



From Burnout to Belonging

Nurse-Designed Approaches to
Workforce Well-Being in Oregon



Oregon Center for
N U R S I N G





Executive Summary

The COVID-19 pandemic exposed deep structural vulnerabilities in Oregon's nursing workforce, amplifying burnout, moral distress, and turnover. In response, the Oregon Center for Nursing (OCN) launched the Nurse Well-Being Project; an initiative grounded in a simple but transformative idea that interventions to improve nurse mental health and well-being work best when nurses themselves design and lead them. Drawing on statewide survey data from over 5,000 nurses, OCN identified that most nurses experienced significant workplace stress yet believed their environments could be changed for the better. The Nurse Well-Being Project funded 18 nurse-designed initiatives across care settings, guided by a dual framework of "removable stressors" (systemic issues) and "manageable stressors" (inherent risks of caregiving). The results demonstrate that meaningful well-being emerges not from individual resilience programs but from organizational cultures that prioritize nurse voice, leadership, and equity. This participatory model offers a replicable roadmap for policymakers and employers seeking to build healthier, more sustainable nursing workplaces.

Introduction: The Lessons of the Pandemic

When the first case of COVID-19 was confirmed in Oregon in February 2020, few anticipated how profoundly the pandemic would transform the nursing workforce. In those early days, the focus was on testing shortages, personal protective equipment (PPE), and the strain of overburdened hospitals. Yet as the crisis evolved, so too did its emotional toll. What began as a scramble for supplies quickly became a reckoning with the long-term

well-being of nurses themselves.

The pandemic did not create burnout in the nursing workforce, but it magnified and accelerated it. As nurses across Oregon faced moral injury, exhaustion, and systemic inequities, one truth became increasingly clear: lasting improvement in well-being requires that nurses not merely receive interventions but shape them. This paper explores the premise of the Oregon Center for Nursing's (OCN) Nurse Well-Being Project, an initiative built on the belief that interventions work best when nurses are engaged as co-designers and decision-makers.

The Shock That Changed the Workforce

Globally, the pandemic served as a system shock that destabilized the healthcare labor market. In Oregon, the first months were dominated by acute stressors such as PPE shortages and fears of hospital overcrowding. By mid-2020, half of nurse leaders identified PPE access as a significant challenge, alongside surge staffing and communication breakdowns (AONL, 2021). However, within a year, the focus had shifted. By February 2021, concerns about emotional health and well-being had increased by 17 percentage points, while PPE concerns had declined by nearly a quarter (AONL, 2021).

The pandemic also disrupted the sense of "fit" between nurses and their workplaces. Drawing on embeddedness theory, this disruption can be understood as a shock that prompts employees to reassess their connection to their organization. When the perceived fit no longer outweighs the cost of leaving, turnover follows (Holtom, Mitchell, Lee, & Inderrieden, 2005). Gallup data reinforce this pattern: employees are increasingly seeking workplaces aligned with their personal values, where they feel



genuinely cared for (Morgan, 2021). Millennials and Gen Z employees rank “an organization that cares about employees’ well-being” as their top workplace priority (Morgan, 2021).

In nursing, this reconsideration manifested in resignations and shifts toward new employment models. Gallup found that high quit rates were not confined to any particular role or pay grade but were concentrated among disengaged employees (Gandhi & Robison, 2021). For many nurses, the pandemic revealed a misalignment between their expectations of support and the reality of workplace culture.

Listening to Nurses: The Oregon Well-Being Survey

In 2022, OCN conducted the Oregon Nurse Well-Being Survey, one of the largest state-level efforts to document the experiences of front-line nurses. More than 5,000 nurses responded, painting a vivid picture of distress and resilience. Eighty-three percent reported feeling stressed, 80 percent frustrated, and 68 percent experienced anxiety, exhaustion, or burnout. Nearly all respondents (97 percent) identified a work-related stressor, and 95 percent believed their workplaces could be changed to better support well-being.

Yet despite this awareness, only one-third of nurses reported having emotional support at

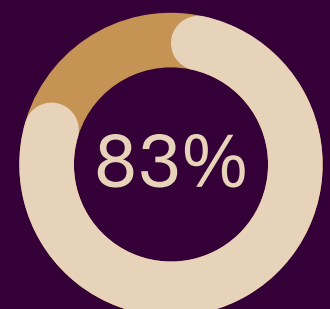
work. The most frequently cited needs were more support staffing, more recognition, and more meaningful engagement in decisions affecting their work. Similarly, data from a report by McKinsey & Company (2021), revealed a troubling disconnect between employer and employee perceptions: while 71 percent of employers believed they supported mental health “well or very well,” only 27 percent of employees agreed.

These findings reframed the well-being conversation from one about individual resilience to one about systemic conditions within the workplace. Nurses did not ask for more mindfulness sessions or crisis hotlines, they asked for better staffing, flexible policies, and recognition of their professional worth. The message was clear, nurses know what they need, but too often they are not asked.

Building a Culture of Voice: The Nurse Well-Being Project

The Nurse Well-Being Project emerged from this urgent context. Recognizing that stress and burnout were symptoms of deeper structural problems, OCN launched a statewide initiative to fund interventions designed with and for nurses. The project’s primary goal was to move beyond reactive wellness efforts and toward systemic change that addressed workplace harm at its roots.

83% OF OREGON NURSES REPORTED FEELING STRESSED





The first Request for Proposals (RFP) invited organizations across care settings to submit plans for interventions that directly addressed nurse-identified stressors. Proposals were required to demonstrate nurse participation in both design and implementation, and to show clear plans for sustainability beyond the life of the grant. While the first RFP generated broad engagement, long-term care (LTC) organizations were underrepresented. In response, OCN issued a second, LTC-focused RFP that included additional technical assistance for first-time applicants.

Together, these two cycles funded 18 projects spanning hospitals, community health clinics, public health agencies, and LTC facilities. Each project was expected to produce scalable, replicable strategies capable of improving occupational well-being across diverse environments. At the heart of every funded proposal was a commitment to voice, equity, and autonomy, ensuring that nurses were not just beneficiaries but architects of change.

Methods and Approach

The Nurse Well-Being Project was intentionally structured to balance rigor with accessibility. The methodology combined competitive grantmaking, participatory design, and formative evaluation.

- 1. Grantmaking and Selection:** Both RFPs required applicants to identify the specific workplace stressor being addressed, describe its root causes, and propose a system-level intervention. Evaluation criteria emphasized nurse engagement, feasibility, sustainability, and the potential for statewide replication.
- 2. Framework Development:** Early in the initiative, OCN released the Removable Stressors Framework to guide applicants

toward structural solutions, such as improved staffing models, streamlined administrative processes, and healthier leadership practices. As the project evolved, a complementary Manageable Stressors Framework was developed to address emotional and moral dimensions of caregiving, including secondary traumatic stress, compassion fatigue, and moral injury.

- 3. Implementation and Evaluation:** Each grantee reported progress at regular intervals, documenting both process and outcome metrics. The shared end date of February 2025 enabled consistent cross-project analysis. OCN used portfolio synthesis to identify common themes and successful strategies, emphasizing how interventions shaped organizational culture.

**18 PROJECTS WERE
FUNDED ACROSS CARE
SETTINGS INCLUDING
ACUTE CARE AND
COMMUNITY-BASED
CARE.**

This participatory methodology not only funded projects but cultivated learning across Oregon's healthcare landscape, transforming the initiative into a living laboratory for nurse-driven innovation.

What Works: Nurse-Designed Change in Action

Across 18 projects, a common thread emerged: interventions succeeded when nurses had genuine ownership. Whether through peer-support models, leadership training, or



policy reforms, engagement was the differentiator between temporary relief and sustained improvement.

Leadership and Culture Change

Several organizations focused on developing “healthy leadership” initiatives: training nurse leaders to model empathy, creativity, and collaboration. These programs reinforced that culture change must start from the top but be informed from the ground up.

Trauma-Informed Workplaces

Others emphasized trauma-informed approaches, providing training and structured reflection opportunities to address secondary trauma and compassion fatigue. Nurses reported improved trust and psychological safety when their experiences were validated.

Structural Redesign

Projects that tackled administrative inefficiencies, such as redundant documentation or rigid scheduling, produced measurable gains in job satisfaction. These interventions addressed removable stressors, allowing nurses to reclaim time and agency.

Collectively, these outcomes underscored a crucial insight: well-being is not achieved through individual resilience training but through system-level redesign rooted in nurse voice.

Culture as the Intervention

Gallup’s research affirms that workplace culture, not perks, drives well-being (Morgan, 2021). For healthcare organizations, this means shifting focus from add-on wellness programs to the fundamental ways work is organized and valued. When leadership fosters environments

where seeking help is supported, recognition is genuine, and professional judgment is respected, well-being becomes embedded in the organization’s DNA.

This cultural orientation also addresses the “embeddedness” dynamic: when nurses feel connected to colleagues, aligned with organizational values, and recognized for their contributions, they are more likely to stay. Conversely, when interventions feel performative or top-down, they can erode trust and accelerate attrition. In this sense, culture is both the medium and the outcome of successful well-being efforts.

Lessons for Policy and Practice

The Nurse Well-Being Project offers key lessons for healthcare systems and policymakers seeking sustainable workforce strategies:

- 1. Nurse-Design Strategies Work**
Interventions designed with nurses, rather than for them are more likely to be relevant, adopted, and sustained.
- 2. Well-Being Is Structural**
Policies must target system inefficiencies, leadership culture, and workload distribution rather than individual coping.
- 3. Equity and Access Matter**
LTC and rural facilities often lack the resources to design or evaluate interventions. Targeted support increases participation and innovation.
- 4. Scalability Requires Flexibility**
Successful models share adaptable frameworks, allowing organizations of different sizes to replicate core principles.
- 5. Evaluation Should Be Built In**
Shared metrics and cross-site learning foster accountability and continuous improvement.



These lessons can inform future funding streams, regulatory frameworks, and workforce planning efforts aimed at reversing the vacancy and retention crises in nursing.

Conclusion: From Burnout to Belonging

The pandemic exposed the fragility of healthcare systems and the resilience of those who sustain them. In Oregon, nurses responded not only with endurance but with insight identifying what truly drives well-being and what does not. The Nurse Well-Being Project translated those insights into action, proving that when nurses are empowered as co-creators, meaningful changes follow.

Ultimately, the path from burnout to belonging is not paved with wellness programs but with trust, autonomy, and shared governance. As Oregon's experience demonstrates, when we listen to nurses, and act on what they tell us, we move closer to a future where well-being is not an intervention, but the foundation of care itself.

Nurse Well-Being Project Portfolio

The appendices presents the collection of case studies from the 18 funded initiatives supported under the Nurse Well-Being Project. These project narratives provide some details about each project and highlight the real-world application of well-being interventions across Oregon's diverse care environments. They illustrate a spectrum of approaches, innovations, and learning moments, each addressing unique workplace stressors and offering replicable insights for system-level change.





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Report Authors:
Rick Allgeyer, PhD
Dawne Schoenthal, BBA

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To view more information about the RN Well-Being Project, please visit
<https://wellbeing.oregoncenterfornursing.org/>.



Appendices

Reducing Workplace Stress Through Health Information Technology



AT A GLANCE

Public health departments in Coos, Crook, and Jefferson counties implemented digital tools to ease paperwork stress and improve workflow. The project reduced stress, improved efficiency, and showed that strong training and gradual change are essential to prevent new stressors.

Key Outcomes

Nurses found that collaborative learning, gradual adaptation, and celebrating small successes were critical to sustaining wellbeing during system transitions.



65%

Decrease in documentation stress.



20%

Reduction in stress from workload expectations.



A known stressor is better than an unknown stressor

Administrative Process & Professional Practice

CHALLENGES

Public health nurses in rural Oregon were managing heavy administrative burdens alongside complex patient care, with much of their documentation still paper-based. Manual processes slowed workflows, increased after-hours work, and created stress around meeting documentation and workload expectations.

SOLUTIONS

This project introduced tablets and digital documentation tools to streamline workflows, improve access to patient records while working in the community, and allow real-time data entry. The intervention included:



Information Technology



Effective Training



Ensuring Connectivity



Digitizing Forms

RESULTS

1

Improved Workflow Efficiency

The use of digital tools reduced documentation time by an average of 15 minutes per client, improving overall workflow efficiency.

2

Stronger Cross-County Collaboration

The project enhanced collaboration between public health departments and IT teams, improving service delivery and long-term technological support.

Higher Staff Engagement

3 Nurses were actively involved in shaping workflow adaptations, leading to a more responsive, supportive environment and contributing to higher employee engagement.

Building Nurse Well-Being Through Peer Support Circles



AT A GLANCE

Oregon Health & Science University (OHSU) implemented Peer Learning Circles (PLCs) to shift wellness from individual “self-care” toward collective healing and belonging. Thirty-five nurses across inpatient, pediatric, and ambulatory units joined peer-led discussion groups to build morale and professional connection. Early participants showed statistically significant gains in morale, belonging, and perceived cohesion, while later cohorts maintained baseline resilience

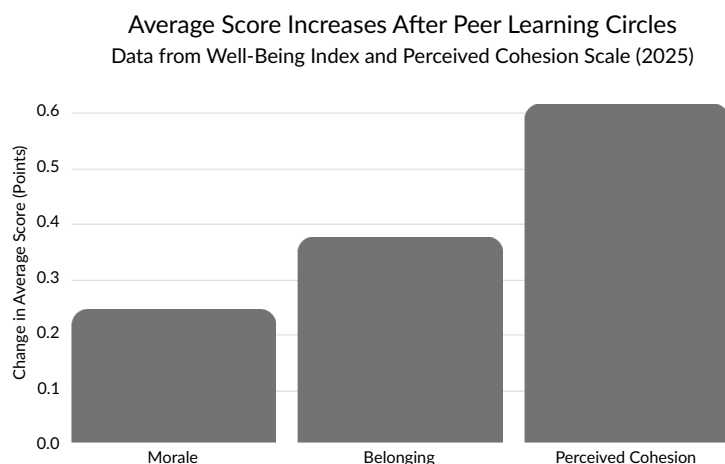
CHALLENGES

OHSU nurses identified burnout, moral distress, and isolation as key post-pandemic challenges. Traditional wellness programs relied on personal responsibility for resilience, neglecting relational and organizational causes of distress.

SOLUTIONS

The PLC initiative trained nurses as peer facilitators to lead trauma-informed, narrative-based dialogue circles, fostering reflection and psychological safety. Data collection measured both participation processes and outcomes across four time points (baseline, post-intervention, 6-month, and 12-month).

RESULTS



Key Outcomes

Peer Learning Circles strengthened team cohesion and professional identity. Early participants demonstrated clear dose-related gains, while later cohorts maintained stability despite organizational disruptions. Well-Being Index scores remained unchanged, indicating the intervention’s impact was concentrated in relational and professional domains.



+ 1.00

Point increase in overall cohesion per additional session (early cohort).



+ 0.61

Point increase in perceived cohesion associated with session attendance across all participants

LESSONS LEARNED

Sustained participation required early recruitment and protected time for nurses to attend sessions without workload conflict. Organizational stressors such as layoffs and union negotiations disrupted continuity and group safety, underscoring the need for institutional stability when implementing peer-based interventions. The team found that meeting every two weeks, rather than monthly, helped maintain connection and emotional momentum among participants. Additionally, facilitator debriefing proved essential for preventing emotional fatigue and secondary trauma, supporting the well-being of those leading the circles

Workplace Well-Being and Safety Infrastructure

Supporting Well-Being for Nurses Who Care for the Homeless



CHALLENGES

Nurses serving people experiencing homelessness, addiction, and mental illness reported high stress and limited time/space to debrief. Teams sought common language, local debriefing capacity, and accessible tools to take restorative breaks.

SOLUTIONS

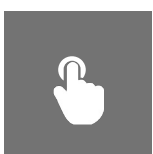
This project introduced a trauma-informed wellness program to support nurses working with patients facing homelessness, addiction, and mental illness. The initiative aimed to reduce stress, normalize recovery time after difficult encounters, and strengthen team culture. The intervention included:



Calming Room



Mindfulness Somatic & Quarterly Tool Kits Emotional Wellness Regulation Training Surveys



KEY OUTCOMES

The planned “workplace wellbeing snapshot” surveys shifted to the PSS; across three pulses (Jan 2024, Sep 2024, Feb 2025) average scores indicated moderate stress and no improvement, the 10% increase target was not met. Nurse-manager critical-incident debrief training did not occur (0%); responsibility moved to behavioral health leaders. EFT tapping and Body-Wise somatic training were offered, but participation was not reliably quantified. Mindfulness kits were assembled and used at primary care sites, not all eight locations by April 2023. The peer-mentor outcome for nurses hired after 5/1/23 was achieved as an existing CCC practice (100%).

AT A GLANCE

Central City Concern aimed to improve nurse wellbeing using a short “workplace wellbeing snapshot” survey, mindfulness/EFT tools, a Hooper “Zen Den,” and leadership practices, with targets including a 10% wellness score increase by Feb 2025. Implementation was partial; surveys shifted to the Perceived Stress Scale (PSS), several trainings were not completed as planned, and the Zen Den opened after the grant window.

Lessons Learned

Leadership turnover and unclear communication channels limited project execution, measurement, and accurate grant accounting. The scope and number of interventions exceeded available capacity; concentrating efforts on a single, clearly defined approach would have been more feasible. Low staff awareness of the initiative, reflected in participant feedback, underscored the need for consistent communication and visibility across sites. Survey timing and shifts in measurement tools, combined with small sample sizes, reduced interpretability; integrating survey completion into standing meetings may improve response rates in future efforts.

“We bit off a little too much... so many interventions was hard to keep track of to actually bring these ideas to full fruition.”

Workplace Well-Being and Safety Infrastructure

BIPOC Nurse Podcast: Black Care Matters



AT A GLANCE

The Alliance of Black Nurses Association of Oregon (ABNAO) produced Black Care Matters, a 12-episode podcast amplifying the voices of BIPOC nurses to address racism, burnout, and isolation in healthcare. The series provided a trauma-informed space for reflection and advocacy. While engagement and reach exceeded expectations—with over 1,500 international listeners—quantitative goals around full participation were only partially achieved due to scheduling and contractor challenges.

CHALLENGES

Black nurses in Oregon face ongoing racial trauma in the workplace, often being misidentified, marginalized, or tasked with caring for openly racist patients. The impact of systemic racism—especially during COVID-19—led to feelings of grief, hopelessness, and isolation, demanding innovative support mechanisms beyond traditional wellness models.

SOLUTIONS

ABNAO launched Black Care Matters, a trauma-informed storytelling and advocacy platform featuring the lived experiences of 12 Black nurses. The podcast centered on resilience, ally-ship, and community healing.



12 Podcast
Episodes



Multi-Platform
Access



Feedback for
Future
Content

Workplace Well-Being and Safety Infrastructure

Key Outcomes

The podcast received over 1,500 downloads across 11 countries, with 60% of listeners located in Oregon and SW Washington. Key topics were identified for future seasons, including Black nurse leadership, healthcare equity, impostor syndrome, and ally-ship.



100%

Completion of 12 professionally
produced episodes



83.3%

Guests completed post-episode
surveys

LESSONS LEARNED

Setting a 100% guest-survey participation goal proved too ambitious. Production required more structural capacity than anticipated. Contractor turnover, scheduling logistics, and evolving survey tools extended the timeline and underscored the need for contingency planning. The project scope ultimately exceeded available bandwidth, suggesting that a narrower focus would be more feasible for future efforts. Even so, participant engagement was consistently strong, and the structured storytelling process created a safe, affirming space for nurses to reflect and be heard. Many contributors reported feeling more connected, empowered, and less isolated in their roles, reinforcing the value of dedicated platforms that amplify underrepresented voices.



Hearing the experiences and stories of other Black nurses helped me feel less alone.

Employee Well-being Improvement



AT A GLANCE

In rural Hermiston, Oregon, Good Shepherd placed a local QMHP on-site to support nurses and staff facing high stress and limited behavioral-health access. The initiative tracked coping, burnout signs, and perceived support using pre/post participant surveys and an annual all-staff survey; counseling helped normalize help-seeking, and the survey cadence was later reduced to limit fatigue.

Key Outcomes

Staff reported improved confidence in managing stress and recognizing burnout signs, with the percentage of participants identifying burnout dropping from 48% to 43%. Coping skills strengthened, and access to on-site and virtual counseling was consistently praised for convenience and impact.



14%

Increase in healthy coping skills



19%

Improvement on perceived level of support



The support I've received has had a direct positive impact on my well-being, and I'm not sure I'd be where I am today without it.

CHALLENGES

High stress, compassion fatigue, and limited local behavioral-health access in a frontier setting; staff reported survey overload. Group-session targets were overestimated; turnover slowed critical-incident work.

SOLUTIONS

This project introduced individual and group counseling services with a licensed mental health professional to normalize mental health support and teach practical stress-coping skills to handle workplace stressors. The intervention included:



Counseling Sessions



Critical Incident Program



Personal Coping Mechanisms



On-site QMHP

LESSONS LEARNED

Demand for on-site counseling quickly exceeded available capacity, highlighting the need to scale staffing and scheduling support when offering direct mental-health services. Group-session targets proved unrealistic given workload, turnover, and limited administrative bandwidth for coordination, data collection, and reminders. Survey burden was a persistent barrier. Staff reported fatigue, inconsistent response rates, and a preference for fewer, better-timed assessments. Development of the critical-incident response program stalled after staff turnover, underscoring the importance of contingency planning and protected time for specialty training. Despite these constraints, on-site access to a neutral QMHP was consistently valued, normalizing help-seeking and providing timely support in a frontier setting with limited behavioral-health resources.

Workplace Well-Being and Safety Infrastructure

Workplace Violence Prevention Training for PMMC Nurses



AT A GLANCE

Providence Medford Medical Center piloted a Nonviolent “compassionate” Communication intervention to reduce workplace conflict and improve patient and caregiver experience. The plan included cohort training, practice groups, and mediation, plus embedding a related development goal for participants. Training was delivered broadly, but practice and mediation components were used sparingly, and several 10% improvement targets were only partially met.

CHALLENGES

Nurses reported rising workplace violence, declining scores on speaking up and discussing errors, and concerns about inter-professional communication. Local incident reports increased to 54 in 2022, contributing to stress and lower morale. Staff also described limited confidence and inconsistent approaches when navigating escalating or confrontational situations, signaling the need for clearer tools and shared communication practices.

SOLUTIONS

PMMC implemented an evidence-based communication framework using Nonviolent Communication (NVC), PMMC rolled out NVC (cohorts, practice groups, mediation) with a quarterly development goal.



Foundational
NVC Training



Peer Practice
Groups



On-Demand
Mediation



Performance
Goals

Workplace Well-Being and Safety Infrastructure

Key Outcomes

Results were mixed: patient experience rose but stayed under the 10% goal (Top Box 68→73); nurse-experience beat 10% on two items and improved on one. All attendees had an NVC-aligned development goal; training expanded (12 sessions).



19%

Increase in staff feeling comfortable to speak up



6%

More staff feel equipped to handle stress

RESULTS

Participants rated the course highly (overall 4.84/5; relevance to daily work 4.69; recommend 4.86). Interim check-ins indicated growing awareness and some real-world application, though adoption varied across units. Implementation ultimately concentrated on training delivery, 12 sessions completed, with limited uptake of practice groups (2) and one mediation session. A small budget overage was covered by the Foundation. Participation was constrained by workload and scheduling demands, limiting broader reach and reducing uptake of the practice and mediation components.



We learned that the content works, but without protected time participation will always be limited.

Relational Café Strengthening Nursing Voices



AT A GLANCE

George Fox University's Relational Café sought to address nurse burnout, improve quality of life, & strengthen social connection through leadership development. The project used an intergenerational café-style format to build relational leadership and trust among faculty, students, and community nurses. Statistical significance targets were not met; participation varied session-to-session, limiting paired analysis.

Key Outcomes

The project aimed to achieve statistically significant improvements in burnout, quality of life, and peer connection. This goal was not met; none of the measured changes reached statistical significance due to small, inconsistent cohorts and low response rates. Descriptively, quality-of-life scores improved, burnout scores increased slightly, and indicators of connection and relational climate showed modest positive shifts.



21%

Increase in quality-of-life indicators



0.38

Point increase in burnout score, Still below burnout threshold ≥ 3)

CHALLENGES

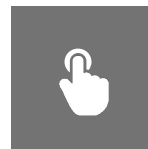
Nurses and students reported burnout, compassion fatigue, and weakened professional relationships as systemic stressors impacting morale and retention. The project also anticipated inconsistent availability among participants, particularly for evening sessions, which contributed to variable attendance.

SOLUTIONS

GFU implemented a structured Relational Café model focused on empathy-based leadership development and spiritual reflection. Sessions combined small-group dialogue and experiential learning. Key activities included:



Relational
Café
Sessions



Engaging
Participants



Neutral
Facilitators



Incorporating
Relational
Leadership

LESSONS LEARNED

Evening scheduling and competing academic, clinical, and work demands limited consistent participation across sessions. Variable attendance reduced opportunities for relational continuity and contributed to small pre-post sample sizes. Leadership turnover and fluctuating faculty involvement affected momentum, reinforcing the importance of stable facilitation. The project team noted that earlier integration of relational practices into coursework or structured programs would enhance continuity and support longer-term outcomes.



Not everyone could attend every session, and that made it hard to build the continuity the model relies on.

Healthy Leadership Driving Healthy Culture

Reducing Nurse Stressors and Improving Well-Being



AT A GLANCE

Avamere convened nurses through two summits and monthly virtual sessions to build soft skills, strengthen clinical confidence, and expand peer support. The project met targets in soft skills and peer connections but fell short on clinical confidence, job satisfaction, and work-life balance; ERG rollout was dropped, and staffing/workload limited sustained gains.

CHALLENGES

High stress, weak peer connection, and gaps in clinical/soft skills undermined work-life balance, job satisfaction, and retention. Engagement during work hours was limited; staff cited survey/email fatigue and ERG leadership burdens.

SOLUTIONS

This project sought to enhance nurse well-being through clinical training, stress reduction, and mindfulness, supported by ongoing engagement and program content shaped by nurse feedback. This intervention included:



Peer Learning Sessions



Statewide Nurse Summits



Monthly Office Hours



Skills Training



Where leadership showed up, people stayed engaged.

Workplace Well-Being and Safety Infrastructure

Key Outcomes

The project improved nurses' confidence in soft skills, clinical confidence, and peer-to-peer connections. In contrast, work-life balance showed only modest improvement, with many nurses pointing to staffing levels, patient ratios, and benefits as the real levers for lasting change.



23%

Increase in soft skill confidence



10%

Increase in work-life balance

LESSONS LEARNED

Participation was strongest early in the project but declined as staffing shortages and workload pressures limited nurses' ability to attend sessions during work hours. Units where managers actively encouraged involvement saw higher engagement, while inconsistent leadership participation contributed to uneven momentum across sites. The ERG component added responsibilities for staff already managing high workloads and was ultimately discontinued. The team noted that sustained progress would require workload-neutral engagement opportunities and more visible, unit-level leadership support to maintain participation and reinforce skill application.

Providence Benedictine Nursing Center Nursing Well-being Grant



AT A GLANCE

Providence Benedictine Nursing Center aimed for 15% annual gains in well-being and improved retention by combining “Five Ways” activities with culture and process changes. Mid-project, the team pivoted to practical stressor removal, new equipment and dedicated staff spaces, based on nurse feedback and feasibility.

Key Outcomes

The project led to measurable improvements in efficiency, equipment access, and staff morale. While physical and emotional demands remain high, the changes offered meaningful support to nurses in their day-to-day work.

 **65%**
of staff reported improved efficiency taking patient vitals

 **56%**
felt they had better access to needed equipment



Even small changes, when they were based on what staff told us they needed, made the biggest difference in how supported they felt.

Workplace Well-Being and Safety Infrastructure

CHALLENGES

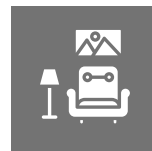
Nurses faced high burnout and compassion fatigue in a long-term care setting with significant staffing shortages, high workload intensity, and emotional demands. The organization sought to address these pressures by strengthening well-being, improving staff satisfaction, and reducing stress in a high-acuity, resource-constrained environment.

SOLUTIONS

Project proposed a broad well-being initiative built around Providence’s “Five Ways to Well-Being” framework to strengthen physical, emotional, and relational support for nurses. The planned approach emphasized team-based activities, culture-building practices, and opportunities for staff to share ideas about their well-being needs. The project also included small wellness incentives, such as gym gift cards and recognition activities, to encourage participation and reinforce healthy habits. Staff engagement sessions and structured feedback opportunities were intended to guide ongoing well-being efforts and support day-to-day morale.



Wellness Incentives



Renovated Breakrooms



Engagement & Culture



Feedback Opportunities

LESSONS LEARNED

Early implementation showed that a broad well-being program was too diffuse for a high-acuity long-term care environment with limited staffing capacity. Staff consistently reported that practical barriers, especially access to equipment and functional break spaces, were more immediate stressors than wellness programming activities. In response, the team narrowed its focus to targeted stressor removal, investing in vital-signs monitors, resident-handling equipment, and renovated break areas. These changes were viewed as meaningful and directly supportive of day-to-day work, though heavy workload often limited use of the new spaces.

Technology Advances in EMR Systems



AT A GLANCE

Nehalem Valley Care Center replaced an antiquated EMR with PointClickCare (PCC) to reduce documentation burden, errors, and charting-related stress, while creating more time for resident care. The implementation added Nursing Advantage modules, trained super users, and iteratively tuned workflows; go-live was delayed and billing issues surfaced but were resolved during rollout. By project completion, nurses reported substantially easier charting, fewer errors, and improved day-to-day efficiency with the new system.

CHALLENGES

Staff reported redundant documentation, complex navigation, frequent errors, and agency staff avoidance, contributing to frustration and time pressure. Staff sought easier charting, fewer errors, and less re-work.

SOLUTIONS

This project proposed to transition staff to a more widely used and user-friendly EMR which included system replacement, structured staff training, standardized documentation tools, and improved navigation to reduce redundant work and frustration.



Virtual
PCC
support



Nurse
Advantage
Software



Quick
charting
cards



Staff Training
& New Staff
Onboarding



We learned quickly that frontline workflows have to guide which [EMR] modules are selected.

Key Outcomes

EMR transition improved efficiency and morale: 77% easier charting, 61.5% fewer errors, 54.8% lower charting stress; missed-charting ~4→0.5 pages/day; agency staff more willing to cover shifts.



73.4%

Increase in nurse satisfaction with charting



177%

Decrease in documentation errors

LESSONS LEARNED

Implementation revealed misalignment between initial expectations and vendor training capacity; in-person sessions described in planning were not delivered, requiring rapid adaptation to virtual support. Early billing complications highlighted the need to involve third-party billing partners before go-live to avoid duplicate codes and payer-data errors. Staff emphasized that frontline workflows must drive module selection, as initial PCC packages omitted key functions and caused delays and retraining. Leadership noted that early super-user involvement and iterative workflow adjustments were essential for gaining staff confidence and promoting consistent use of the new EMR.

Administrative Process & Professional Practice



Care for the Caregivers

AT A GLANCE

Partners in Care in Bend, Oregon developed a peer-facilitated wellness and professional development program to rebuild morale, strengthen belonging, and reduce stress after significant organizational disruption. The initiative offered stipends and quarterly workshops focused on compassion fatigue, resilience, and personal well-being. While stress scores improved among participating nurses, inconsistent attendance, turnover, and missing measurement data limited broader interpretation and sustained impact.

CHALLENGES

Nurses reported isolation, heavy caseloads, extensive travel across a large rural region, and lingering post-COVID disconnection. These conditions strained morale and made it difficult to maintain strong peer support and consistent engagement in well-being activities.

SOLUTIONS

The project proposed a peer-facilitated wellness program supported by stipends and quarterly workshops on topics such as compassion fatigue, yoga, breath-work, and nutrition. A wellness committee was responsible for guiding activities, encouraging participation, and capturing staff feedback. Sessions were designed to be accessible to field clinicians, with recordings made available for later viewing and new hires included in the stipend program.



Financial & Wellness Support



Quarterly Wellness Workshops



Peer Facilitated Model

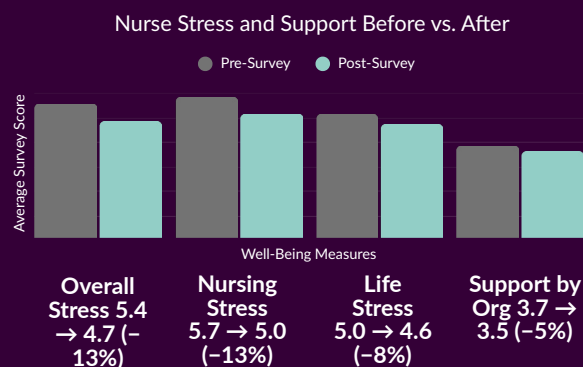


Support & Connection

Workplace Well-Being and Safety Infrastructure

Key Outcomes

Participation fluctuated due to workload, turnover, and competing initiatives, resulting in incomplete measurement against original goals. Burnout and job-satisfaction outcomes could not be assessed as planned due to missing post-survey responses. Approximately 23% of staff engaged in both workshops offered during the core intervention period. Survey results reflect only respondents who completed both baseline and follow-up measures.



LESSONS LEARNED

Concurrent EMR implementation and staff turnover reduced attendance and survey completion, diverting attention from wellness efforts. Geography and field schedules made in-person engagement challenging despite interest. Missing post-measures for burnout and job satisfaction limited alignment with original evaluation goals, underscoring the need for protected time and a simplified measurement plan when serving dispersed teams.

If we want clinicians to participate consistently, there has to be protected [dedicated] time for it.



PointClickCare Conversion

AT A GLANCE

Heirloom Living Centers sought to reduce documentation burden and medication-tracking errors by replacing outdated systems with PointClickCare (PCC). The transition initially increased stress as staff navigated incorrect templates, regulatory deficiencies, and unfamiliar workflows. Over time (after correcting templates, adding training, and stabilizing processes) nurses reported easier charting, fewer errors, and more predictable routines. These improvements reduced paperwork pressure and helped create a more sustainable day-to-day work environment.

Key Outcomes

Nurses experienced reduced paperwork stress, smoother routines, and more time for resident care. Medication accuracy and care-plan compliance improved significantly, supporting more reliable workflows and decreasing task-related strain.



90%

Decrease in medication errors.



100%

Compliance on care plan audits.

Staff reported that workflow stability, not the initial go-live, was the point at which charting became easier and task-related stress began to decline.

Administrative Process & Professional Practice

CHALLENGES

Nurses identified workflow inefficiencies and documentation burdens linked to using multiple systems for medication management and service planning. Nurses reported that fragmented processes increased the likelihood of errors, delayed care tasks, and reduced time available for resident interaction. The organization aimed to address risks associated with paper-based or outdated systems, inconsistent service plan documentation, and lack of real-time visibility into medication orders.

SOLUTIONS

This project sought to introduce the PointClickCare system to strengthen compliance, reduce errors, and free up nurses' time for direct care. The intervention included:



PCC
Peer Training



PCC
Audits



Refresher
Trainings



Pharmacy Med
Audits

LESSONS LEARNED

The transition placed unexpected pressure on staff. Incorrect care-plan templates led to survey deficiencies and significant rework, increasing early stress and undermining confidence in the system. Training gaps and the shift to a new platform initially added to documentation burden rather than reducing it. Involving regulatory partners earlier, confirming template alignment before go-live, and providing hybrid training would have eased the strain. After workflows were rebuilt and staff received additional support, the system became more predictable, documentation stabilized, and well-being improved through reduced paperwork and fewer errors.



When charting takes less effort, morale improves because nurses can actually do the work they came here to do.

Come Safe, Work Safe, Leave Safe



AT A GLANCE

The Oregon Veterans Home implemented MOAB verbal-deescalation and active-shooter preparedness training to address workplace violence and improve psychological safety for nursing and support staff. A train-the-trainer model expanded internal capacity and ensured ongoing access to specialized safety instruction. All intended outcomes were met, including increased staff preparedness and strong participation across shifts.

CHALLENGES

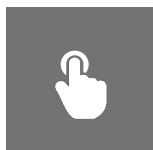
Nursing and support staff reported burnout tied to psychological safety concerns, unpredictable resident aggression, and inconsistent response skills. Off-hours and night-shift staff described feeling less prepared due to limited access to training. Staffing shortages, turnover, and the emotional strain of repeated high-intensity encounters further contributed to stress and uneven skill application.

SOLUTIONS

The project proposed implementing MOAB verbal deescalation training and active-shooter preparedness sessions to equip staff with consistent response strategies. A train-the-trainer model was designed to increase internal capacity, expand access to difficult-to-reach shifts, and maintain long-term sustainability. Pre- and post-surveys were included to assess changes in confidence, preparedness, and psychological safety.



Active Shooter
Preparedness
Training



MOAB
Training



Ongoing
Training
Integration



Pre and
Post
Surveys

Key Outcomes

Staff found that structured safety training, consistent reinforcement, and building internal trainers were essential for improving confidence and reducing stress in high-risk situations.



75%

Of staff trained within six months.



+1

Average Preparedness Scores
Improved

LESSONS LEARNED

Coordinating training for all shifts required more planning than expected, particularly for nights and weekends, and competing demands limited equal participation across units. Trainer workload also needed ongoing attention to prevent burnout in the train-the-trainer model. The team observed a meaningful decline in disruptive behaviors following training, and staff expressed relief at having consistent guidance for managing escalation. Integrating safety content into onboarding and annual competencies strengthened skill retention and helped maintain consistency amid turnover.



The biggest feedback we heard was relief—staff finally felt supported and not alone when dealing with escalating situations.

Workplace Well-Being and Safety Infrastructure

Well-Being Grant Cascadia of Gresham



AT A GLANCE

Cascadia of Gresham launched a well-being project to improve morale, restore pride in the workspace, and reduce reliance on agency labor by upgrading staff environments and implementing communication tools. Mid-project leadership turnover slowed progress and required re-alignment with the original proposal, but staff engagement strengthened over time. By project close, GNOME scores improved, morale increased, and staff satisfaction with break spaces rose significantly.

Key Outcomes

Staff reported meaningful improvements tied to upgraded spaces and morale-building activities. GNOME scores increased, and staff described the remodeled areas and wellness elements as highly valued. Staff satisfaction with breakroom and outdoor spaces rose, and team morale improved steadily under new leadership. Agency reliance decreased as internal stability grew.



29%

Increase in GNOME scores.



29%

Increase in breakroom and outdoor satisfaction

CHALLENGES

Nurses and support staff reported high levels of stress and fatigue in the post COVID environment, compounded by limited restorative spaces and a reliance on costly agency staff. Existing break rooms and outdoor areas were outdated, noisy, and underutilized. These environmental stressors contributed to low morale, turnover, and difficulties in retaining core staff.

SOLUTIONS

The project proposed creating and enhancing staff spaces and implementing supportive tools to strengthen well-being and reduce agency dependence. Planned activities included:



**Renovating
Staff Spaces**



**Outdoor
Improvements**



**OnShift Peer Scheduling
Group Learning Tool**



LESSONS LEARNED

Leadership turnover created substantial early delays in planning, communication, and survey administration, requiring later realignment with the original proposal. Staff reported that initial decisions lacked adequate input, contributing to early distrust; engagement improved once new leadership invited direct staff feedback on project elements. Survey fatigue emerged due to repeated GNOME administration, and several planned education components were inconsistently delivered. Despite these disruptions, staff noted significant late-stage gains in morale and appreciation, particularly once the remodeled spaces were completed and accessible. Staff feedback also guided mid-project adjustments to ensure funds were allocated to the most valued improvements.



Staff feedback directly shaped several adjustments to the project.

Workplace Well-Being and Safety Infrastructure



ACC Well-Being Grant

AT A GLANCE

Avalon (formerly Columbia Care Center) launched an EHR conversion to ease after-hours documentation and strengthen nurse well-being. The new system simplified charting and reduced time spent completing required documentation. However, the organization underwent major ownership and leadership changes during the project period, which shaped staff experience and affected overall wellbeing scores. While the workflow improvements were meaningful, the broader workplace environment ultimately influenced how the change was felt by nurses.

CHALLENGES

Staff identified persistent after-shift charting, lost work, and inefficient tools as drivers of stress and poor morale. Nurses frequently stayed late to finish documentation, and the prior system's limitations contributed to frustration and diminished well-being. These longstanding workflow barriers were the primary focus of the proposed solution.

SOLUTIONS

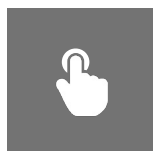
The project proposed replacing the legacy EHR with a streamlined system supported by staff training, routine check-ins, and ongoing monitoring of documentation burden and nurse experience.



Implement
PCC



Routine
Nurse
Surveys



Training and
Technical
Support



Measurement
Log

Administrative Process & Professional Practice

Key Outcomes

Staff reported that the new EHR reduced the time and effort required to complete documentation, making charting more manageable and reliable. Despite those gains, overall well-being did not improve, reflecting the influence of concurrent organizational changes on staff experience.



53.5%

Decrease in documentation time.



8%

Decrease from baseline in well-being scores.

LESSONS LEARNED

The project showed that EHR improvements alone cannot offset broader organizational strain. Before the sale, nurse managers carried a heavy manual workload transferring care plans, which created early stress even as charting became more efficient. During the sale, uncertainty had the greatest impact on staff wellbeing; the acquisition was described as “devastating,” and leadership turnover disrupted survey continuity and project oversight. After the sale, gaps in project handoff, such as locating baseline tools and maintaining timelines, made it difficult to assess full impact. Staff ultimately adjusted to the system, but organizational stability proved essential for well-being gains to take hold.



The introduction of the system has had a notable impact on the staff, and their ability to complete their job.

Macdonald Residence Nursing and Support Staff Wellness Initiative



CHALLENGES

Staff serve medically fragile residents in Old Town/Chinatown with frequent behavioral and physical care demands; short staffing and injuries are common. Engagement time for wellness was limited, and administrative burden and HR turnover complicated tracking and delivery.

SOLUTIONS

The project proposed a wellness initiative for roughly 60 nursing and support staff, centered on ergonomic upgrades, individual wellness stipends, and monthly trainings. Nursing leadership and People & Culture were to coordinate vendors for massage, acupuncture, and related services, while tracking stress and turnover using HR data and recurring wellness surveys.



Chair Massage
and
Acupuncture



Ergonomic
Equipment
Upgrades



Monthly
Wellness
Workshops



Increased
Communication

LESSONS LEARNED

Short, low-burden offerings such as 15-minute chair massage were the only wellness activities staff could reliably use during busy shifts; longer classes (for example, Zumba or yoga) were repeatedly canceled because ongoing crises and short staffing left nurses without time to participate. Staff described massage and acupuncture as genuinely helpful in the moment, but leaders observed that these comforts did not change stress driven by workload, staffing levels, and time imbalance. Administering surveys, coordinating vendors, and managing the grant also added work for already stretched managers. The team concluded that future efforts must pair “feel-good” benefits with structural changes that reduce workload and protect time, and must budget dedicated coordination so wellness initiatives do not become another source of stress for staff and leaders.

AT A GLANCE

Macdonald Residence implemented a multi-pronged wellness initiative combining ergonomic upgrades, brief wellness activities, and skill-building sessions to reduce workplace stress and improve retention among nursing and support staff. The project also introduced regular surveys to gauge impact and adjust offerings. Participation varied—short, low-burden options like chair massage drew steady use, while most classes had limited engagement. Turnover rose and stress reductions were modest, reflecting the heavy demands of the care environment.

Key Outcomes

The project aimed to reduce turnover and workplace stress by 10%, but measured outcomes fell short. Participation in most wellness activities remained low, limiting their overall impact. Chair massage was the only consistently used and effective offering, with all appointment slots routinely filled.



28%

Increase in staff turnover.



6%

Reduction in stress

Participation varied... we concluded that staff did not see the wellness offerings as a priority to engage in.

Workplace Well-Being and Safety Infrastructure



Updating & Renovating Employee Break Spaces

AT A GLANCE

Mennonite Village used the grant to renovate indoor and outdoor break spaces and measure impact with the Copenhagen Burnout Inventory (CBI). Interior spaces and most exterior areas were completed on schedule, aside from one weather-related delay. Staff reported that the renovated spaces improved their ability to rest and reset during shifts. Initial CBI results showed meaningful reductions in personal and work-related burnout, and retention increased.

Key Outcomes

Staff reported measurable improvements in well-being and retention tied to the break space renovations. All interior and most exterior projects were completed on time, with only one site delayed by weather. The results showed that physical spaces designed for rest and recovery can significantly improve morale and reduce turnover.



13.3%

Reduction in work-related burnout



10.43%

Improvement in staff retention.

CHALLENGES

Mennonite Village's application identified pandemic-era staffing shortages, increased workloads, and rising burnout across memory care, skilled nursing, and assisted living units. Existing indoor and outdoor break areas were outdated, noisy, and heavily used, limiting opportunities for rest and recovery during shifts.

SOLUTIONS

the project proposed creating renovated indoor “oasis” rooms and outdoor respite spaces equipped for rest and decompression. Planned features included massage chairs, aromatherapy, dynamic lighting, and water/sound elements. The team also proposed using the Copenhagen Burnout Inventory (CBI) for pre/post measurement and tracking retention to assess impact.



Renovating
Break Spaces



Restorative
Outdoor
Spaces



Copenhagen
Surveys



Monitoring HR
Retention Data

LESSONS LEARNED

Delivering high-quality restorative spaces showed clear value, but the organization learned that timing matters: outdoor areas had limited early use due to weather, delaying full impact measurement. Staff emphasized that dedicated, comfortable spaces for decompression significantly helped manage stress, yet physical improvements alone cannot counterbalance systemic workload pressures. Sustained gains depend on ensuring staff can reliably step away to use the spaces and embedding recovery time into daily operations.



The first burnout survey... brought to light the experienced burnout of nursing employees

Workplace Well-Being and Safety Infrastructure



The ACE Project

CHALLENGES

Staff faced ongoing frustrations tied to outdated communication systems, limited organization in clinical spaces, and a lack of formal recognition. These issues contributed to inefficiencies, increased walking during shifts, and a sense of under appreciation. Employee turnover, especially within the first 100 days, was high, and leadership knew that without changes, retention and job satisfaction would remain low.

SOLUTIONS

To strengthen communication, reduce inefficiencies, and boost morale without relying on major construction, South Hills intended several staff-centered strategies focused on recognition, workflow, and teamwork. These included:



"ACE Award" Nurse Recognition



Omniwatch Call Light



Nurse Station Remodel



Peer Recognition and Transparency

LESSONS LEARNED

Project delivery depended heavily on external contractors and regulatory approvals, which proved more complex and time-consuming than anticipated. Licensing requirements for call-light installation and higher-than-expected construction estimates prevented planned upgrades from moving forward. Leadership turnover reduced continuity, and staffing constraints limited capacity to manage multiple project components. With physical improvements stalled, only the recognition program advanced, narrowing the project's overall impact.



We were aiming high... but I do think we put all our eggs in one basket, especially seeing that the call lights were contingent upon the remodel.

AT A GLANCE

South Hills Rehabilitation launched a communication-and recognition-focused well-being initiative intended to reduce wasted steps, support staff morale, and improve interdisciplinary communication. The project planned three core components: an Omniwatch call-light upgrade, nurse-station remodel to streamline workflow, and the "ACE Award" program recognizing high-performing nurses. While the recognition program launched successfully, physical upgrades stalled due to contractor, regulatory, and patient-care-area feasibility barriers. Mid-project organizational changes led the grantee to cancel the agreement and return remaining funds.

Key Outcomes

Because implementation ended early, outcomes were limited. The ACE Award program launched successfully and recognized four nurses. Planned workflow and environmental improvements were not completed, preventing measurement of broader well-being impacts.



4

ACE Awards issued within four months.



13% YTD

Reduction in staff turnover

Workplace Well-Being and Safety Infrastructure



Oregon Center for
N U R S I N G

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