

# 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, breathwork, 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

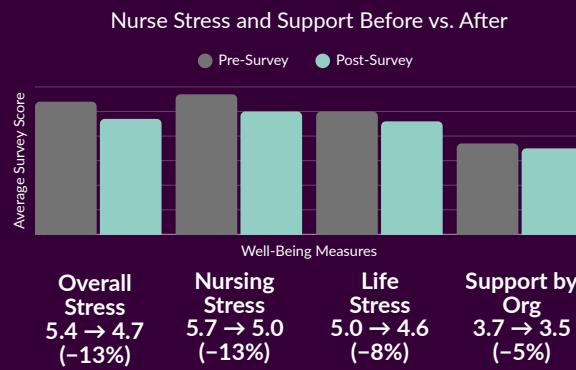


Support & Connection

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.