let's focus on a few that are prominent per this analysis. We have buy-in from both the university and the Department of Emergency Medicine leadership to consider factors that will improve employee well-being. There is a validated and reliable survey instrument[42] that has been administered on faculty that could be adapted for staff. I have ongoing meetings with our faculty Director of Well-Being to discuss this as actionable steps for this analysis. There is an opportunity to publish the results and expand to other departments. Lastly, I have substantial experience in program development and leadership, which is prime to see this to success.

In the area of threats, the main threat that has been identified is that this is a project that is conceptualized through this capstone and needs substantial buy-in and institutionalization. The threat here is that this project lies with me and fails if I am not involved to lead. There could also be a lack of participation on the staff level both in the survey and involvement in the activities that are designed to address well-being. Another threat that was identified, and an important one, is to create a backup event in case the original is not able to proceed due to various factors (i.e., weather, transportation, state of the world, partners backing out).

The intersection of these four areas illumined strategies that can enhance this project. When contrasting opportunities with strengths, I identified that my personal attributes to appeal to leadership and collaborating with existing resources can give this project momentum. When considering the intersection of opportunities and weaknesses, I found that we could adapt the faculty survey instrument to reduce the weakness of not having a previously identified tool. Most importantly, the buy-in from leadership and messaging from them to faculty to support staff participation in this initiative will free up constraints for participation. To prevent the threats from sinking this project, the strengths of sustaining this project within the organizational operations with a staff leader can make threats less viable. The last intersection of weaknesses and threats found that carefully crafted communication, developing a workgroup, and having a backup plan of events will reduce the likelihood of project collapse.

Conducting a SWOT analysis, while simple in application, is essential to highlight potential areas where the project can fail, where it can grow, and where the strengths and opportunities can be leveraged to reduce the impact of the weaknesses and threats. The informative approach of this process has helped me identify the need for, not

just buy-in from leadership, the institutionalization and iterations of this project over time. The SWOT identified actionable steps that need to happen for the project to continue to move forward, which involves the involvement of both leadership and staff. This analysis highlighted the important role that a workgroup will be in the further moving of this idea to a reality in practice.

4.3 Risk analysis

A risk analysis has been conducted for this project. To conduct this analysis, I will be using the Failure Modes and Effects Analysis (FMEA) tool designed by the Institute for Healthcare Improvement.[43] The reason for using the FMEA tool is that it is a structured approach used to identify and evaluate potential failures and their effects on a system or process.

The primary benefit of the FMEA tool is to proactively identify and mitigate risks to ensure that the system or process performs as intended with minimal chance of failure. FMEA helps to identify and prioritize failure modes based on their severity, frequency of occurrence, and detectability. By systematically evaluating potential failure modes and their effects, FMEA allows for the implementation of preventive measures/corrective actions to reduce the likelihood of failure.

The FMEA has been performed on this capstone project and has identified low- to high-risk areas. Let’s being by looking at the top three high-risk steps in the process, which are: recruiting administrative staff, making an offer to new administrative staff, and the program being short-staffed and residing in one champion leader (Table 4).

One of the main benefits of developing this project is that it can be incorporated into other business operations related to human resources. According to Glassdoor's research, over three-quarters (77%) of adults surveyed prioritize a company's culture

when deciding whether to apply for a job. Furthermore, more than half (56%) of respondents indicated that they value company culture over salary in terms of job satisfaction.[44] According to employees (according to a study by Business News Daily), favorable company culture is now a key consideration when seeking employment, underscoring the importance of fostering a positive workplace culture. To achieve this, companies should offer appealing benefits and perks to attract prospective talent and cultivate an environment that fosters long-term employee retention.[45]

4.4 Analyses results and projections

I have since learned that adding a white paper to highlight these resources and collaborating with our human resources team to add this to the employee offer packet is not feasible due to legal concerns. The adaption of this will be the integration of this resource into the employee onboarding packet and related training. These two process steps focus on the recruitment piece of employee enticement and culture for engagement.

The third high-risk step in the process is that this project currently resides under my leadership and commitment for it to grow, develop, and sustain. This is not unusual for an initiative to reside in one or a few champions. Because this risk assessment has highlighted this solitary approach, the solution is to stand up a working group of administrators who will provide project support to iterate this program. Fortunately, the Department of Emergency Medicine has several administrative staff members that have roles and responsibilities and organizational commitment to employee well-being by both being an ally and planning events.

The lowest risk step in the process has been identified as informing new hires of these well-being benefits. If these opportunities are communicated in the recruitment and onboarding stages, then the newly hired staff member will already have some awareness

and will gain experience and exposure shortly after they begin employment. The solution for the onboarding phase of new administrative staff is that this program is integrated into the onboarding packet and has at least two different staff champions that promote this during their onboarding participation of the new hire.

My next steps are to develop and implement the actions for each of the steps in the process. For instance, in many of the current administrative staff position announcements, the following statements are included:

Work Standards[46]**:**

- Interpersonal Skills: Demonstrates the ability to work well with Stanford colleagues and clients and with external organizations.
- Promote Culture of Safety: Demonstrates commitment to personal responsibility and value for safety; communicates safety concerns; uses and promotes safe behaviors based on training and lessons learned.
- Subject to and expected to comply with all applicable University policies and procedures, including but not limited to the personnel policies and other policies found in the University's Administrative Guide, http://adminguide.stanford.edu.

I have proposed that an additional statement be added which will be an iteration of the following:

- Commitment to Well-Being: Staff take advantage of and participate in a culture where well-being is championed and

encouraged through engagement activities and set norms to ensure we collaborate in a workplace where we all thrive.

The second part of these next steps is to create a white paper and website that highlights the multitude of employee well-being resources offered by the university and the calendar of events that promote our human potential through information communication opportunities that promote belongingness and connectedness.

There are several important next steps in developing the language for inclusion in new hire postings, a white paper for inclusion into the onboarding process, and operational pieces to integrate a robust program that resides with a framework of sustainability. The program will be sustainable if the operations reside with a group of administrative champions and not within the passion of an individual. The FMEA has highlighted the potential risks with the launch and daily project operations. Now that these potential risks have been highlighted, I will implement corrective actions and request to have these integrated into our development of human potential, which will contribute to the longevity and success of this project.

4.5 Framework analysis

The framework for the program has been identified through two test events, collaboration with the Stanford BeWell program events, part of the Employee Support Programs & Services, Department of Emergency Medicine department-wide events, and newly identified opportunities.

The two test events in early 2023 were an office-based volunteer project and a site-based volunteer project. The two BeWell events that will be incorporated are the BeWell, Together: Wellness, Community, and Belonging Fair[47] – Stanford Campus

and BeWell Cardinal Walk[48]. The framework that was proposed includes one activity per month that occurs on different days of the week and during different day parts to allow staff to have additional opportunities to attend based on planned meetings and obligations. Due to the new normal where staff works in a hybrid or remote work environment, we have intentionally developed activities where there can be a virtual component when reasonable. We want to include those staff that is not near our office or within range to attend. A draft Calendar of Activities is included in the resources section (Resource C).

Chapter 5: Discussion

The exploration of this capstone project stemmed from the question: does the exceedingly high burnout of emergency medicine physicians have a direct impact on the well-being of administrative staff? This qualitative and quantitative review assumes a correlation that will be further explored through the implementation and evaluation of this project. The preliminary data shows that administrative staff report needing improvement in communication and collaboration from the department. The program to address administrative staff well-being will be iterative and adaptable to the changing culture within the Department of Emergency Medicine. Most importantly, the development of a workgroup to provide stakeholder involvement and institutionalization are essential to the long-term success of this program.

5.1. Future Work

A Gantt chart has been prepared to map out the next steps to see the program through to implementation, evaluation, and iterations (Table 5). The next immediate step will be to recruit administrative staff to serve in a working group. Next, we will attend several design sessions to improve on the proposed framework. The working group sessions will define the objectives and goals, outputs and outcomes, and settle on a tool to measure impact. We will identify and modify existing survey instruments to capture data at the program launch (baseline), mid-year, and end-of-year time points. The department has internal data science staffing resources that will contribute to the design of the instrument and analysis of the data. We will hold a mid-year data review. We will hold an end-of-year data review and host several iterative working group sessions to make program improvements for the next fiscal year's launch. The calendar of activities will be

further refined to be robust by incorporating the solution identification from the workgroup.

5.2 Barriers

The main barrier is time. Trying to schedule all the key players to collaborate on an additional initiative takes time to ramp up and entice participation and support. I also wanted to make more of a scientific connection to well-being and engagement programs but was not able to dive that deep into the research. I originally saw an opportunity to add information to an offer packet. I learned that was not feasible to legal concerns and shifted that integration to the onboarding phase of the new hire process.

I would have benefited from having a capstone committee set-up to provide ongoing peer reviews and design improvements. Because of the limitation in folding in busy staff in a short period of time, the best we could do is to develop the workgroup to provide future direction.

This project would have benefited from a rigorous peer review and further literature review.

5.3 Summary

Future iterations of this project will only make it stronger. The interventions proposed are just the first step in addressing administrative staff well-being. Other department efforts to address faculty well-being will waterfall down to removing associated strains on administrative staff. I see this pilot as an opportunity to provide structure to a program that will address the need for belongingness and connectedness.

Chapter 6: Summary

Stanford University School of Medicine, Department of Emergency Medicine has both the financial and human capital resources to support this capstone project. The next step of this project is to pilot a program that provides administrative staff with coordinated efforts to address their well-being through a comprehensive belongingness and connectedness program. The final project design will be developed to meet the cohort's needs through stakeholder involvement by standing up a workgroup to design measurement tools and provide strategic direction on the program structure. Burnout is real and affects all of us at some point in our careers. If we are intentional about the interventions, and measure their results, we can modify our approach and develop a robust program that can highlight opportunities to improve the culture of well-being and reduce attrition.

After a year of the pilot, I recommend that the survey data and stakeholder input be used to modify the approach based on current needs and information. The test of this program will be if it can survive another year of operations and will succeed if it is institutionalized as a program for administrative staff well-being. In the short term, adding a statement to the recruitment of new staff, and integrating the resources for employee well-being into the onboarding process, will bring value-add to a show of investment into employee well-being at the Department of Emergency Medicine.

No matter the outcomes, we can share what we learned so that future approaches to addressing administrative well-being can be enhanced through this program pilot.

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APPENDIX A: RESOURCES

Resource 1: Department of emergency medicine strategic plan overview

STANFORD UNIVERSITY, SCHOOL OF MEDICINE
DEPARTMENT OF EMERGENCY MEDICINE
STRATEGIC PLAN OVERVIEW

Mission: *The reason the Department of EM exists*

To transform health care for all
by leading in the advancement of Emergency Medicine
through innovation and scientific discovery

Values: *The principles or beliefs that guide the way we do our work*

Collaboration * Service
Compassion * Resilience
Collegiality * Adaptability
Leadership * Innovation
Diversity * Inclusion

Vision: *What we intend the Department of EM to become or where we intend to take it*

We define the future of Emergency Medicine

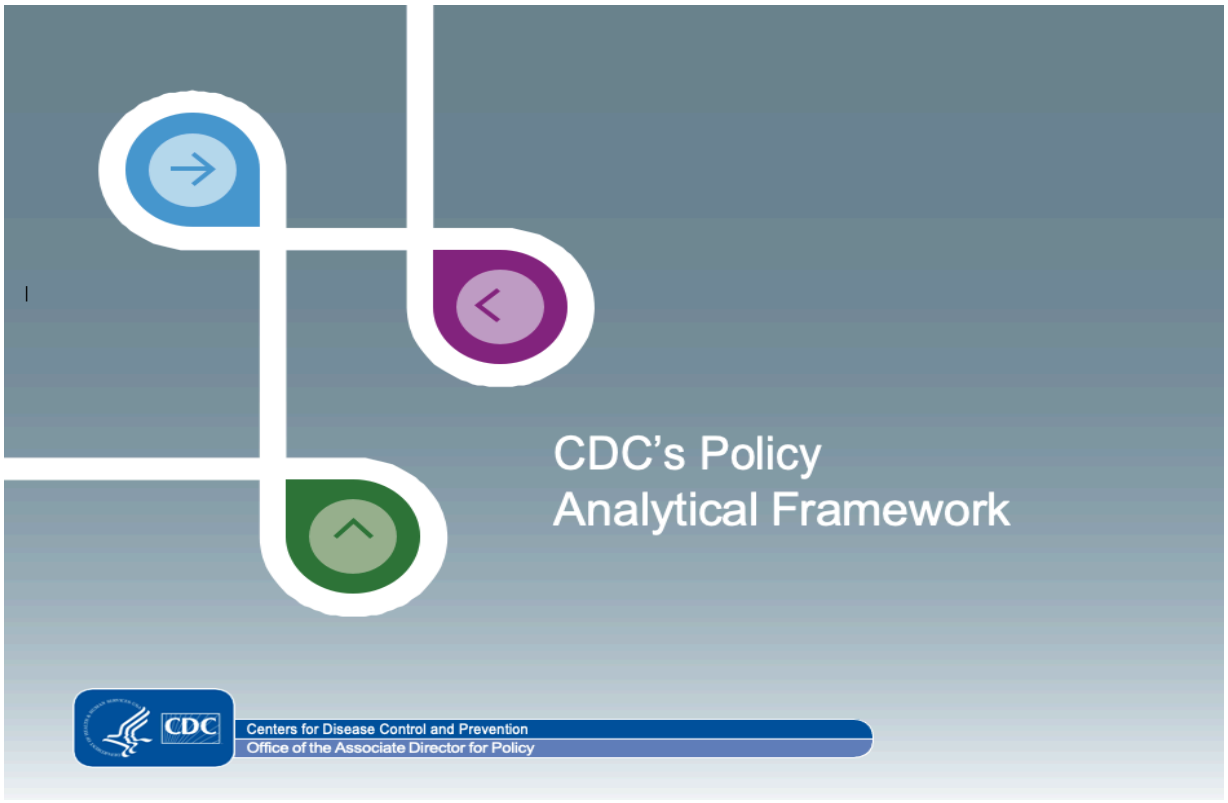
Strategic Goal: *The overarching goal or unifying theme for the Department (through 2025)*

Develop a department leading precision Emergency Medicine

Supporting Strategies: *The broad paths we will take to accomplish the Strategic Goal*

- **Structure and scale education programs to conduct research, teach and practice precision emergency medicine**
- **Optimize human capital**
- **Optimize the clinical environment**
- **Grow, integrate and accelerate research**
- **Develop a human-centered digital health program**
- **Leverage Stanford's unique local environment for collaborative opportunities to amplify our impact**
- **Build and support a promotion strategy that advances our reputation in all areas**

Resource 2: CDC'S Policy Analytical Framework



Suggested Citation: Centers for Disease Control and Prevention. *CDC's Policy Analytical Framework.* Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services; 2013.

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This document provides a guide for identifying, analyzing, and prioritizing policies that can improve health. The policy analytical framework (Figure 1) expands on domains I, II and III of CDC's Policy Process (Problem Identification, Policy Analysis, and Strategy and Policy Development). The goals of this document are to:

- Improve the analytic basis for identifying and prioritizing policies that can improve health
- Improve the strategic approach to identify and further the adoption of policy solutions.

The key steps include

1. Identify the problem or issue
2. Identify an appropriate policy solution
3. Identify and describe policy options
   a. Assess policy options
   b. Prioritize policy options
4. Develop a strategy for furthering adoption of a policy solution

CDC plays an important role in identifying and describing policy options to address public health problems, analyzing policies to understand their potential health, economic and budgetary impacts, and identifying evidence-based policy solutions and gaps in the evidence base. Note that federal law prohibits lobbying related activities by CDC at the federal, state and local level.

FIGURE 1: THE POLICY ANALYTICAL FRAMEWORK
(DOMAINS I, II, III OF CDC'S POLICY PROCESS)

Domain 1: Problem Identification

STEP 1: IDENTIFY THE PROBLEM OR ISSUE

The first step is to clearly identify the problem or issue you are trying to address. Synthesize data on the characteristics of the problem or issue, including the burden (how many people it affects), frequency (how often it occurs), severity (how serious of a problem is it), and scope (the range of outcomes it affects).

It helps to define the problem or issue as specifically as possible – for example "lack of access to fresh fruits and vegetables" (instead of "obesity") or "barriers to sustaining HIV treatment" (instead of "HIV/AIDS"). A way to look for these is as contributing factors or risk factors in the literature on the public health problem. This level of specificity can help you understand how best to address the problem. In addition, it is also useful to frame the problem in a way that helps illuminate possible policy solutions. For example, "providing safe places for people to be physically active in their communities" (which has clear policy solutions) instead of "increasing physical activity" (where the policy options are not as clear).

Domain 2: Policy Analysis

STEP 2A. IDENTIFY AND DESCRIBE POLICY OPTIONS

IDENTIFY

Research possible policy options relevant to the problem or issue you have identified and described. Potential strategies for gathering evidence include

- reviewing literature on the topic,
- surveying best practices (including best practices in other problem/issue areas), and
- conducting an environmental scan to understand what other jurisdictions are doing.

Be sure to collect evidence that addresses alternative and opposing points of view on the problem or issue and include the option of maintaining the status quo.

DESCRIBE (TABLE 1)

The first step is to describe each of the policy options you have identified. Answer the overarching questions to describe the process and structure as well as the questions for each of the three interrelated criteria: health impact, feasibility, and economic and budgetary impacts (Table 1). To focus attention on the key components of each criterion, we developed a list of sample questions for each. Not all questions are appropriate for all problems or issues; furthermore, questions beyond those noted here should sometimes be considered. Addressing these questions will enable you to assess policy options in Step 2b.

In answering the questions, it is possible to pull from different sources and types of evidence. Keep in mind that some sources and study design are of higher quality (see link—table showing varying strength of different types of evidence). If you find that data are lacking on the specific policy, consider data from similar policies used to address a different problem or issue.

TABLE 1: POLICY ANALYSIS: KEY QUESTIONS

FRAMING QUESTIONS
• What is the policy lever—is it legislative, administrative, regulatory, other? • What level of government or institution will implement? • How does the policy work/operate? (e.g., is it mandatory? Will enforcement be necessary? How is it funded? Who is responsible for administering the policy?) • What are the objectives of the policy? • What is the legal landscape surrounding the policy (e.g., court rulings, constitutionality)? • What is the historical context (e.g., has the policy been debated previously)? • What are the experiences of other jurisdictions? • What is the value-added of the policy? • What are the expected short, intermediate, and long-term outcomes? • What might be the unintended positive and negative consequences of the policy?

CRITERIA	*QUESTIONS*

Public health impact:
Potential for the policy to impact risk factors, quality of life, disparities, morbidity, and mortality
	• How does the policy address the problem or issue (e.g., increase access, protect from exposure)?
	• What are the magnitude, reach, and distribution of benefit and burden (including impact on risk factor, quality of life, morbidity and mortality)?
	  • What population will benefit? How much? When?
	  • What population will be negatively impacted? How much? When?
	• Will the policy impact health disparities / health equity? How?
	• Are there gaps in the data/evidence-base?

Feasibility*: **Likelihood that the policy can be successfully adopted and implemented**	***Political*** • What are the current political forces, including political history, environment, and policy debate? • Who are the stakeholders, including supporters and opponents? What are their interests and values? • What are the potential social, educational, and cultural perspectives associated with the policy option (e.g., lack of knowledge, fear of change, force of habit)? • What are the potential impacts of the policy on other sectors and high priority issues (e.g., sustainability, economic impact)? ***Operational*** • What are the resource, capacity, and technical needs developing, enacting, and implementing the policy? • How much time is needed for the policy to be enacted, implemented, and enforced? • How scalable, flexible, and transferable is the policy?

Economic and budgetary impacts:
Comparison of the costs to enact, implement, and enforce the policy with the value of the benefits
	Budget
	• What are the costs and benefits associated with the policy, from a budgetary perspective?
	  • e.g., for public (federal, state, local) and private entities to enact, implement, and enforce the policy?
	Economic
	• How do costs compare to benefits (e.g., cost-savings, costs averted, return on investments, cost-effectiveness, cost-benefit analysis, etc.)?
	  • How are costs and benefits distributed (e.g., for individuals, businesses, government)?
	  • What is the timeline for costs and benefits?
	• Where are there gaps in the data/evidence-base?

*In assessing feasibility, identifying critical barriers that will prevent the policy from being developed or adopted at the current time is important. For such policies, it may not be worthwhile to spend much time analyzing other factors (e.g., fiscal and economic impact). However, by identifying these critical barriers, you can be more readily able to identify when they shift and how to act quickly when there is a window of opportunity.

STEP 2B: ASSESS POLICY OPTIONS

Use the answers to the questions from Table 1 to rate the policy options. Also, for each criterion, note whether there are concerns about the amount or quality of data.

At this step, assess each option independently against the criteria included in the Table 2. If appropriate, include "no policy change" as an option. Although the ratings you provide should be grounded in data and evidence, they are inherently subjective. Table 2 is intended to be a guide. To justify your ratings, it may be helpful to systematically document the evidence, data, and reasoning you used to assign the rating in a separate matrix.

Note about scoring: If possible and appropriate, consider ways to quantify the rankings. For simplicity sake, we have presented a basic option here – rating as "low," "medium" or "high". For clarity, the economic and budgetary descriptors are "less favorable," "favorable," or "more favorable." However, as available, you may be able to use more robust, empirical data (cost-effectiveness, lives saved, etc.)

TABLE 2: POLICY ANALYSIS TABLE

CRITERIA	PUBLIC HEALTH IMPACT	FEASIBILITY	ECONOMIC AND BUDGETARY IMPACT	
Scoring Definitions	**Low:** small reach, effect size, and impact on disparate populations **Medium:** small reach with large effect size or large reach with small effect size **High:** large reach, effect size, and impact on disparate populations	**Low:** No/small likelihood of being enacted **Medium:** Moderate likelihood of being enacted **High:** High likelihood of being enacted	**Less favorable:** High costs to implement **Favorable:** Moderate costs to implement **More favorable:** Low costs to implement	**Less favorable:** costs are high relative to benefits **Favorable:** costs are moderate relative to benefits (benefits justify costs) **More favorable:** costs are low relative to benefits
			BUDGET	*ECONOMIC*
Policy 1	❑ Low ❑ Medium ❑ High Concerns about the amount or quality of data? (Yes / No)	❑ Low ❑ Medium ❑ High Concerns about the amount or quality of data? (Yes / No)	❑ Less favorable ❑ Favorable ❑ More favorable Concerns about the amount or quality of data? (Yes / No)	❑ Less favorable ❑ Favorable ❑ More favorable Concerns about the amount or quality of data? (Yes / No)
Policy 2	❑ Low ❑ Medium ❑ High Concerns about the amount or quality of data? (Yes / No)	❑ Low ❑ Medium ❑ High Concerns about the amount or quality of data? (Yes / No)	❑ Less favorable ❑ Favorable ❑ More favorable Concerns about the amount or quality of data? (Yes / No)	❑ Less favorable ❑ Favorable ❑ More favorable Concerns about the amount or quality of data? (Yes / No)
Policy 3	❑ Low ❑ Medium ❑ High Concerns about the amount or quality of data? (Yes / No)	❑ Low ❑ Medium ❑ High Concerns about the amount or quality of data? (Yes / No)	❑ Less favorable ❑ Favorable ❑ More favorable Concerns about the amount or quality of data? (Yes / No)	❑ Less favorable ❑ Favorable ❑ More favorable Concerns about the amount or quality of data? (Yes / No)

NOTE: Scoring is subjective and this table is intended to be used as an organizational guide.

STEP 2C: PRIORITIZE POLICY OPTIONS

On the basis of the ratings you assigned in Step 2b, evaluate policy alternative against each other and prioritize the policy option. Criteria are not intended to be examined in isolation. Which policy you prioritize will depend on the weight you place on the three criteria and the overall analysis.

Domain 3: Strategy and Policy Development

STEP 3: DEVELOP A STRATEGY FOR FURTHERING ADOPTION OF THE POLICY SOLUTION

Once a policy solution has been prioritized, the next step is to define a strategy for getting the policy enacted and implemented. For CDC, this process will include clarifying operational issues, identifying and educating stakeholders and sharing relevant information, and conducting additional analyses as appropriate to support adoption, implementation and evaluation.

CLARIFYING OPERATIONAL ISSUES

Identify how the policy will operate and what steps are needed for policy implementation. Identify considerations and assistance for those who will adopt the policy (e.g., state/local government, organizations), taking into account jurisdictional context and information needs.

SHARING INFORMATION

To help describe and disseminate the results of the analysis, you will want to share relevant information with key stakeholder groups, including state, tribal, local, and territorial governments, other federal agencies, community-based organizations or groups, and decision-makers.

In developing products, keep in mind the stakeholders' information needs and preferred ways of receiving information. Potential products might include

- A background white paper that summarizes data related to health impact, feasibility, and budget and economic impact of prioritized policy
- A bibliography and data compendium
- A presentation of policy priorities or recommendations
- A policy brief or multiple policy briefs that summarize policy options or recommend actions

CONDUCTING ADDITIONAL BACKGROUND WORK

If policy is not prioritized or ready for "prime time" (e.g., because it has low feasibility, insufficient data on health impact, insufficient stakeholder support), there may be other steps you can take. If data are insufficient, consider developing a policy research agenda that identifies key questions that need to be addressed. Also, consider a more incremental policy to address the problem or issue.

Resource 3: Calendar of Activities

Calendar – STAFF-FOCUSED EVENTS

JANUARY

January (Tuesday Afternoon)
Type of Activity: Volunteering and Lunch
Location: At the office and **virtual**
Time Commitment: 3 hours
Name of Activity: Project-in-a-Box
Purpose: To provide administrative opportunities to serve alongside their colleagues to meet a community need and develop bonding through belonging and connectedness.
Remote: Send the project to them with prepaid shipping to return. Set-up Zoom link.

FEBRUARY

February (Thursday Morning)
Type of Activity: Volunteering and Lunch
Location: On-site
Time Commitment: 4 hours
Name of Activity: Serving at a nonprofit
Purpose: To provide administrative opportunities to serve alongside their colleagues to meet a community need and develop bonding through belonging and connectedness.
Remote: No option

MARCH

March (Friday Morning)
Type of Activity: Social Breakfast with Learning and Team-Building
Location: On-site and **virtual**
Time Commitment: 2 hours
Name of Activity: Learn and Laugh
Purpose: To provide administrative opportunities to learn from a presenter and enjoy a meal together to bond through informal communication
Remote: Set-up Zoom link

APRIL

April (Monday Afternoon)
Type of Activity: (Sports) Golf Lessons and Lunch
Location: On-site
Time Commitment: <3 hours
Name of Activity: Learn and Laugh
Purpose: To provide administrative opportunities to learn from a presenter and enjoy a meal together to bond through informal communication
Remote: No option

All Department:
– Staff Retreat April 24th
– TBD – Hike – Dr. Alvarez

MAY

May (Tuesday Midday)
Type of Activity: Wellness Fair and Lunch
Location: On-site
Name of Activity: Wellness Fair
Time Commitment: 4 hours
Purpose: Connect with local and university wellness resources and step away from your workplace to celebrate wellness
Remote: No option
A free shuttle will also be available for SRP employees to ride to and from the main campus Wellness Fair.
Remote: No option

All Department: Bike to Work

JUNE

June (Wednesday Morning)
Type of Activity: Volunteering and Lunch
Location: At the office and **virtual**
Time Commitment: 3 hours
Name of Activity: Project-in-a-Box
Purpose: To provide administrative opportunities to serve alongside their colleagues to meet a community need and develop bonding through belonging and connectedness.
Remote: Send the project to them with prepaid shipping to return. Set-up Zoom link.

JULY

July (Friday Afternoon)
Type of Activity: Tennis Lessons and Happy Hour
Location: On-site
Time Commitment: <3 hours
Name of Activity: Learn and Laugh
Purpose: To provide administrative opportunities to learn from a presenter and enjoy a meal together to bond through informal communication
Remote: None

AUGUST

August (Thursday Midday)
Type of Activity: Cardinal Walk (design our own shirts) and Lunch
Location: On-site
Time Commitment: <3 hours
Name of Activity: Get Physical and Chat
Purpose: To attend the Cardinal Walk together and bond through informal communication
Remote: **Virtual walk at home**

SEPTEMBER

September (Wednesday Midday)
Type of Activity: Lunch and Learn
Location: **Virtual**
Time Commitment: 2 hours
Name of Activity: Team Building Activity with Breakout Room
Purpose: To hear from a speaker on well-being and enjoy a virtual lunch together.

All Department: Tailgate on September 30th

OCTOBER

October (Tuesday Morning)
Type of Activity: Volunteering and Lunch
Location: On-site
Time Commitment: 4 hours
Name of Activity: Serving at a nonprofit
Purpose: To provide administrative opportunities to serve alongside their colleagues to meet a community need and develop bonding through belonging and connectedness.
Remote: No option

NOVEMBER

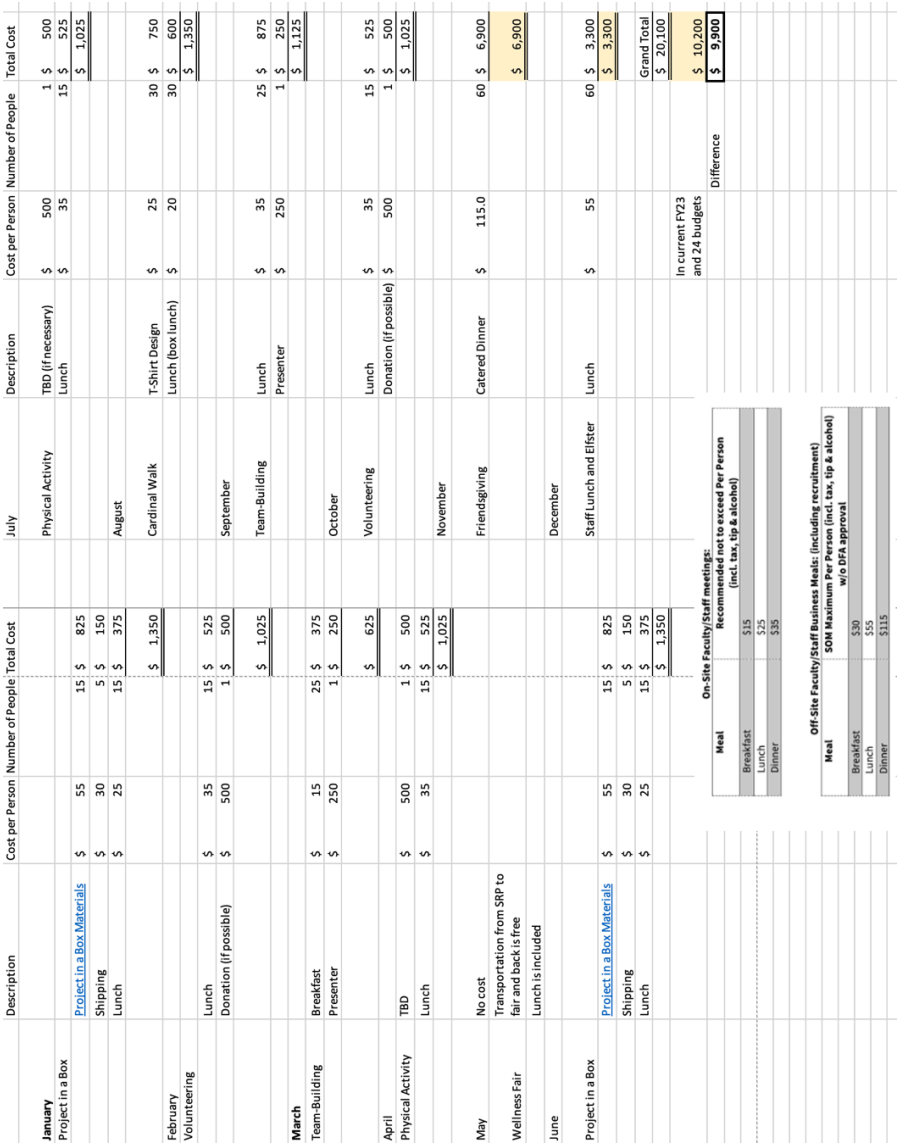
November (Saturday Evening)
Type of Activity: Giving Thanks
Location: In-person and **virtual**
Time Commitment: 2 hours
Name of Activity: Friendsgiving
Purpose: To share a meal and contribute to an "I'm thankful board"
Remote: Set-up a computer station and Zoom link

DECEMBER

December (Friday Afternoon)
Type of Activity: Staff Lunch
Location: On-site and **virtual**
Time Commitment: 2 hours
Name of Activity:
Purpose:
Remote: Set-up a computer station and Zoom link

All Department: Holiday party on December 2nd
Additional Department events that include staff and faculty:
Conferences, residency graduation, fellowship graduation

APPENDIX B: TABLES



	Description	Cost per Person	Number of People	Total Cost
January				
Project in a Box				
	Project in a Box Materials	$ 55	15	$ 825
	Shipping	$ 30	5	$ 150
	Lunch	$ 25	15	$ 375
				$ 1,350
February				
Volunteering				
	Lunch	$ 35	15	$ 525
	Donation (if possible)	$ 500	1	$ 500
				$ 1,025
March				
Team-Building	Breakfast	$ 15	25	$ 375
	Presenter	$ 250	1	$ 250
				$ 625
April				
Physical Activity	TBD	$ 500	1	$ 500
	Lunch	$ 35	15	$ 525
				$ 1,025
May				
Wellness Fair	No cost Transportation from SRP to fair and back is free Lunch is included			
June				
Project in a Box				
	Project in a Box Materials	$ 55	15	$ 825
	Shipping	$ 30	5	$ 150
	Lunch	$ 25	15	$ 375
				$ 1,350

	July	Description	Cost per Person	Number of People	Total Cost
	Physical Activity	TBD (if necessary)	$ 500	1	$ 500
		Lunch	$ 35	15	$ 525
					$ 1,025
	August				
	Cardinal Walk	T-Shirt Design	$ 25	30	$ 750
		Lunch (box lunch)	$ 20	30	$ 600
					$ 1,350
	September				
	Team-Building	Lunch	$ 35	25	$ 875
		Presenter	$ 250	1	$ 250
					$ 1,125
	October				
	Volunteering	Lunch	$ 35	15	$ 525
		Donation (if possible)	$ 500	1	$ 500
					$ 1,025
	November				
	Friendsgiving	Catered Dinner	$ 115.0	60	$ 6,900
					$ 6,900
	December				
	Staff Lunch and Elfster	Lunch	$ 55	60	$ 3,300
					$ 3,300
					Grand Total
					$ 20,100
			In current FY23 and 24 budgets		$ 10,200
				Difference	$ 9,900

On-Site Faculty/Staff meetings: Recommended not to exceed Per Person (incl. tax, tip & alcohol)

Meal	
Breakfast	$15
Lunch	$25
Dinner	$35

Off-Site Faculty/Staff Business Meals: (including recruitment) SOM Maximum Per Person (incl. tax, tip & alcohol) w/o DFA approval

Meal	
Breakfast	$30
Lunch	$55
Dinner	$115

Table 1: Approved Program Budget

# of Administrative Staff FTE as of 11/2019	25	Retention Rate

		18 / 25 = 72%
# of Administrative Staff Retained as of 03/2023	18	
# of Administrative Staff Current FTE as of 03/2023	41.8	Growth rate over 4 years 49.8 / 25. = 99%
# of Current Open Reqs/FTE	8	

Table 2: Human Resources Hire and Retention Data and Analysis

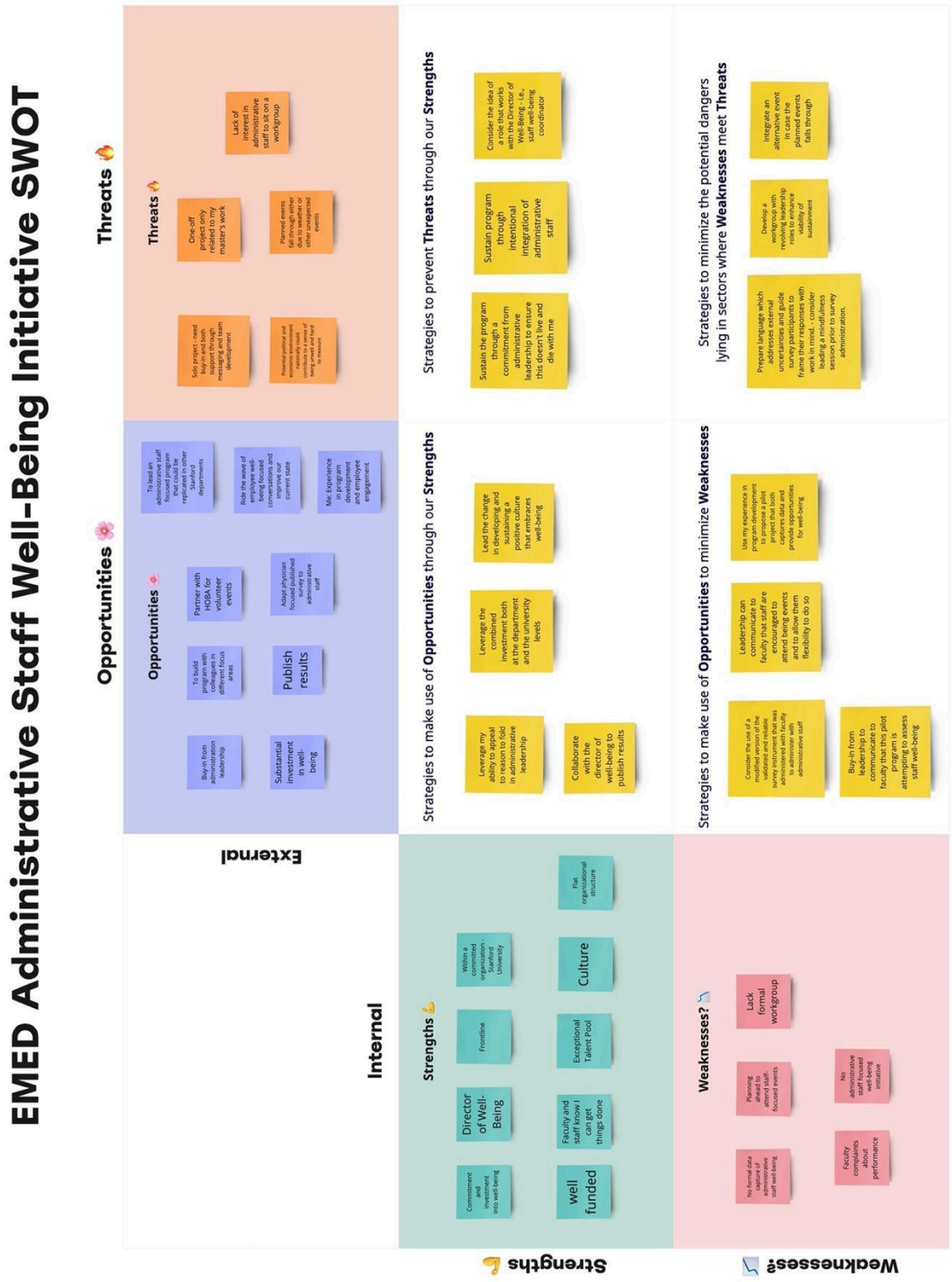


Table 3: Strengths, Weaknesses, Opportunities, and Threats Analysis

Steps in the Process	Failure Mode	Failure Causes	Failure Effects	Likelihood of Occurrence	Likelihood of Detection	Severity	Risk Profile Number	Actions to Reduce Occurrence of Failure
Recruiting new administrative staff	Candidates are not aware of the intentional effort to build well-being in the team	Recruitment process does not have built in communication tools to convey the department's support of well-being	Candidate declines offer	10	10	5	500	Work with HR team to develop a statement of commitment to employee well-being that can accompany open position announcements
Making an offer to new administrative staff	Candidates are not aware of the intentional effort to build well-being in the team	The offer package does not contain materials on the well-being efforts of the department	Candidate declines offer	10	10	5	500	Create white-paper that describes the culture of the administrative staff and the department's efforts towards well-being - to accompany an offer packet
Onboarding new administrative staff	The onboarding process does not contain a comprehensive communication about the efforts of the department that are directed to administrative staff well-being	The onboarding process does not include this in the training materials / there is no point person in the department to cover this during onboarding	Candidate does not take advantage of the well-being culture and fees more overwhelmed during onboarding	6	6	4	144	Identify a team of administrative staff that can present the program during the new employee onboarding
Providing opportunities for staff to participate in informal communication opportunities to address the sense of needing belongingness and connectedness through engagement activities	Administrative staff do not have opportunities to develop belongingness and connectedness because a formal program is not adopted and led by a champion	The project does not reside in a leader who has the expertise and passion to carry forward	Staff get overwhelmed, under perform, and eventually leave the position. Retention rate declines.	8	6	6	288	Developing a working group that can plan and host events
The program is short-staffed and resides in one champion leader	If the person leaves, the program could cease to exist	Centralized leadership without support	The program fails and administrative staff have fewer opportunities for well-being through activities where they connect with their colleagues	6	8	8	384	Develop a working group with rotating leadership positions to share the responsibility
Communicaiton of opportunities	Communication fails to reach 100% of staff	Opportunites get passed over because of huge amount of communications we receive	Staff don't feel they have the time to participate	4	8	6	192	Top-down communication for staff effort allowance. Announce next two months event at each monthly staff meeting. Put events in newsletter. Send out via listserv and Slack channels. Personal outreach to those that fail to particiate.
Budgeting	The annual budget does not contain enough funds to support the activities	Not enough evidence that the program is achieving its aims	The progam gets scaled back/has to shutter operations	5	5	10	250	Secure a finfncial investment commitment from departmet leadership. Write seed grants to seek funding to support the program.

Table 4: Risk Analysis: Failure Mode Effects Analysis

Task Name	Start	Finish	Comments	% Comple	2023 Q1	2023 Q2	2023 Q3	2023 Q4	2024 Q1	2024 Q2	2024 Q3	2024 Q4
Capstone Framework Development	01/17/23	04/24/23	Completed	100%								
Workgroup Member Recruitment	05/08/23	05/19/23	Recruitment	0%								
Workgroup Meeting	05/31/23	05/31/23	Meeting to define and introduce framework	0%								
Workgroup Meeting	06/21/23	06/21/23	Iterate framework (e.g., develop events, survey instruments, communication pieces, onboarding materials, etc.)	0%								
Workgroup Meeting	07/19/23	07/19/23	Iterate framework (e.g., develop events, survey instruments, communication pieces, onboarding materials, etc.)	0%								
Workgroup Meeting	08/23/23	08/23/23	Iterate framework (e.g., develop events, survey instruments, communication pieces, onboarding materials, etc.)	0%								
Project Launch	09/01/23	09/01/23	Iterate framework (e.g., develop events, survey instruments, communication pieces, onboarding materials, etc.)	0%								
Baseline Survey	09/15/23	09/15/23	Conduct survey	0%								
Workgroup Meeting	11/17/23	11/17/23	Implementation review	0%								
Mid-Year Survey	02/09/24	02/09/24	Conduct survey	0%								
Workgroup Meeting	02/16/24	02/16/24	Mid-Year implementation and data review	0%								
End of Year Survey	07/19/24	07/19/24	Conduct survey	0%								
Results discussion and iterations	08/16/24	08/16/24	360 degree program evaluation and iteration	0%								

Table 5: Future Work Gantt Chart

APPENDIX C: FIGURES

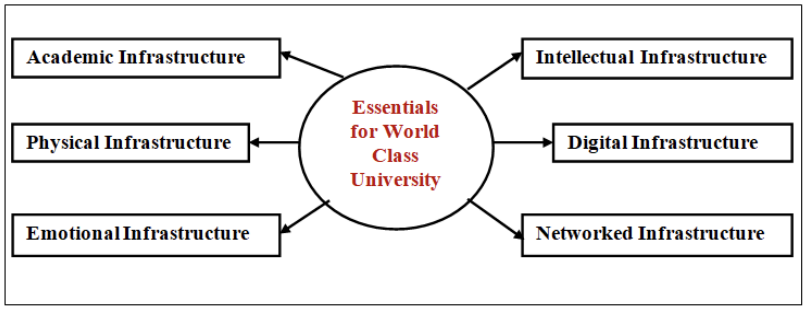


Figure 1: International Journal of Management, Technology, and Social Sciences - Building World-Class Universities Graphic

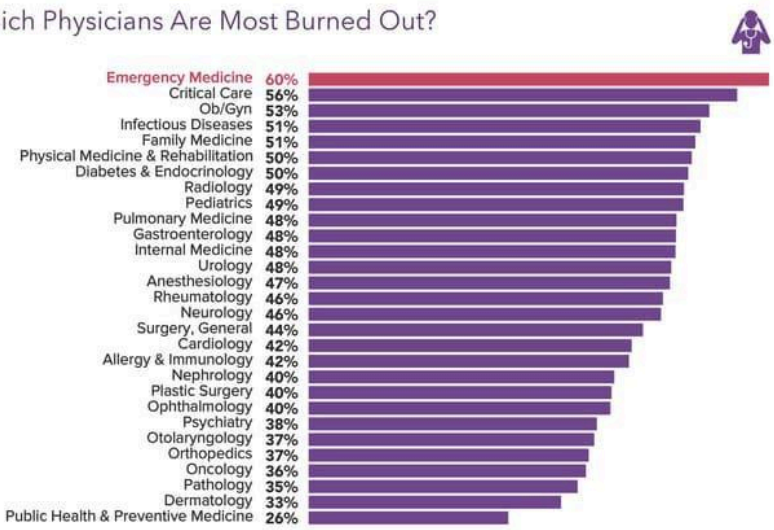


Figure 2: Medscape Emergency Medicine Physician Lifestyle, Happiness & Burnout Report 2022

Figure 3: Gap Analysis

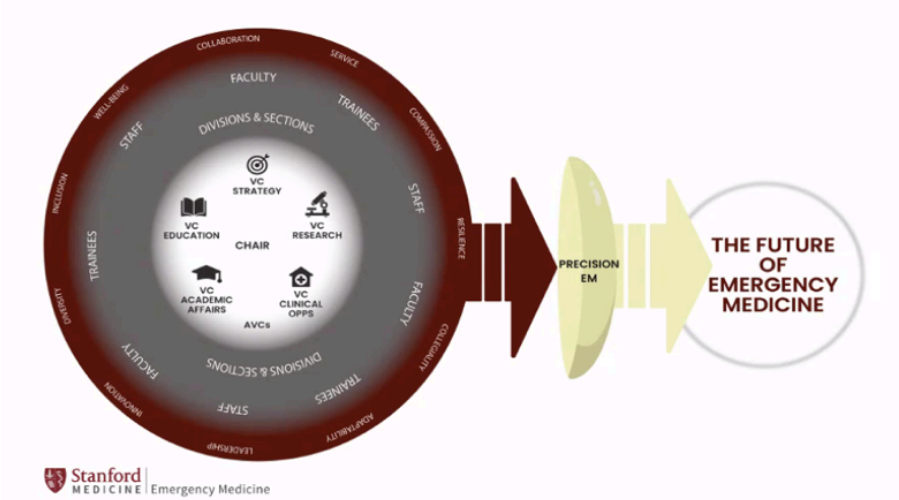


Figure 4: Holacracy Organization Structure

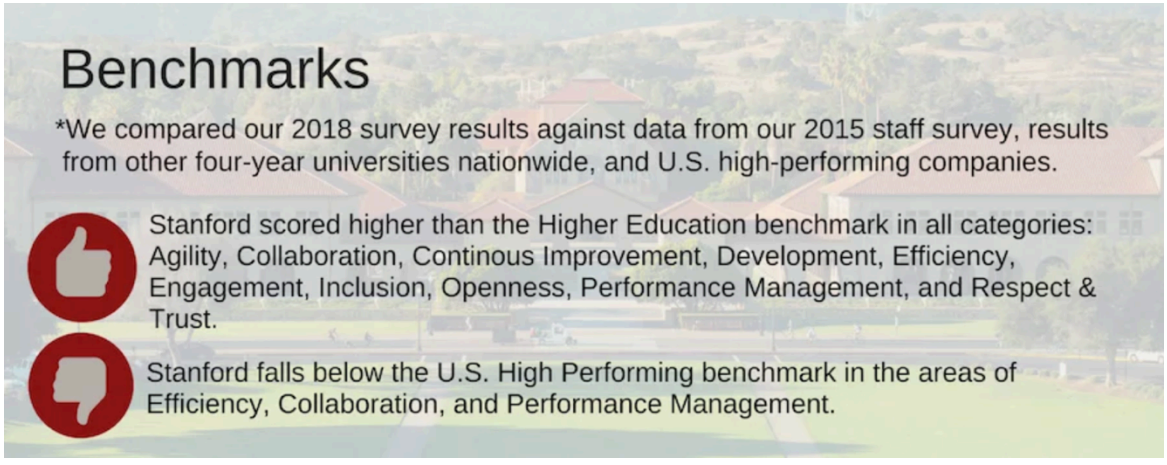


Figure 5: Previous Survey Benchmarks