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Improving Supervisor Confidence in Responding to Distressed Health Care Employees

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Background: Professional distress and burnout are increasingly common among health professionals. This trend prompted stakeholders at a large multicenter health care system to survey supervisors for improvement opportunities. The stakeholders learned that workplace leaders lacked tools and direction for appropriately responding to distressed employees. The authors implemented a supervisor training video on providing resources to improve employee mental health.

Methods: Using the DMAIC (Define, Measure, Analyze, Improve, and Control) methodology, the authors conducted key stakeholder interviews to identify strengths, weaknesses, opportunities, and threats. Next, an e-mail survey was administered to a representative sample of supervisors that asked about degree of confidence in responding appropriately to distressed employees, with the response options "very confident," "somewhat confident," and "not at all confident." After identifying factors contributing to low supervisor confidence, the research team developed and disseminated a six-minute, on-demand video to train supervisors to respond appropriately to employees during a mental health crisis. The same group of supervisors were surveyed using the same survey after exposure to the video, and responses were collected from those who had viewed the video but had not answered the preintervention survey.

Results: The proportion of supervisors who responded "not at all confident" in the survey decreased from 7.1% (15/210) of responses to 0.8% (1/123), while the proportion of supervisors who chose "somewhat confident" increased significantly, from 62.9% (132/210) to 69.1% (85/123) ($p = 0.03$). Of the 28 supervisors who had not participated in the presurvey and viewed the video, none indicated that they were "not at all confident." The percentage of supervisors who felt distress "sometimes" or more frequently from navigating and supporting employee emotional concerns decreased nonsignificantly from 41.9% (88/210) to 37.4% (46/123) ($p = 0.87$).

Conclusion: Simple, on-demand supervisor training videos can improve the confidence of supervisors to respond appropriately to distressed employees, which may indirectly contribute to improved employee mental health.

Psychological distress can be defined as a set of painful mental and physical symptoms that are associated with normal fluctuations of mood in most people.[1] However, distress can sometimes progress to a crisis, indicating a possible underlying clinical condition and need for immediate intervention. Distress in the general sense among health care professionals is routinely associated with lower quality of patient care. For example, distress and burnout (a syndrome of depersonalization, emotional exhaustion, and low personal accomplishment leading to decreased effectiveness at work[2]) in health care professionals have been linked to medical errors, adverse patient outcomes, lower patient satisfaction scores, and perceptions of decreased safety.[3] Employees in this field experience high work intensity, frequent interruptions, high emotional demands, and exposure to social stressors such as bullying and violence.[4] Work has been particularly stressful since the beginning of the COVID-19 pandemic[5–7]; only 10.8% of US adults aged 18 or older had symptoms of anxiety disorder or depressive disorder before the pandemic, as compared with 27.7% in May 2023.[8] Health care workers are not immune to these stresses, particularly when many have experienced moral injury, abuse, and harassment since the pandemic onset.[9,10] As a result, health care worker shortage is a major concern, with organizations focusing on better job satisfaction, career development, and work-life balance.[11] As stated by Lown, "Clinical caregivers cannot effectively address the suffering of others if their own suffering is left unattended."[12(p. 220)]

Within this context of health care worker distress, a multidisciplinary group of stakeholders at a large multicenter health care system performed a strengths, weaknesses, opportunities, and threats (SWOT) analysis to improve employee mental health. A supervisor survey was initiated to identify potential needs. Based on the results of the SWOT analysis and the supervisor survey, subgroups were formed to create opportunities for improvement. One subgroup addressed concerns that supervisors lacked confidence in responding appropriately to distressed employees. Workplace leaders were known to have difficulties assessing employees in distress and directing them to appropriate resources, all without assistance of a universal or specific tool. Of note, data collection occurred during the pandemic, so distress

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may have been particularly high, which underscores the importance of responding appropriately to distressed employees.

To our knowledge, no studies have described the use of quality improvement (QI) techniques to help supervisors respond to distressed employees. However, some literature indicates that when supervisors appropriately relate to employees (including responding to them when in distress), they make employees feel valuable and heard,[13] supported,[14] motivated to perform better,[13] and empowered to experience and express compassion.[12] Supervisors appropriately relating to employees leads to improved job satisfaction[15] and may even help prevent sick leave due to depression.[16] Managers who use leadership strategies (for example, being supportive, providing clear directions, and building good relationships) are perceived by employees as good leaders.[17] In turn, better leadership qualities of immediate supervisors are associated with less burnout and higher satisfaction among health care workers.[18]

Although the topic of mental health is highly relevant, supervisors repeatedly state that it is neglected in their work responsibilities.[19] They report wanting additional training to respond to employees after an adverse event,[20] particularly if the training is relatively short and user-friendly to help them get started.[15] One feasibility study found that using Web-based supervisor training resulted in improvement in understanding how to support workers who are returning to work after having mental health problems.[21] Likewise, imparting necessary information and skills through supervisor training has had at least a short-term favorable effect on employee mental health.[22]

In the absence of relevant QI literature, and with other literature supporting the importance of supervisor training, we realized that training supervisors could improve employee health if the training resulted in supervisors feeling able to confidently and appropriately respond to employees in distress. We aimed to use QI methods to help supervisors respond to distressed employees at Mayo Clinic. The project sought to increase supervisor confidence in responding to distressed employees, because decreasing employee distress could translate into more effective interactions with the patients they serve. Because health care worker supervisors were studied, we hope our findings offer a unique contribution to the existing literature and are generalizable to other health care organizations.

METHODS

This study was conducted as part of the usual QI efforts at Mayo Clinic. It used the DMAIC (Define, Measure, Analyze, Improve, and Control) framework and did not require any special approval or waiver. Mayo Clinic is a patient-focused, academic health care system with more than 74,000 employees across multiple sites, with main campuses located in Arizona, Florida, and Minnesota. As of May 17, 2021, this included 4,750 supervisors with 5.2 years' average duration in supervisory positions. This QI effort directed toward supervisors was one of several mental health and well-being subgroups and was led by a psychiatrist. All team members had specific and institutional knowledge regarding workplace mental health, representing psychiatry, psychology, corporate wellness, student affairs, employee assistance, human resources, and strategy. All team members, authors, and stakeholders belong to the same organization.

In the *Define* phase, key stakeholder interviews were conducted with supervisors, employees in nonleadership positions, human resources, and multiple other groups involved with employee mental health and wellness services to determine potential quality gaps. A total of 30 key stakeholders were asked unstructured questions (for example, "What would your 3 wishes be for mental health resources/programs at Mayo Clinic?") to elicit candid responses and ideas for future efforts. The interviews were used for SWOT analysis (Table 1) to determine potential areas of intervention. A consistent theme was that supervisors did not always have confidence in responding to employees in distress. They were often unaware of resources and/or unsure how to navigate the resources on behalf of employees at the appropriate times.

In the *Measure* phase, an e-mail survey was sent to 334 supervisors (7.0% of 4,750) on May 17, 2021, with a return deadline of June 12, 2021. The supervisors solicited to participate in the survey were part of a virtual feedback group precurated by Human Resources—People Analytics, which encompassed a statistically validated representative sample of supervisors from all job types and sites. This group was formed to respond to various surveys throughout the duration of their participation. This survey (the *presurvey*) included two free-text questions: (1) "What additional resources or questions should be offered to support distressed employees?" and (2) "What strategies could reduce barriers to care for employees who are distressed?" The free-text answers were coded based on information or solutions suggested by respondents and the top theme with which they aligned. One question asked was "How confident are you in responding appropriately to distressed employees?" Answers included "very confident," "somewhat confident," and "not at all confident"; 30.0% ($n = 63$) of the 210 respondents to this presurvey indicated that they were "very confident."

In the *Analyze* phase, different explanations were discussed for the low supervisor confidence in responding to distressed employees. A cause-and-effect (fishbone) diagram (Figure 1) highlighted the key causes of this gap in quality. The "navigation" issue/category was considered particularly significant. Multiple access points existed for supervisors to identify help for employees, with more than 10 different, and often siloed, groups providing mental health and emotional support. This led to confusion about navigation. In addition, the survey responses revealed a need to address

Table 1. Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis from Stakeholder Interviews to Help Understand the Current and Future State of Employee Mental Health

Analysis	Questions	Findings
Strengths	What are the best current outputs of our process, and what are the benefits of the process? What advantages do we have? What are we good at? What are our resources? What attributes of the process are helpful to achieving the goal/aim?	• Mayo Clinic has many mental health resources, tools, and groups for employees to access. • Groups are well assembled via the Employee Mental Health Steering Committee. • Experts from the Employee Assistance Program, Dan Abraham Healthy Living Center, Mayo Clinic Student Services, Human Resources, Office of Staff Services, and Department of Psychiatry and Psychology are available to help supervisors and other leaders on a case-by-case basis. • The groups listed above have great relationships with one another and have been referring supervisors and other leaders to their colleagues for the appropriate help for years. • Leaders at Mayo Clinic and in these groups are invested in the mental health of supervisors and employees.
Opportunities	What changes do you expect to see in demand over the next years? Any circumstance or trend that favors the demand for a specific competence or our improved process? What conditions are helpful to achieving the goal/aim?	• No universal tool or training session has been created to train supervisors and leaders on where to direct employees in distress. • Many different groups tend to help supervisors individually, but there is no current platform in which these groups have been able to collaborate to solve the need for educational resources. • Demand for both mental health services and access to those services will continue to increase in the coming years with stigma being reduced. Mayo Clinic can be on the forefront of offering meaningful programs for employees to use when they need help. • The support from the People and Culture Committee to develop innovative ways to care for one another allows the group to dedicate time and resources to the effort that have not been previously available.
Weaknesses	What are the current disadvantages of our process in terms of defects, inefficiencies, and problems? What could be improved? What do we do poorly? What should we avoid? Which attributes of the process are harmful to achieving our goal/aim?	• Not all employees or supervisors are fully aware of the resources, tools, and groups that are available. • Many of the groups are hosted in "silos of excellence" but not in the same department or center. • Many supervisors and other leaders are not aware of the mental health resources available to employees. • For many supervisors and leaders, it was not easy to find the information needed to give to distressed employees. • It can be difficult for supervisors to match specific appropriate resources for a given employee situation.
Threats	What obstacles do we face? What is our competition doing? What future changes will affect you? Are there required specifications or technology? Which conditions could do damage to achieving our goal/aim?	• Employee emotional concerns and confusion about where to direct employees are major sources of stress for supervisors and leaders. • Employee mental health resources have never been more pertinent than during and after the pandemic. Through some recent employee deaths (of all causes), it has been more apparent that supervisors and leaders need more resources or training available to help an employee in crisis. • Other major academic health systems, such as Vanderbilt University Medical Center, are investing in mental health programs and resources for their employees. Mayo Clinic has the potential to lose great employees and leaders without an increase in mental health resource awareness.

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other potential (and often overlapping) causes of the "navigation" problem, such as access to services, stigma/policies (for example, supervisor uncomfortable with mental health issues and/or unsure about next step per policy), benefits, education, on/off-site work concerns, and awareness of resources.

In addition, during this phase, the team examined two relevant questions related to employee distress as asked in the supervisor survey that was part of the institution's larger QI efforts: "What additional resources or support should Mayo Clinic offer to support distressed employees?" and "What strategies could Mayo Clinic employ to reduce barriers to care for employees who are distressed?" Top themes for these two questions were categorized by a free-text coding method. Education of supervisors and employees was one of those themes. Meanwhile, the team analyzed data

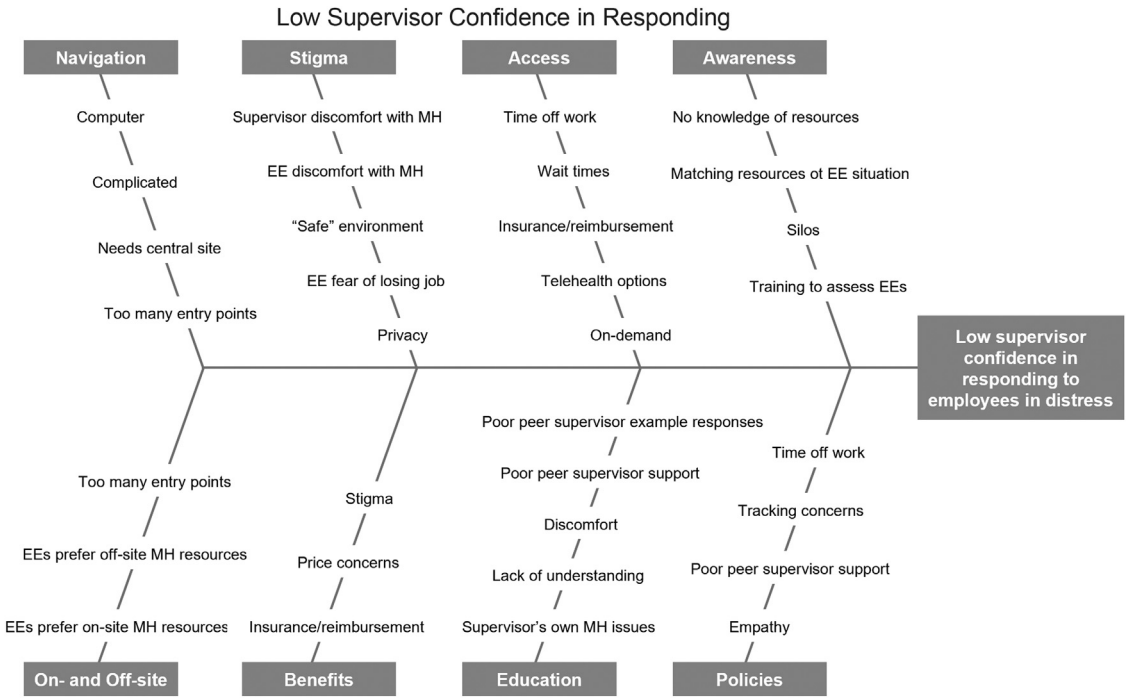

Figure 1: This fishbone diagram shows the key causes and the effect of low supervisor confidence in responding to employees in distress. EE, employee; MH, mental health.

to seek interventions that could have the highest potential impact with the least perceived effort. Further discussion narrowed potential intervention ideas, and an impact effort grid was created to highlight the reasoning behind choosing an intervention to educate supervisors (Figure 2). That is, of all potential interventions, training supervisors could be done quickly with high impact and relatively low effort.

Therefore, in the *Improve* phase, to address the gap in quality (that is, only 30.0% of supervisors answering that they were "very confident" in responding appropriately to distressed employees), the project team developed, recorded, and published a six-minute, on-demand, educational video for supervisor training about how to respond appropriately to employees during a mental health crisis. The video was called *Lend an EAR* to give supervisors an easily remembered mnemonic (Empathize, Assess, Refer) and tool (Figure 3). Content was created de novo (and thus was previously untested) by brainstorming and capitalizing on unique team member expertise and experiences. This intervention was tested through a month-long pilot that initially ran from mid-June to mid-July 2021.

The educational training video was tested in the workplace by posting links at sites frequented by supervisors, such as an intranet video exchange and external websites for employees. The video was then promoted as a resource for supervisors at an all-supervisors' meeting in June 2021 and posted in various intranet news articles. Further promotion of the video (online as before, and an e-mail sent on July 19, 2021, to the same initial group of 334 supervisors) led to extending the deadline to complete the postintervention survey to October 9, 2021. In addition, to gain more responses, a postintervention survey was embedded into the on-demand video so that any other supervisors at Mayo Clinic (that is, outside the group of 334 supervisors) could participate. The target for improvement was to have 60% of respondents feel "very confident" after the intervention.

We also assessed whether supervisors experienced distress in this job-related responsibility with the following item: "Employee emotional concerns and confusion about where to direct such employees are a source of work stress for me," with response options of "never," "almost never," "sometimes," "fairly often," and "very often." This item served as a counterbalance measure, to determine whether the intervention could increase supervisor confidence in responding to employees in distress without increasing the perceived stress of this job responsibility for supervisors.

Chi-square tests of independence were performed to compare answers between preintervention and postintervention surveys regarding supervisor confidence in responding to distressed employees and feeling distress about employees; $p < 0.05$ was considered statistically significant.

RESULTS

A total of 1,200 people viewed the *Lend an EAR* training video; 210 supervisors (4.4% of supervisors) provided data for the preintervention survey, and 151 supervisors (123 from the initial group and 28 from the survey em-

ID	EFFORT	IMPACT	Cause or Intervention
1	8	3	Supervisor mental health concerns
2	7	9	Lack of awareness of needs
3	5	10	Lack of supervisor training
4	10	8	Insufficient empathy and skill in responding
5	6	4	Lack of mental health resources available
6	10	6	Insufficient tools for identifying resources
7	6	10	Insufficient educational offerings
8	7	5	Too much organizational stigma around mental health concerns

Figure 2: Shown here is the impact effort grid for potential intervention ideas.

bedded with the video; 3.2% of supervisors) provided data for the postintervention survey. Of the supervisors, 75.8% were women, and they varied widely in age and thus experience: 26.2% younger than 35 years, 32.1% aged 35 to 44 years, 23.4% aged 45 to 54 years, and 18.3% 55 years or older. Areas of responsibility also varied widely: 47.0% of supervisors had duties in patient care in multiple settings (inpatient, outpatient, and surgical), supervising advanced practice professionals, technicians, and nurses. The other 53.0% of supervisors worked in the administrative aspect of the practice, with duties supervising administrative office support workers (for example, secretarial), clinical office support workers (for example, desk staff), business professionals, and other service/support personnel (for example, information technology).

The proportion of supervisors who chose the response "not at all confident" decreased from 7.1% (15/210) of responses to 0.8% (1/123), while the proportion of supervisors who chose the response "somewhat confident" increased significantly from 62.9% (132/210) to 69.1% (85/123) ($p = 0.03$) (Figure 4a). Those who had not participated in the presurvey and viewed the video ($n = 28$) were not included in this analysis, yet none indicated that they were "not at all confident"; 53.6% (15/28) were "somewhat confident," and 46.4% (13/28) were "very confident." The percentage of supervisors who reported feeling distress

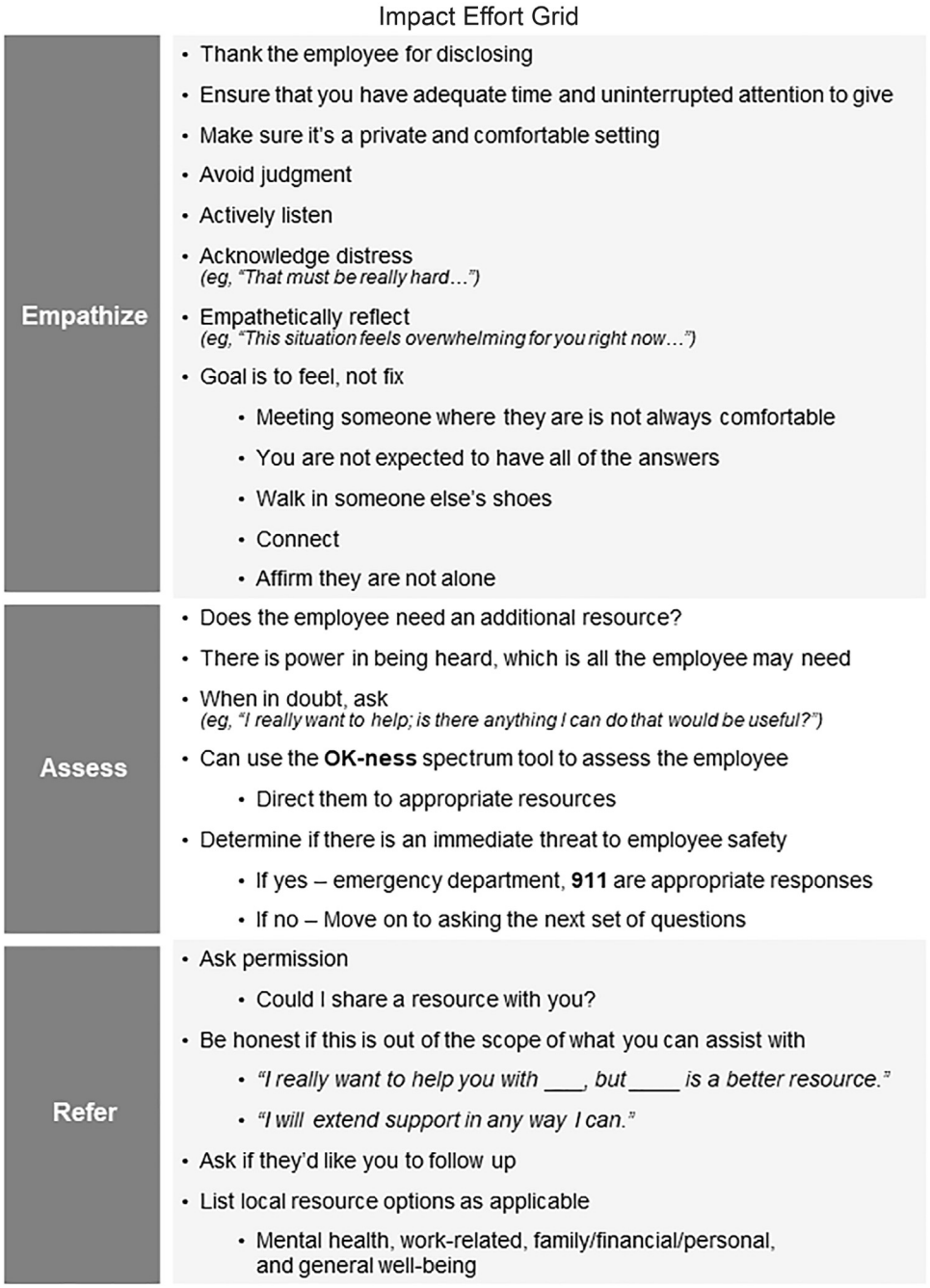

Figure 3: Shown here is a sample of the *Lend an EAR* supervisor training module content. Used with permission of Mayo Foundation for Medical Education and Research.

"sometimes" or more frequently in response to their responsibilities in navigating and supporting employee emotional concerns decreased nonsignificantly from 41.9% (88/210) to 37.4% (46/123) ($p = 0.87$) (Figure 4b).

Furthermore, the free-text survey analysis from the postintervention survey responses indicated appreciation and multiple positive suggestions to reduce barriers to helping distressed employees. For example, one supervisor said, "For those who are not comfortable coming to their supervisor, promote the Employee Assistance Program and/or include information on the well-being site with quick links." Another supervisor said, "Confidential and easily accessible contacts/places to visit to help with situations. Whether online/recorded stress management or well-being videos or direct number for certain medical/personal situations."

DISCUSSION

We found that the six-minute *Lend an EAR* supervisor training video modestly improved the percentage of supervisors reporting to be "somewhat confident" in responding to distressed employees. Furthermore, postintervention,

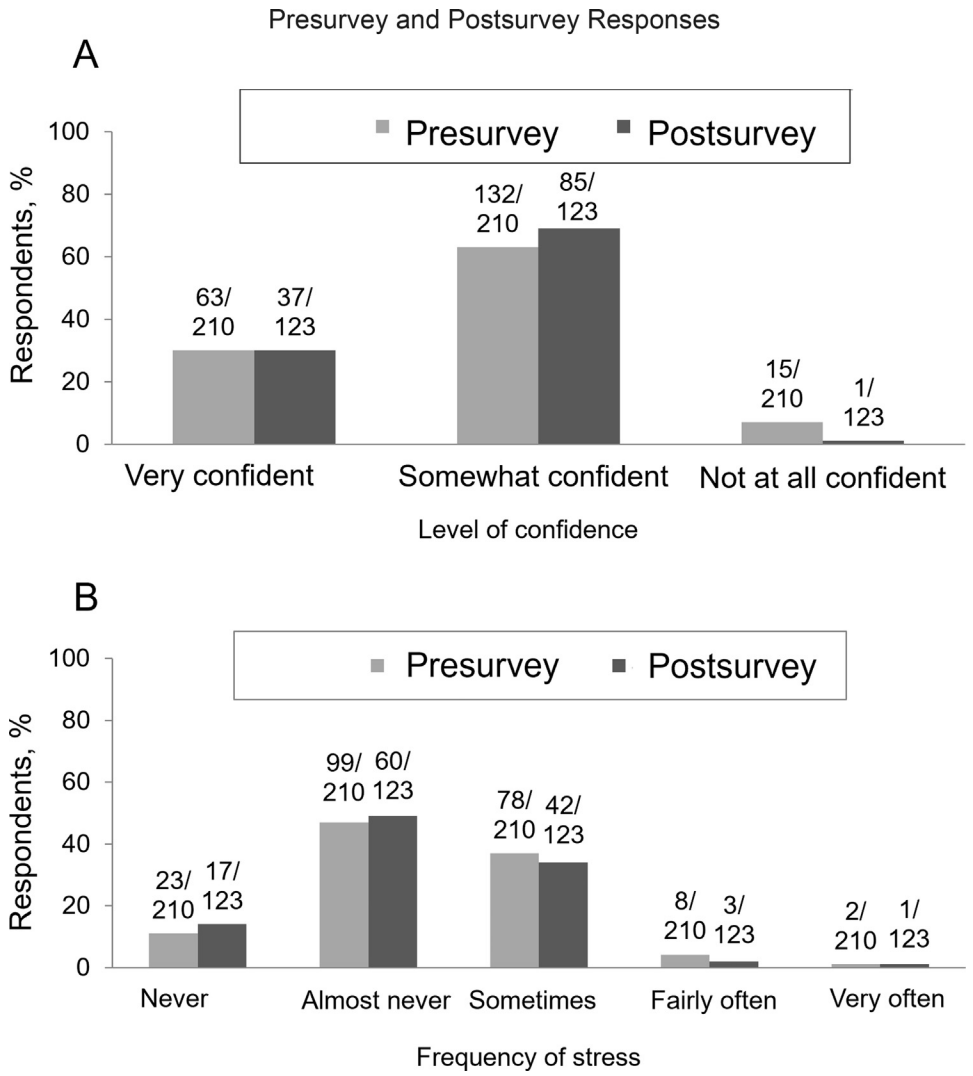

Figure 4: These graphs show presurvey and postsurvey supervisor responses. (A) The improvement measure was the percentage of supervisor responses to the question, "How confident are you in responding appropriately to distressed employees?" (B) The balancing measure was the percentage of supervisor responses regarding frequency of work stress regarding identifying employee emotional concerns and confusion about where to direct such employees. Used with permission of Mayo Foundation for Medical Education and Research.

less than 1% of supervisors were "not at all confident" responding to distressed employees; this indicates the training video may have particularly aided supervisors who were most unsure about next steps. The project team was successful with its balancing measure of not increasing the perceived stress of this job responsibility for supervisors. The percentage of supervisors identifying stress about employee emotional concerns at least "sometimes" and confusion about where to direct such employees notably improved from 41.9% to 37.4%. Such educational efforts may even improve supervisor stress levels as much as their confidence in responding to distressed employees.

Mental health is a complex and nuanced topic. Supervisors must manage unprecedented change in the workplace along with the accompanying stress of the employees they supervise. Organizations face the challenge of supporting a diverse workforce often spread across a wide geographic region. The availability of tools delivered via an online platform, such as *Lend an EAR*, could potentially help both supervisors and employees, given its simple framework and ease of dissemination.

For supervisors, previous experience in assisting employees under stress has been shown to be more helpful than content knowledge.[23] However, if previous experience is lacking, inexperienced supervisors are at a disadvantage to more effectively support employees.[24] This can be problematic because employees tend to report feeling powerless when their leaders lack certain leadership traits.[25] Conversely, actively supporting managers and implementing leadership activities that improve their capacity to better support staff leads to improved organizational resilience.[17,19] Such supportive leadership behavior can improve the health of the workforce.[4,26]

Positive leadership contributes to reducing the risk of employee burnout.[27] It follows that organizations can reduce and prevent burnout by encouraging leaders to recognize employee feelings and be perceived as a safe source to which employees can turn when experiencing difficulties.[28] A compassionate organizational culture can help decrease fatigue and burnout.[29] Such a wellness culture is more effective when supported by the entire organization (that is, upper management) and aligned with supervisor support.[30]

Before this QI project, supervisors had no on-demand resources for responding to employees in mental health crises. The project team learned how best to distribute the videos to supervisors with easy and immediate access both inside and outside the company firewall. The team recognized that an intervention would succeed only with a process simple for supervisors to understand and access. This is consistent with other literature emphasizing that organizations must provide adequate time and resources for leaders and teams to do their work well.[31] When managers are not sufficiently prepared to support well-being, they are left to learn by trial and error.[24]

Before the intervention, the team solicited supervisor responses via e-mail. Although e-mail responses may provide substantial feedback for improvements, this was time-consuming for supervisors. The team learned that it is simpler to embed the survey within the video, which allows for more immediate feedback. We recommend using shorter targeted surveys embedded within videos to measure improvements. A welcome additional outcome was supervisors contacting the team and asking for more on-demand training videos to use when they encounter employees or colleagues who need help. As a result of this project, several more videos have been created for targeted training.

To sustain the intervention (*Control* phase) after project completion, links to the videos were managed by an institutional team that created a dashboard to monitor and sustain improvements across time. The project team developed live tableau metrics for the dashboard to monitor the number of views of the *Lend an EAR* video and ongoing collection of postintervention survey responses (for supervisors watching the video for the first time). This dashboard is reviewed by the well-being and mental health leadership team monthly to monitor the longevity of the intervention's effectiveness and to determine opportunities for action should the control measure fall below the expected range (< 33% of supervisor respondents feeling "very confident" in responding appropriately to distressed employees). If this occurs, the well-being and mental health leadership team will reconvene to determine next steps, such as ensuring that the videos are working properly and adjusting video content to meet evolving needs.

Although study findings were modest, postintervention free-text survey responses indicated many supervisors requesting more such training. The ease of implementation and such positive feedback have large potential implications. Trainings similar to *Lend an EAR* can be incorporated into new employee orientations and reinforced by senior leadership, with encouragement for employees to seek help for mental health concerns. Such training could be extended to nonsupervisor employees, given that many employees may not confide in their supervisors because of power differentials. Continued dialogue with supervisors can lead to the development of new programs to decrease distress. Success of such programs could be measured in other ways than in our survey questions, such as measurement of lost work days, employee engagement, and retention of employees. Ultimately, such trainings may help support a culture of optimal mental health.

Further implementation research in this domain could consider several approaches to expanding on this intervention. First, given the central goal of optimizing supervisor confidence in handling employee concerns, this educational video could be paired with additional methods of further supporting or coaching supervisors. For example, establishing a communication channel for reviewing difficult cases or situations with a volunteer task force of colleagues could provide a perceived sounding board or safety net for supervisors feeling uncertain of how to handle ambiguous or seemingly precarious employee concerns. Second, further research could attempt to parse factors that are most likely to predict supervisor confidence or lack thereof. Third, additional efforts to improve survey response rate could enhance the power of the study and improve the ability to discern statistically significant results from the encouraging data presented here.

Limitations

There are several limitations to this study. First, the survey questions were not validated. Second, the supervisor confidence findings were modest, which suggests that further refinements to the content, mode of delivery, and/or method of measurement may be needed. Third, although the process of supervisors responding to distressed employees is ubiquitous and could potentially be applied in almost any health care institution, it is unknown whether our findings could be replicated in other institutions. We lacked some demographic data that could help determine generalizability (for example, correlating years of supervisory experience with confidence in responding to employees in distress). Fourth, we were unable to perform a multivariate analysis, and therefore our results are potentially subject to confounding. Fifth, our postintervention survey data represented short-term changes in attitude and confidence. Thus, effects on actual supervisor behavior and long-term effects are uncertain. Finally, some characteristics of the training videos (for example, content created by experts specific to Mayo Clinic and a full studio available to produce a high-quality video) possibly could have affected results and thus the ability to replicate them.

CONCLUSION

Workplace supervisors have an important role in employee mental health. This study shows that simple, on-demand supervisor training videos can improve the confidence of supervisors to respond appropriately to distressed employees. The positive response to the videos led to the development of other similar videos and plans to monitor viewer responses across time. Such interventions, including embedding questionnaires within videos, are low-intensity efforts with minimal risk and associated costs that institutions can try to implement. Our findings are consistent with an expanding area of practice to help supervisors manage employees with chronic distress, which includes developing and disseminating coaching and preventive resources for supervisors to use at the work-unit level.[32]

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