

PHYSICAL HEALTH

A System Under Strain

- 39% of healthcare workers affected by burnout
- 875K avg cost of burnout per professional
- 30-40% new hires leave within 90 days
- 25% primary care workforce attrition

Target individuals are healthcare professionals across FQHC and community settings in Dallas facing burnout driven by administrative burden, lack of autonomy, absent entrepreneurial pathways, and fragmented professional development.

This project introduces a **Modular 3-Pillar Wellness Framework** embedded within a leadership/entrepreneurship training intervention to address root causes — not just symptoms.

PHYSICAL HEALTH PILLAR: Address chronic stress, fatigue, irritability, sleep disruption — use about 45 min as biological stress response. Physical wellness baseline established Weeks 1-2 and linked to retention outcomes.

MENTAL HEALTH PILLAR: Foster resilience and emotional regulation (MBCT/DBT) through pre- and post-intervention. Mindfulness, feedback literacy (Grove & Hines, 2016), and psychological safety form the intervention core.

FINANCIAL HEALTH PILLAR: Personal finance — retirement savings, debt management in FQHC settings — as a primary departure from business ownership/financing and entrepreneurship readiness identify address financial advisory gaps.

MENTAL HEALTH

Per-Pillar Action Plans

PHYSICAL HEALTH

ACHIEVABLE STEPS:

- Schedule a mental health check-in
- 20 min walk 3 times a week
- Hydration challenge: 2000L daily
- 7-9 hr sleep goal (phone app)
- Top energy drink weekly to reduce fatigue

MENTAL HEALTH

ACHIEVABLE STEPS:

- 5 min meditation pre-shift daily
- MBCT/DBT sessions with wellness authority
- 30 min journaling/reflect on shifts
- 30000+ words journaling goal
- 30 min entrepreneurship pitch events

FINANCIAL HEALTH

ACHIEVABLE STEPS:

- 40% 401(k) contribution
- Bank \$1,000 emergency fund (BYOD)
- Complete Business Model Canvas
- Absent one has SBA website
- Schedule two SCORE meetings

DALLAS INDICATORS:

- Physical Health: Community Clinic, Dallas County (SMVHC) office, Waco County (1000+ employees), Tarrant County (1000+ employees), Tarrant County (1000+ employees), Tarrant County (1000+ employees)
- Mental Health: Wellness Services (ongoing work), Therapy for Black Girls Dallas, Dallas (MHC) Clinic, 24 (400-500), Loan & Mortgage (line on 60%), Work from Home (post-pandemic)
- Financial Health: Entrepreneurship (pre-intervention), Dallas SCORE (Dallas), Dallas SCORE (Dallas), Dallas SCORE (Dallas), Dallas SCORE (Dallas), Dallas SCORE (Dallas)

FINANCIAL HEALTH

10-Week Framework

OBJECTIVE 1 — KNOWLEDGE GAIN: By Week 10, increase mean composite JS-Q score by at least 10% from baseline via Wellness Signal-Free pre-post analysis across all three wellness pillars.

OBJECTIVE 2 — TRAINING UTILITY: Achieve 75% of healthcare professionals rating training as "helpful" or "very useful" on standardized post-training Likert evaluation survey.

OBJECTIVE 3 — WELLNESS BASELINE: Establish pre-intervention profiles for all three wellness pillars using JS-Q, MBCT, and Maslach Wellness Assessment in Weeks 1-2.

OBJECTIVE 4 — RETENTION RATE: Conduct 60-day longitudinal retention survey (6 eligible professionals (10% response) across three Dallas clinic sites to ensure statistical power).

30 min (Personal Finance)

90 min (Dallas Healthcare)

STATISTICAL METHOD: Wellness Signal-Free Test (JS-Q, Promotions (2-10), Passions (2-4), Detachment (2-4) target: 12-15% improvement. Training reduces turnover rate 85% (P<0.001). Entrepreneurial professionals + growth + 87% lower risk: 9:1 ROI.

FACILITATORS: Mary Bales: 8 yrs healthcare leadership in clinical/healthcare. Published author: Biology Instructor, Dallas TX. Validated by Medical Director & IRB.

10-Week Project Plan

Baseline Assessment — All Three Pillars: Pre-intervention assessment (JS-Q, Physical, Mental & Financial wellness baseline established via JS-Q, MBCT, and Maslach Wellness Assessment, CGO & HR approval secured).

Staggered Training — Theory to Practice: 2 hrs/week across 10 Dallas clinic sites (1 AM-1:30 PM). Each session integrates physical self-care, mental resilience tools, and financial independence concepts. Retention cohorts maintain full clinical staffing.

Post-Intervention Data Collection: Post-training assessment (Weeks 6-8) across all three wellness pillars. Knowledge Gap and Personal Utility reported. Follow-up surveys to reach 80% completion responses.

Analysis, Reporting & Resource Delivery: Wellness Signal-Free analysis (P<0.001) across all three wellness pillars. Dallas e-governance dashboard (Confidentiality/Compliance). Manuscript drafted for post-research publication.

Site A — Main: 10 & 17th
Site B — East: 10 & 17th
Site C — West: 10th

The 2-Hour Intervention

1. Wellness Mapping: Identify top 3 energy drains. Map biological stress response (BFR) and its daily clinical triggers. Learn with a personalized physical, mental & financial self-care prescription.

2. SMART Analysis: Small groups design "Lean-Cost, High-Impact" solutions. Mental component: equity appreciation, Coaching & Evaluation feedback framework (Dunn & Hayes, 2016) to build psychological safety.

3. Entrepreneurial Pitch + Resource: Present solutions to peers. Financial pillar: complete Business Model Canvas, review PSLF eligibility, SBA resources, and Prepaid and incentives for other ownership.

CONFERENCE COMMITMENT: Target healthcare professionals, equipped with all three wellness pillars, become presenters/mentors (up to 10% of primary care access in Dallas) at national conferences. Expected: 12-15% improvement in job satisfaction and measurable burnout reduction across all pillars.

ACADEMIC DELIVERABLES — PROVIDED TO ALL PARTICIPANTS:

- E-Module 1: Physical Wellness Playbook
- E-Module 2: Mental Resilience Toolkit (MBCT/DBT) self-assess, worksheets, scripts, peer support protocol
- E-Module 3: Financial Independence Roadmap (PSLF guide, Business Model Canvas, Dallas SCORE/SBA/Prepaid/etc)

Hypotheses & Protections

Research Questions:

- Does the 2-hr workshop improve **knowledge & utility** scores of three wellness pillars? **Yes (H1)**
- Does training improve **entrepreneurship readiness** and pathways to clinic ownership? **Yes (H2)**

Null Hypotheses:

- No significant pre-post difference in JS-Q composite scores
- No significant difference in readiness scores pre-post
- Significant increase in knowledge & utility ratings post-intervention
- Significant increase in training provider content development

THREE WELLNESS DOMAINS MEASURED:

- Physical** — Energy, exhaustion, somatic function
- Mental** — MBCT/DBT burnout, resilience, psychological safety
- Financial** — Stress/burden, ownership readiness, PSLF awareness

Participation: Voluntary — zero employment consequences. Informed consent obtained electronically before any data collection. Withdrawal permitted at any time with no penalty. Surveys/Workshop HIPAA-compliant. No IP shared. Encrypted storage. E-governance & Dallas resources provided regardless of completion level. PI holds no supervisory authority over participants.

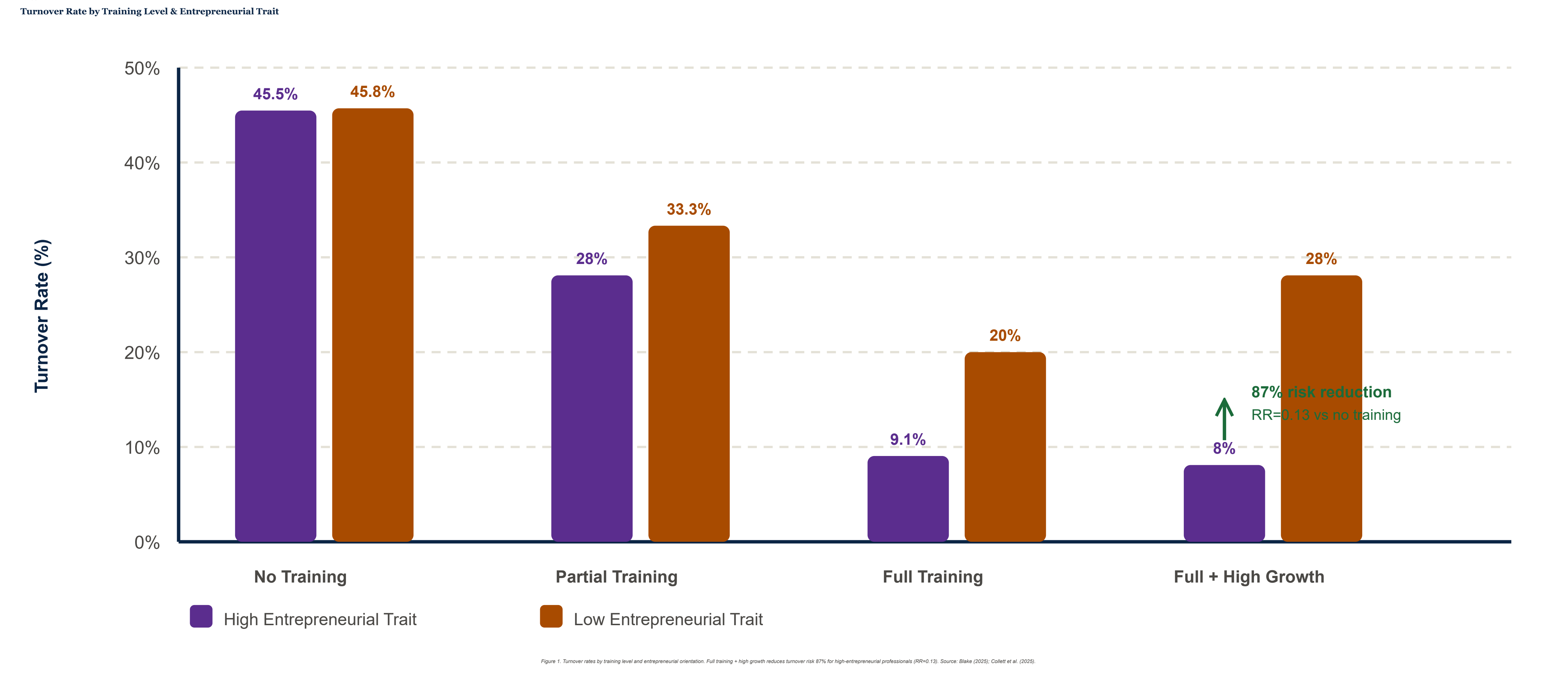


Figure 1. Turnover rate by training level and entrepreneurial orientation. Full training + high growth reduced turnover risk 87% for high-entrepreneurial professionals (P<0.001). Source: Bales (2023), Collet et al. (2023).

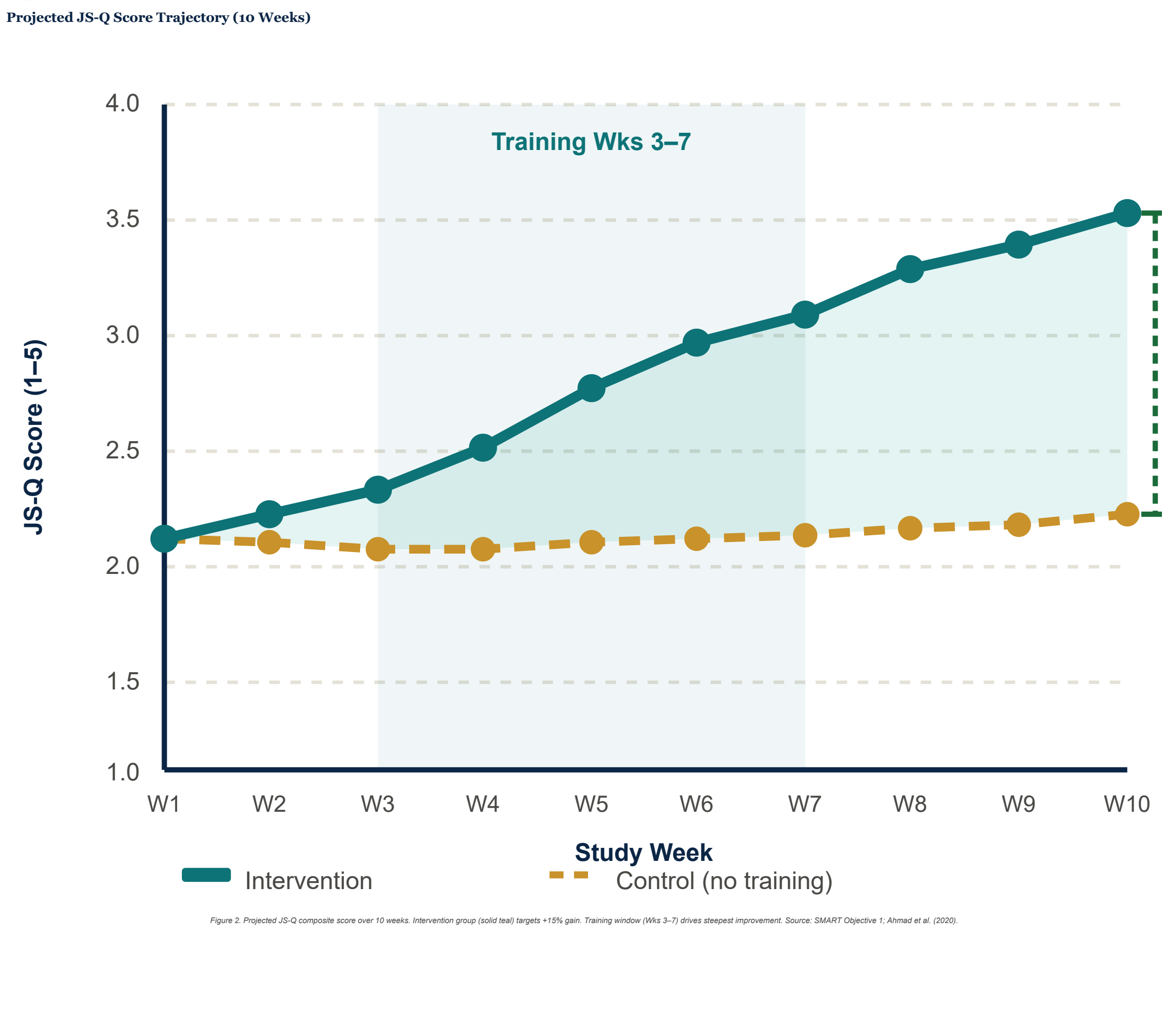


Figure 2. Projected JS-Q composite score over 10 weeks: intervention group (solid line) begins +10% gain. Training window (Wks 3-7) shows elevated performance. Source: SMART (October 1, Annual et al. 2023).