

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 Tool Kits



Somatic & Emotional Regulation Training



Quarterly Wellness 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 well-being 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