

DEVELOPMENT OF WORKPLACE WELLNESS PROGRAM FOR COMMUNITY MENTAL HEALTHCARE PRACTITIONERS

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ABSTRACT

In modern healthcare settings, recognizing the importance of practitioners' well-being for organizational health, especially in community mental healthcare, has become increasingly vital. Despite this awareness, tailored workplace wellness programs for community mental healthcare professionals, particularly in Qatar, are lacking. This study addressed this gap by developing and evaluating a workplace wellness program specifically designed for community mental healthcare practitioners in Qatar. Utilizing a descriptive-developmental design, this study employed a comprehensive approach to develop a workplace wellness program. Data on perceived sources of stress and coping strategies were collected from community mental healthcare practitioners through a research-made questionnaire. The development process involved analyzing the data and applying statistical and scientific treatments to tailor the program to practitioners' specific needs and preferences. The program's level of acceptability was evaluated by experts to ensure its suitability for implementation. The study identified work-related factors and pandemic-related stressors as significant sources of stress among community mental healthcare practitioners. Social support emerged as the primary coping strategy. Based on these findings, a four-month workplace wellness program was developed, focusing on enhancing overall well-being and teamwork within the community mental health setting. Expert evaluation rated the wellness program very high, indicating its potential effectiveness. This study underscores the urgent need for targeted interventions to address stressors among mental healthcare practitioners. By enhancing coping strategies through tailored wellness programs, practitioners' mental wellness can be significantly improved, ultimately enhancing patient care quality. The developed workplace wellness program shows promise in fostering a positive work environment and supporting practitioners' mental health.

Keywords: Workplace wellness program, Community mental healthcare practitioners, Stressors, Coping strategies

INTRODUCTION

In modern healthcare environments, acknowledging the well-being of practitioners as crucial for organizational health is on the rise. Especially in community mental healthcare, where practitioners tackle significant emotional and psychological challenges, prioritizing their wellness is essential. As highlighted by Wadoo (2021), with rapid advancements, mental health has become a focal point for growth. Hence, there is an urgent need for tailored workplace wellness programs for mental healthcare professionals. Several recent studies have focused into the well-being of healthcare practitioners. In Shanafelt's (2019) article titled "Changes in Burnout and Satisfaction with Work-Life Balance in Physicians and the General US Working Population Between 2011 and 2019," findings indicated a rise in burnout rates among mental healthcare providers. Firth-Cozens and Greenhalgh's (2019) study emphasizes

the importance of practitioners tending to their own well-being to ensure optimal patient care. Additionally, Shanafelt (2023) proposes various strategies for enhancing well-being and mitigating burnout. Shanafelt et al. (2019) revealed an increase in burnout rates among physicians recently, while Salyers et al. (2020) conducted a meta-analysis showing the correlation between professional burnout and healthcare quality and safety. Additionally, Kvarnström et al. (2021) conducted a descriptive study on the well-being of nurses in Finnish primary healthcare, and West et al. (2023) conducted a systematic review of interventions aiming to enhance physician well-being and alleviate burnout. These studies collectively underscore the significance of addressing healthcare practitioners' well-being and implementing interventions to support and sustain it. Public hospitals serve as vital centers for community mental healthcare, catering to diverse populations with varying mental health needs. Mental healthcare practitioners operate at the forefront, managing intricate patient cases and confronting emotionally taxing situations daily. Despite their crucial role, they often grapple with burnout, compassion fatigue, and heightened stress levels, jeopardizing both their well-being and the quality of patient care. Recent research has shed light on the challenges faced by mental healthcare professionals in public hospitals. Gómez-Urquiza et al. (2021) highlighted the heightened risk of burnout among mental health nurses in low- and middle-income countries. Similarly, Sharma et al. (2022) found that psychiatric nurses in Indian public hospitals experience elevated levels of job stress, emotional exhaustion, and depression. These studies underscore the urgent need for interventions to alleviate burnout, compassion fatigue, and stress among mental healthcare professionals in public hospitals, ultimately enhancing their well-being and the standard of patient care.

Meanwhile, Alharbi and Hasan (2019) compared occupational stress, coping, and quality of life among nurses in different settings. They found that psychiatric nurses experienced higher stress levels but no significant difference in coping strategies compared to general nurses. The studies emphasize the need for tailored coping mechanisms and stress management programs in healthcare settings. Crafting a workplace wellness program specifically designed for community mental healthcare practitioners offers numerous benefits. Not only does it enhance practitioners' overall well-being and resilience, but it also helps mitigate burnout, boost job satisfaction, and improve retention rates. Moreover, by focusing on practitioners' mental health, such initiatives have the potential to positively impact patient outcomes and enhance the quality of mental healthcare services provided. A recent literature review by Osatuke et al. (2023), titled "Workplace Wellness Programs for Mental Healthcare Practitioners: A Scoping Review," emphasizes the necessity for evidence-based interventions tailored to the unique needs of mental healthcare professionals. This review underscores the importance of implementing workplace wellness programs that prioritize practitioners' mental health and well-being.

Considering thereof the concept of workplace wellness programs are widely implemented to enhance employee health and reduce healthcare costs. However, their effectiveness in achieving these goals is debated. Gray et al. (2019) emphasized the importance of engaging healthcare workers in the development and implementation of wellness interventions, highlighting strategies such as skills development and workload management. Despite recognizing the potential benefits, Workplace wellness programs are commonly offered by employers with the expectation that they will reduce health care costs (Levy and Thorndike, 2019). However, despite these numerous studies that investigated the development of workplace wellness program for community mental healthcare practitioners, particularly in the Qatar no study yet has been conducted which explains the respondents' perceived source of stress, their coping strategy, workplace wellness program and their level of acceptance of

the developed wellness program. Thus, this study developed a workplace wellness program for community mental healthcare practitioners, particularly in Qatar, which provided baseline data to occupational therapists. It was important to explore and elucidate the foundational elements necessary for the design and implementation of an effective workplace wellness program within the context of community mental healthcare. By adopting a comprehensive approach, encompassing both evidence-based strategies and stakeholder engagement, this research aimed to provide actionable insights and practical recommendations for developing a sustainable wellness program.

LITERATURE REVIEW

A unique role of Community Mental Healthcare workers

Community mental healthcare workers are multidisciplinary team uniquely qualified to treat mental health issues in communal areas. They're a great complement to healthcare teams working to enhance mental health outcomes in typically hard-to-reach populations. Community mental health services comprise a mix of services that provide clinical care and support, psychosocial rehabilitation and residential services. They have a large role in providing outreach services to deliver care and support in people's homes or in public spaces; and to disseminate information about mental health and engage in mental health prevention and promotion (WHO, 2022). Community health workers (CHWs) have gained increasing recognition as valued members of health care teams who have the potential to improve access to care, quality of care, and health equity in underserved communities. Community mental healthcare worker has a diverse range of roles, clinical interventions, settings, outcome and even challenges. The services are intended to assist people in their rehabilitation and enable them to live as independently as possible in their communities. Defined as frontline health workers who are trusted members of, or have a markedly close understanding of, the community served, community health workers can serve as liaisons between agencies and the community, facilitating access and improving services and, in particular, improving the cultural responsiveness of those services. They also have the potential to reach marginalized, underserved groups who have reason to mistrust formalized systems of care (Weaver & Lapidus, 2018).

Community healthcare-introduced intellectual fitness interventions can growth the supply of care, given enormous group of workers demanding situations to satisfy provider needs. In the systematic review study done by Barnett in 2018 revealed a rapid and recent increase in research being conducted on Community healthcare workers (CHW) involved mental health care. The review included 43 articles (39 trials) and found that CHW-delivered interventions led to symptom reduction. Training community healthcare workers (CHWs) to support the delivery of evidence-based practices may help reduce mental health disparities. By equipping these workers with the necessary skills and knowledge, they can play a pivotal role in reaching underserved populations and providing culturally competent care. This approach not only enhances access to quality mental health services but also fosters empowerment within communities, leading to more sustainable and equitable outcomes in mental healthcare. Community care policies are also aimed at promoting choice and independence for individuals experiencing mental health difficulties. In the contemporary Western world mental health services are far more likely to be community than hospital based. In the United Kingdom, hospital and hospital-based out-patient clinics have been replaced with community mental health treatment teams (CMHTs) whose members are not just psychiatrists, but also nurses, psychologists, occupational therapists and social workers, and who work from a building other than a hospital, usually in a geographically defined area (Malone, 2018).

Community Mental Health Teams (CMHTs) are secondary care services found across the whole of the UK. Although the makeup of these teams is fairly consistent, they may have different names such as the Community Recovery team or Assessment and Brief Treatment team, Recovery & Wellbeing Team or Complex Care Team (ocdaction.org.uk, 2019). Where discreet CMHTs are in place they will consist of Mental Health Social Worker, Support Worker, Occupational Therapist, Community Psychiatric Nurse, Clinical Psychologist, Psychiatrist, Admin Staff, CMHT Leader. There may be local variation to this membership (NHS Highland, 2021). WHO, through the UHC Partnership, supports Ministries of Health in 21 Pacific Island countries and areas to strengthen mental health service provision, which is particularly important during the COVID-19 pandemic. All surveyed Pacific Island countries and areas reported disruption to one or more of their mental health services since the COVID-19 pandemic began. The greatest disruption has been to community-based activities and services for vulnerable groups. “Mental health work during COVID-19 has highlighted the importance of ensuring that health systems at all levels are equipped to recognize mental health conditions and are able to provide support,” said Dr Mark Jacobs, Director of Pacific Technical Support and WHO Representative to the South Pacific. “Finding ways to strengthen the capacity of all health care workers to recognize and respond to both their own and others’ stress during the COVID-19 has been a particular priority in the Pacific” (WHO, 2020).

Community Mental Healthcare Services in Qatar

The mental health workforce, drawn from diverse ethnic and training backgrounds with limited psychiatric experience, faced challenges in delivering routine services. For instance, unconventional practices such as community nurses in non-uniform attire and hospital vehicles with visible logos were met with resistance due to stigma concerns. To address these issues, services were tailored to user preferences, and training programs were implemented to encourage personalized care plans and interdisciplinary patient management. In 2006, the first residential community-based facility was opened (Ahmed & Ghuloum, 2021). The development of the Qatari community mental health system since the 70’s, with the coexistence of previous institutionalized services (in a transformation process now), and new services, has hampered a comprehensive study of its mental health service provision to verify if it is coherent with the principles of the last health plans. According to Wadoo et al. (2021) in his article entitled “Primary care mental health services in Qatar”, with rapid growth and development in recent decades, the State of Qatar has been redefining strategies and policies towards building a world-class healthcare system. Mental health has emerged as a priority area for development. As a result, mental health services in the region are being redefined and expanded, and this was realized with the launching of the ambitious National Mental Health Strategy in 2013.

The National Mental Health Strategy for Qatar, *Changing Minds, Changing Lives*, 2013–2018, was launched in 2013 (General Secretariat of the Supreme Council of Health, 2013–2018). This was a ground-breaking policy initiative which focused on providing most mental health services in primary and community settings close to the populations served, in line with the best available evidence. The strategy supported the transition towards community-based care. It outlined a plan to design and build a comprehensive and integrated mental health system, offering treatment in a range of settings, including a focus on primary care. This initiative was further supported by the publication of the National Health Strategy 2018–2022, which specifically identified mental health and well-being as a priority area of development for the nation (General Secretariat of the Supreme Council of Health, 2018–

2022). Remarkably, there is a dearth of studies on the stress and coping mechanisms of community mental healthcare practitioners, as well as limited research on the impact of stress or burnout among healthcare professionals in the Middle East, particularly in Qatar. Few studies in Qatar have reported burnout among different categories of healthcare professionals, such as general physicians, ICU clinicians, psychiatrists, medical residents, and nurses. A systematic review for burnout among healthcare professionals in Qatar highlights the significance of this issue in the healthcare sector. Existing studies reveal a notable prevalence of burnout among healthcare professionals, with pooled rates ranging from 17% to 20% based on fixed-effect and random-effect models. Based on the findings of this study, it can be concluded that burnout is prevalent among healthcare professionals in Qatar, regardless of their role (Albazoon et al., 2023).

Stress and Coping Strategies

According to the transactional model of stress and coping, individuals experience stress when the demands placed on them (stressors) exceed their resources (Wolfers, 2022). This disbalance is symbolized by the seesaw on which stressors and resources are pitted against each other. The model proposes that individuals assess the (dis)balance between resources and stressors in a first appraisal. In a second appraisal, they evaluate available coping options. Coping options include coping strategies and the coping tools with which coping strategies are implemented (Wolfers, 2021, 2022). All emotion regulation is a form of coping; however, coping involves attempts to regulate one's emotions specifically in response to a stressful event. Many times, in a day, people are subjected to different types of stimuli that require them to regulate their emotions; however, emotion regulation has generally been defined as the efforts people make to influence which emotions they have the moment they have them, as well as the manner in which the emotions are experienced and expressed (Jacob, 2023). Several studies have investigated the impact of stress on healthcare practitioners and their coping strategies. Xu et al. (2018) conducted a study on emergency department (ED) nurses and doctors, highlighting high workload and limited experience as key stressors. They found that coping strategies such as maintaining normalcy and considering different approaches were commonly used. Prasad and Vaidya (2018) found that factors like workload, co-workers, and role ambiguity contributed to stress, with varying effects based on length of service. While Alharbi and Hasan (2019) compared occupational stress, coping, and quality of life among nurses in different settings. They found that psychiatric nurses experienced higher stress levels but no significant difference in coping strategies compared to general nurses. The studies emphasize the need for tailored coping mechanisms and stress management programs in healthcare settings.

Coping techniques, those strategies and mechanisms individuals use to manage stress and adversity, are as diverse and numerous as the stressors themselves. One way of characterizing coping strategies is as being adaptive or maladaptive. Adaptive strategies make things easier in the moment, but also easier in the long run. Maladaptive coping strategies make things easier in the moment, but only make things harder in the long run. Maladaptive strategies turn away from problems, while adaptive strategies face them and deal with them. Adaptive coping "characterizes a person who deals with stressors through personal growth, optimism, solution-focused actions, creativity, and flexibility." There are multiple different coping approaches that we may be able to use: active: problem-solving, reaching out for support, accommodative: changing our expectations to better fit the situation, emotional: regulating stress-related emotions, behavioral: taking actions to reduce stress, such as using breathing techniques, cognitive: changing the way we think about the stressor (Brown et al., 2019).

Personality traits can influence the type of coping strategies that people tend to use, and extraversion, conscientiousness, and openness have been linked to adaptive coping. While maladaptive coping strategies may be more likely to be in the toolbox if there are overwhelming stressors or trauma or if there was maltreatment/neglect during childhood or exposure to emotional invalidation. These strategies provide temporary relief, but they don't address the problem (Brown & Bond, 2019; Peterson, 2021). Positive coping skills, such as the use of problem-focused strategies, are related to high standards in resolving complicated situations, better capacity for recovery and resilience, and a healthier work environment (Teismann et al., 2018; Yu et al., 2019). The acquisition and development of effective coping strategies could therefore alleviate anxiety and increase the wellbeing of healthcare professionals (Huang et al., 2018; Molero et al., 2019). The main hypothesis was that positive affect mediates the relationship between personality and more adaptive coping strategies, while, on the contrary, the negative affect mediates the relationship between personality and dysfunctional coping strategies (Voskou et al., 2020; Martinez, 2021). Coping strategies that lessen distress in one situation may be ineffective or even detrimental to the individual in another. Not all forms of coping are considered beneficial. Adopting strategies, such as self-blame, or problem avoidance as a way of struggling with stressors lead to maladaptive results (Morales, 2020).

Impact of the Pandemic on Healthcare practitioners

With the advent of COVID-19, there has been a significant increase in the rates of stress, anxiety and depression globally (Ojha et al., 2020). Mental healthcare workers are no exemption, some who faced challenges and stress during pandemic trigger common mental disorders including anxiety and depressive disorders and post-traumatic stress disorders, which in turn could result in hazard that exceed the consequences of the 2019-Covid epidemic itself (Yanping et al., 2020). Several studies have assessed the psychological impact of COVID-19 pandemic on healthcare workers HCWs. A systematic review and meta-analysis of 27 studies assessing the effects of the COVID-19 pandemic on the mental health of healthcare workers (HCWs) particularly in relation to the prevalence of depression, anxiety, and stress showed a pooled prevalence of 39.8, 41.3, and 54.3% respectively (Mahmud et al., 2021).

As stated by Paterlini, many international studies have, in fact, underlined how healthcare workers (HCWs) experienced extreme work pressure, including work overload, changes in professional tasks and fast adaptations to new health strategies, and facing the risk of being infected or infecting family members on a daily basis. In this scenario, they experienced intense feelings of stress, anxiety, fear, helplessness and loneliness, heightened by the lack of social support due to the lockdowns. In particular, according to recent systematic umbrella reviews and meta-analyses (Marvaldi et al., 2021; Fernandez et al., 2021), the pooled prevalence rates of mental health symptoms of HCWs in practice, during the COVID-19 pandemic, were about 30% for depression, 30% for anxiety, 30% for post-traumatic and acute stress disorders, and 40% for sleep disorders, with substantial heterogeneity among studies. This variability has been explained by different factors, such as different mortality and infection rates among countries, gender differences, professional category, kind of users, health care setting, working conditions, etc. (Paterlini et al., 2022). Several studies investigated the emotion and psychological distress of front-line healthcare workers under the circumstances of high pressure and workload caused by contagious disease. Excluding the effect of age, gender, and comorbidities, researchers found that depression, anxiety, stress, and posttraumatic stress disorders (PTSD) were significantly associated with the presence of

physical symptoms experienced in the preceding month (Chew et al., 2020). Anxiety, fear, loneliness, helplessness, conflict, and anger have been reported in the studies of SARS outbreak (Chen et al., 2021). Furthermore, the experience fighting against Ebola epidemic taught us that poor mental health, such as anxiety, depressive disorders, and PTSD are some of the psychological catastrophes that can result in hazards exceeding the consequence of the outbreak itself (Chen et al., 2021). Thus, there is an urgent need to detecting and working on protecting healthcare workers' mental health and treat their mental health disorder symptoms (Suryavanshi et al., 2020). Several studies have highlighted the impact of the COVID-19 pandemic on healthcare workers' mental health and coping strategies. Vagni et al. (2019) found that healthcare workers experienced higher levels of emergency stress and arousal compared to emergency workers, emphasizing the need for prevention strategies. Cai et al. (2020) emphasized social and professional obligations, safety concerns, and psychological effects from mortality reports on medical staff well-being, suggesting that recognition of efforts and infection control guidelines could benefit medical staff during future epidemics.

Ye et al. (2020) found that COVID-19-related stressful experiences were significantly associated with acute stress disorder (ASD) among college students in China. Moreover, they found that resilience, adaptive coping strategies, and social support mediated this relationship. Babore et al. (2020) identified a positive attitude as a protective factor, while female gender, seeking social support, avoidance strategies, and working with COVID-19 patients were risk factors for distress among healthcare professionals. Furthermore, Windarwati et al. (2020) highlighted teamwork, appreciation from hospitals, and a sense of duty as significant motivators for healthcare workers in Indonesia during the pandemic. Finstad et al. (2021) emphasized the importance of psychological resilience and adaptive coping strategies in reducing negative psychological effects and promoting well-being among healthcare and non-healthcare workers. Canestrari et al. (2021) also found that humor-based coping strategies could mitigate perceived stress related to COVID-19 among healthcare workers in Italy. These studies collectively underscore the complex interplay between stressors, coping strategies, and mental health outcomes during the pandemic, highlighting the need for comprehensive support and intervention strategies for healthcare.

Aside from the COVID-19 pandemic, previous research on infectious diseases such as SARS and Ebola have shown that healthcare workers often experience severe emotional stress during outbreaks. Even after the outbreak ends, healthcare workers can experience burnout, traumatic stress, anxiety, and depressive symptoms. Research has also found an increased prevalence of post-traumatic stress disorder (PTSD) among survivors of infectious diseases (Lee et al., 2018). Benfante et al. (2020) investigated trauma- and stressor-related symptoms among healthcare workers during the COVID-19 pandemic, finding a prevalence of trauma-related stress ranging from 7.4% to 35%, particularly among women, nurses, frontline workers, and those with physical symptoms. Furthermore, Carmassi et al. (2020) conducted a systematic review of studies on Coronavirus outbreaks, including SARS, MERS, and COVID-19, to identify risk and resilience factors for PTSD and post-traumatic stress symptoms (PTSS) among healthcare workers. They found that factors such as exposure level, working role, social and work support, job organization, quarantine, age, gender, marital status, and coping styles were relevant. Effective intervention strategies should consider these factors to enhance resilience and reduce the risk of adverse mental health outcomes among healthcare workers. While Stuijzand et al. (2020) emphasized the importance of providing psychosocial support to healthcare professionals to protect their mental well-being and ensure high-quality patient care. In Qatar, two studies that assessed mental wellbeing as measured by the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) of healthcare workers HCWs

showed that 17.4%, and 30% of the participants had well-being scores of less than 45, indicating suboptimal wellbeing and a high risk of psychological distress and depression (Wadoo et al., 2021a, 2021b). Nevertheless, these figures can't be ignored. Ensuring proper mental health support for HCWs and implementing tailored interventions are important components of public health measures for addressing COVID-19 pandemic and are highly recommended (Abed Alah et al., 2021).

Importance of Workplace Wellness Program

Workplace wellness programs (WWPs) are employer sponsored initiatives to promote healthy behaviors among employees. Public and private sectors have used workplace interventions to improve employee health and productivity for decades, with a focus on worker productivity (Unsal et al., 2021). Employers of all sizes utilize various types of health management solutions, these include work-based stress management or wellness programs designed to promote health, resilience, coping and prevent disease. Perceived organizational support, which is an external resource of coping, refers to employees' global beliefs regarding the extent to which the organization values their contributions and cares about their well-being (Zhou et al., 2021). Workplace wellness programs are commonly offered by employers with the expectation that they will reduce health care costs (Levy & Thorndike, 2019). Recent Workplace wellness program (WWPs) focused on promoting employee health include different tactics (e.g., health assessments, education, counseling) that target parameters such as PA levels (quantity of light, moderate, or vigorous activity), stress levels, or weight control to improve employees' health and productivity (Marin-Farrona et al., 2023).

Given the great social pressure generated by the pandemic, companies need to pay more attention to employees' well-being to enhance their bolster perceived organizational support (POS), which ensures organization recovery from the effects of the crisis (Lee et al., 2021). Companies need to learn an important lesson from this situation: they should find effective ways to mitigate workplace health and safety threats from a proactive and holistic perspective. Hence, the concept of a safe environment should also include practices that companies have recently developed to deal with the threats arising due to the COVID-19 pandemic. These practices, along with traditional wellness programs, should have an impact on employee-perceived organizational support, as we analyze next (Munoz et al., 2023). The escalating popularity of workplace wellness programs is often cited as a means to improve the health and productivity of employees while potentially reducing healthcare costs. In the context of healthcare workers, the effective implementation of such programs is paramount to both individual and public health outcomes. An analysis of Botswana's nationwide wellness program for healthcare workers, conducted by Ledikwe et al. (2017), illustrates varied adoption rates across districts. Despite the establishment of dedicated, multidisciplinary wellness committees and administrative support, the program's reach was inconsistent, with health screenings and promotional activities being more frequently implemented than occupational health initiatives and psychosocial services. Challenges stemmed from competing service delivery priorities, limited technical proficiency, and an under appreciation for personal wellness among some healthcare workers. These factors highlight the complexities and significance of ensuring healthcare worker well-being in the drive toward achieving international health goals, as well as the role of workplace wellness programs in this endeavor. Che et al. (2017) expands on this by emphasizing the trend's connection to employers' desire to mitigate healthcare expenses, enhance morale, and the tendency to use financial incentives to boost participation, reflecting a broader acknowledgment of wellness

programs' value in the workplace. Evaluating the impact of workplace wellness programs on healthcare expenditures and employee health outcomes has yielded mixed results. Levya and Thorndike's study on Massachusetts General Hospital's "Be Fit" program revealed clinical improvements but no substantial reduction in healthcare costs in the following year, suggesting the need for longer-term and more comprehensive interventions (Levya & Thorndike, 2018). Similarly, Lowensteyn et al. (2018) found significant improvements in physical and mental health metrics, with the greatest benefits observed among the most active program participants in their study of a workplace wellness program in Canada. Song and Baicker (2021) reported in a three-year randomized clinical trial of a multi component workplace wellness program in a middle- and lower-income worker population found that exposure to and participation in the program led to better self-reported health behaviors, notably including active weight management. However, in their study in 2019, they reported limited short-term impacts on clinical health measures, healthcare costs, and employment outcomes, while noting some improvements in self-reported health behaviors, thus calling for more research into the long-term effects and economic benefits of these programs. Together, these studies underscore the complexity of determining the efficacy of workplace wellness initiatives in driving down healthcare costs, despite some evidence of health benefits.

Workplace wellness programs are widely implemented to enhance employee health and reduce healthcare costs. However, their effectiveness in achieving these goals is debated. Gray et al. (2019) emphasized the importance of engaging healthcare workers in the development and implementation of wellness interventions, highlighting strategies such as skills development and workload management. Despite recognizing the potential benefits, Gray et al. noted a concentration of research on wellness programs in high-income countries, suggesting a need for more diverse studies to understand their global impact. In contrast, Jones, Molitor, and Reif (2019) conducted a comprehensive study on a wellness program in Illinois and found mixed results. While the program led to increased health screening rates, it did not significantly impact medical expenditures, health behaviors, productivity, or self-reported health status in the short term. Their findings raised concerns about the potential for wellness programs to disproportionately benefit healthier and higher-income employees, indicating a need for further evaluation to ensure equitable distribution of benefits. Overall, the literature suggests that while workplace wellness programs have the potential to improve mental health and happiness in the workplace, their financial efficacy and equitable benefit distribution remain uncertain. More robust, long-term evaluations are needed to assess the impact of these programs on employee health outcomes and healthcare costs. Additionally, there is a need for more research in diverse settings to understand the broader implications of workplace wellness programs across different populations and geographic locations.

METHODOLOGY

This study, which aimed to develop a workplace wellness program tailored to the needs and challenges of community mental healthcare practitioners, utilized a descriptive developmental research design. Descriptive developmental design, as elucidated by Gillaco (2019), is characterized by its focus on uncovering real facts concerning the current situation, primarily through description, comparison, analysis, and interpretation of existing data. In this context, the study employed the descriptive developmental approach to thoroughly investigate the stressors, coping mechanisms, and wellness requirements encountered by mental healthcare practitioners in community settings. By adopting this approach, the research aimed to delve deeply into the nuanced aspects of the practitioners' experiences, facilitating a comprehensive understanding of their challenges and needs. This methodology

enabled the exploration of real-world scenarios, allowing for the identification of key factors influencing the mental well-being of these practitioners. Furthermore, in line with Beb's (2020) characterization of developmental method as a literature domain directly concerned with instructional development, the study aimed not only to uncover insights but also to translate these findings into tangible outcomes. By integrating research outcomes with practical applications, the study sought to develop a tailored workplace wellness program specifically designed to address the identified stressors and support the mental well-being of mental healthcare practitioners. This approach underscores the study's commitment to not only generating knowledge but also fostering positive change within the community mental health sector through the implementation of evidence-based interventions.

A stratified random sampling method was employed to scientifically select respondents from healthcare professionals currently working in the community mental health setting. The study's population consisted of healthcare practitioners in mental health community settings, with 38 respondents initially targeted. However, only 30 responses were retrieved from a population of 42. The sample size was determined using the Raosoft calculator at a 95% confidence level, recommending a sample size of 38. Inclusion criteria specified that respondents should dedicate at least half of their working time to clinical duties, excluding those primarily engaged in administrative roles such as head nurses, managers, and supervisors, whose sources of stress may differ significantly and warrant separate exploration. The population of this study comprised healthcare practitioners working in mental health community settings, specifically within the public hospital in Qatar. Data collection primarily relied on primary sources, targeting a diverse range of community mental health care practitioners. These included Occupational Therapists, OT Technicians, Nurses, Nursing Assistants, and Psychologists. By focusing on these frontline healthcare professionals directly involved in mental health care delivery, the study aimed to gather firsthand insights into the challenges, stressors, and coping mechanisms prevalent within this specialized healthcare domain. Importantly, only empirical data generated directly from these practitioners were statistically treated and analyzed, ensuring the study's findings were grounded in the real-world experiences of those working within the mental health community setting in Qatar's public hospitals.

The researcher-made questionnaires were used to measure the variables of the study. In initial part of the study a fabricated pre-survey questionnaire was used which includes the, perceived stressors and coping strategies of the participants. Second part, another instrument used was the level of acceptability rating scale, distributed to five experts to evaluate the developed workplace wellness program. Since the instruments was created by the researcher, all the questions were subjected to face and content validity testing by three (3) panel of experts in the field before being distributed to the participants. The experts' comments and suggestions were essential for its validity, and after some modification, it was shown to the adviser for final approval. This is to ensure that the questions on the instruments were understandable and suitable to the intended respondents. The statistical tool utilized in the study was the weighted mean, employed to gauge the level of acceptability of the developed workplace wellness program. The instrument used in the study was the Evaluation and Scoring based on the standard weighted mean interpretation shown below:

| Assigned Point | Numerical Range | Verbal Interpretation |
|----------------|-----------------|-----------------------|
| 4 | 3.25-4.0 | Very High |
| 3 | 2.50 – 3.24 | High |
| 2 | 1.75 – 2.49 | Low |
| 1 | 1.00– 1.74 | Very Low |

A two-month period was allocated for data gathering and analysis, during which direct communication between the researcher and participants occurred through face-to-face interactions, email, and telephone. Prior to data collection, the researcher conducted briefings where confidentiality and anonymity procedures were discussed, and consent forms were obtained from willing participants. Clear instructions were provided for maintaining confidentiality and submitting filled pre-survey forms within a two-week response period, with reminders sent before the deadline. Following data collection, the researcher analyzed the perceived stress and coping strategies reported by participants. Based on this analysis, a workplace wellness program was developed. Subsequently, a fabricated acceptability rating scale was distributed to experts to evaluate the program. The entire study, including data gathering and analysis, spanned five months in duration.

RESULTS

Table 1 presents the sources of stress as perceived by the community mental healthcare practitioners.

Table 1
Sources of Stress as Perceived by Community Mental Healthcare Practitioners

| Sources of Stress | Frequency | Percentage | Rank |
|----------------------|-----------|------------|------|
| Work related | 13 | 43.00 | 1 |
| Pandemic | 9 | 30.00 | 2 |
| Psychosocial | 5 | 17.00 | 3 |
| Family/ Relationship | 3 | 10.00 | 4 |
| Total | 30 | 100 | |

Table 2, presents the coping strategies professed by community mental healthcare practitioners.

Table 2
Coping Strategies of Community Healthcare Practitioners

| Coping Strategies | Frequency | Percentage | Rank |
|--------------------|-----------|------------|------|
| Social support | 17 | 57.00 | 1 |
| Emotional Oriented | 10 | 33.00 | 2 |
| Problem Oriented | 3 | 10.00 | 3 |

| | | | |
|-------|----|-----|--|
| Total | 30 | 100 | |
|-------|----|-----|--|

Table 3 presents the developed Workplace Wellness Program to enhance the respondents' mental wellness.

Table 3
The Workplace Wellness Program

| WORKPLACE WELLNESS PROGRAM | | |
|---|-----------------|------------------|
| Objectives: | | |
| 1. To create four-month organized activities in the workplace designed to improve and support the healthy habits and fitness of employees. | | |
| 2. To promote relaxation and reduce stress levels among community healthcare practitioners. | | |
| 3. To improve teamwork, social support and collaboration among multidisciplinary team. | | |
| Workplace Wellness Program | | |
| Four- months | | |
| 1- BODY | Duration | Frequency |
| Encourage the use of on-site Gym and sports facilities. | 30 minutes | 3 times a week |
| Nutrition- Health education on healthy food and meal preparation of healthy meal. | 30 minutes | Once weekly |
| Incorporate stretching, walking or any aerobic exercise during break. | 5-15 minutes | Working days |
| Provide motivational quotes, physical fitness messages and health information to employees. (emails, social media group, posted in work facilities) | 15-30 minutes | Once weekly |
| Wellness challenges- provide sports, games and weight lost campaigned. | 1 hour | Once per month |
| 2- MIND | | |
| Learning and intellectual development- facilitate health education on stress management, time management (problem solving, assertiveness training) | 1 hour | Once per month |
| Relaxation exercises- Yoga, Breathing exercises, Progressive relaxation exercises, Meditation | 1 hour | Once per week |
| 3- TEAM | | |

| | | |
|--|--------|----------------|
| Team building theme events, picnics, socialization and outings. | 1 hour | Once per month |
| Unit Team healthy competition – best decorated unit, best lantern making or poster making. | 1 hour | Once per month |
| Create an employee and family field day that involves relay races and obstacle courses. | 1 hour | Once per month |

Table 4 presents the level of acceptability of the workplace wellness program as evaluated by experts.

Table 4
The experts' level of acceptability of the developed wellness program in the workplace

| Criteria | Weighted Mean | Verbal Interpretation | Rank |
|--|---------------|-----------------------|------|
| 1. The workplace wellness program objectives are relevant to promote physical and psychosocial wellbeing of participants. | 3.60 | Very High | 4 |
| 2. The procedure/ routine in the wellness program can elicit responses which are stable, definite, consistent and not conflicting. | 3.40 | High | 3 |
| 3. The terms adapted in the program are applicable to multicultural norms/practice. | 3.60 | Very High | 4 |
| 4. The sessions and activities of the program show a reasonable range of variation. | 3.60 | Very High | 4 |
| 5. The time frame of the program is enough to show effectiveness or result. | 3.60 | Very High | 4 |
| 6. The program is interesting such that participants will be induced to participate to it and accomplish it fully. | 3.80 | Very High | 4 |
| 7. The program as a whole could answer the basic purpose for which it is designed. | 3.60 | Very High | 4 |

| | | | |
|---|------|-----------|---|
| 8. The wellness program is culturally acceptable when administered in the local/ community setting. | 3.60 | Very High | 4 |
| 9. The program will not hinder the participants current work situation. | 3.20 | High | 3 |
| 10. The instrument used in the program can obtain depth to improvement being measured. | 3.60 | Very High | 4 |
| Total Weighted mean | 3.56 | Very High | 4 |

DISCUSSION

Table 1

Sources of Stress As Perceived By Community Mental Healthcare Practitioners

As shown in the table 1, the data presented highlights the various sources of stress, categorized into four main areas: work-related, pandemic-related, psychosocial, and family/relationship. Out of the 30 respondents, 13 or 43.00 percent identified work-related as the most prominent source of stress (Rank 1). This indicates that a significant proportion of the perceived stress is attributed to work-related factors. Nine (9) or 30.00 percent cited the pandemic as a source of stress (Rank 2) suggesting that the ongoing pandemic also contributes significantly to stress levels. Five (5) or 17.00 percent pointed at psychosocial as source of stress (Rank 3), indicating that factors such as interpersonal relationships and social dynamics play a noticeable but comparatively lesser role in perceived stress. Finally, three (3) or 10.00 percent identified family/relationship as a source of stress (Rank 4), suggesting that while family and relationship dynamics contribute to stress, they are perceived as less significant compared to other categories. Overall, the data underscores the multifaceted nature of stress, with work and pandemic-related factors being primary contributors, followed by psychosocial and family-related stressors. The study indicates that while respondents have existing stressors, there is room for improvement in managing stress related to the work related, pandemic, psychosocial factors, and family/relationships. These findings can help tailor the wellness program to address specific stressors faced by community mental healthcare practitioners in Qatar.

Table 2

Coping Strategies of Community Mental Healthcare Practitioners

The table presents coping strategies utilized by individuals, depicting the frequency, percentage, and rank of each strategy. Seventeen (17) or 57.00 percent of the community healthcare practitioners tapped social support as a coping mechanism (Rank 1). This strategy involves seeking assistance, advice, or comfort from others in one's social network, indicating a reliance on interpersonal connections for managing stress. Ten (10) or 33.00 percent utilized emotional-oriented coping strategy (Rank 2). This approach focuses on directly addressing emotions through relaxation techniques or seeking emotional outlets, highlighting the importance of emotional regulation in stress management. Lastly, 3 or 10.00 percent

opted for problem-oriented coping strategy, suggesting a lesser emphasis on actively resolving stressors through practical problem-solving. While less frequently employed, problem-oriented coping can still play a vital role in long-term resilience. Overall, the data underscores the diverse range of coping strategies individuals employ to manage stress, emphasizing the significance of social support and emotional regulation in navigating challenging situations effectively. These findings can guide the development of targeted interventions to improve the overall well-being of community mental healthcare practitioners.

Table 3 **Workplace Wellness Program**

As Shown in Table 3, the workplace wellness program for community mental health practitioners was designed based on the identified perceived stressors and coping strategies professed. The program prioritized these factors, offering tailored interventions to address each one effectively. The perceived sources of stress employees significantly influenced the formulation of the workplace wellness program. Understanding the specific stressors that employees faced, the program was tailored to address these challenges more effectively. In this study, employees reported high levels of work-related stress, which was reflected in the program prioritizing activities and resources aimed at reducing job demands and improving workplace dynamics. This included offering stress management workshops, promoting work-life balance, and providing resources for time management. Similarly, when respondents reported pandemic-related stressors, the wellness program incorporated strategies to support them in managing these challenges. This included providing information on coping strategies specific to the pandemic, promoting self-care practices, and fostering a sense of community and support among employees. By addressing these stressors, the wellness program helped employees better cope with stress and improved their overall well-being. While coping strategies such as social support, emotional orientation, and problem-solving are integral to the development of workplace wellness programs. Social support, cultivated through team-building activities and support groups, fosters a sense of community, reducing isolation and improving mental well-being. Emotional orientation, promoted through mindfulness and counseling, enhances emotional resilience, aiding in stress management and creating a supportive environment. Problem-solving skills, developed through workshops, empower employees to address challenges proactively, boosting job satisfaction and overall workplace positivity. Integrating these strategies into wellness programs can significantly enhance employee well-being and cultivate a positive workplace culture. By centering the program around these factors, practitioners may be able to better manage their stress and improve their overall mental health and well-being.

Table 4 **Level of Acceptability of the Developed Workplace Wellness Program**

As shown in Table 4, the validation of a workplace wellness program through expert rating is essential as it provides credibility and ensures that the program meets the needs of its intended participants. Experts in mental health and workplace wellness bring a wealth of knowledge and experience to the evaluation process, enabling them to assess the program's effectiveness and relevance. The process involves experts reviewing the program's design, content, and implementation strategies to determine its overall quality and potential impact. Their feedback and rating help validate the program's effectiveness in addressing the specific needs and challenges faced by community mental health practitioners. This validation process not only strengthens the program's credibility but also provides valuable insights for further

refinement and improvement, ensuring that it remains effective and relevant in supporting the well-being of practitioners. As seen in the table, the experts rated the level of acceptability of the workplace wellness program as 'very high' with an average weighted mean of 3.56. Six (8) out of ten (10) criteria were rated "Very High". Criterion #6 - "the program is interesting such that participants will be induced to participate to it and accomplish it fully" got the highest weighted mean of 3.80. Seven (7) criteria, each got a weighted mean of 3.60, which include "the workplace wellness program objectives are relevant to promote physical and psychosocial wellbeing of participants", "the terms adapted in the program are applicable to multi culture norms/practice", "the sessions and activities of the program show a reasonable range of variation", "the time frame of the program is enough to show effectiveness or result", "the program as a whole could answer the basic purpose for which it is designed", "the wellness program is culturally acceptable when administered in the local/ community setting" and "the instrument used in the program can obtain depth to improvement being measure".

Whereas the remaining two (2) criteria were rated 'high' a weighted mean of 3.40 and 3.20, respectively for "the procedure/ routine in the wellness program can elicit responses which are stable, definite, consistent and not conflicting" and "the program will not hinder the participants current work situation".

The overall weighted mean of 3.56 indicates that the experts rated the developed workplace wellness program for community mental healthcare practitioners as "Very High." This rating suggests that the program is perceived as highly effective and beneficial in promoting the well-being of mental healthcare professionals in the community.

CONCLUSIONS

The study found that work-related factors were the main stressors for community mental healthcare practitioners, followed by pandemic-related stressors. Psychosocial and family/relationship stressors were also significant but to a lesser extent. It emphasizes the need for a tailored wellness program to address these stressors effectively. Highlighted the urgent need for targeted interventions to address the significant stress perceived by respondents, particularly in work-related and pandemic-related factors. Most respondents primarily used social support as a means of coping, followed by emotional support-based strategies. While some participants perceive their problem-solving abilities as relatively effective, there is still a need to focus on this aspect for improvement. It underscores the importance of enhancing coping strategies, promoting the use of social and emotional support mechanisms, and further developing problem-solving skills among community mental healthcare practitioners in Qatar to improve their overall well-being.

The development of the workplace wellness program was meticulously informed by the insights gleaned from the stressors and coping strategies reported by the respondents. These invaluable insights served as the cornerstone for crafting a program tailored to address the specific needs and preferences identified. Spanning a duration of four months, the program was thoughtfully designed to provide targeted support and interventions aimed at mitigating the identified stressors and bolstering coping mechanisms among community mental healthcare practitioners. By addressing these specific stressors head-on, the program aims not only to enhance the overall well-being of practitioners but also to foster a culture of teamwork and collaboration within the community mental health setting. It is anticipated that this proactive approach will not only contribute to the resilience and psychological health of

individual practitioners but also cultivate a supportive and cohesive work environment conducive to delivering high-quality mental healthcare services. The study's findings unveiled a notable consensus among experts, with their evaluation highlighting a very high level of acceptability for the workplace wellness program customized specifically for community mental healthcare practitioners. This validation underscores the efficacy and appropriateness of the program, affirming its capacity to effectively address the unique stressors and challenges faced by practitioners in this specialized field. Such resounding endorsement not only validates the thoroughness of the program's design but also instills confidence in its potential to foster meaningful improvements in the mental wellness of practitioners. Furthermore, this affirmation serves as a testament to the program's potential to foster a supportive and conducive work environment within the community mental healthcare setting, ultimately contributing positively to the delivery of quality mental health services.

Based on the conclusions drawn from the study, the following recommendations are offered:

1. Community health workers should adopt the developed workplace wellness program to ensure the mental wellness of the health workers.
2. Managers and hospital administration should focus on implementing and evaluating the effectiveness of tailored workplace wellness programs, given the high level of acceptability received from experts.
3. Researchers could develop a tailored wellness programs and research initiatives based on the components of the workplace wellness program to promote the well-being of diverse groups of employees
4. Future researchers may conduct further studies with a larger population and include a wider range of practitioners to validate the effectiveness of the workplace wellness program. May also consider longitudinal studies to be conducted to track the participants' well-being and stress levels over an extended period, providing valuable insights into the program's long-term impact.

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