

Healing Hands

COVID-19 Series, Issue 2



A Publication of the HCH Clinicians' Network

NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

HCH | CN

HCH CLINICIANS' NETWORK

Staff Wellness During the COVID-19 Pandemic

Contents



Section I: Introduction

Section II: Stress, Compassion Fatigue, and Burnout

Section III: A Staff Member's Perspective: Grace at National Health Foundation in Los Angeles

Section IV: Employer Policies and Culture

Section V: Crisis Communication

Section VI: Understanding and Responding to Real Needs

Section VII: Conclusion

I. Introduction

In the previous issue of *Healing Hands*, we discussed the direct and peripheral impacts of the COVID-19 pandemic on people experiencing homelessness, and heard from clinicians and care providers about the measures they have taken to provide continuous and quality care for their clients, with an eye toward clients' mental and emotional well-being during an unpredictable time. In this issue, we will turn our attention to the way staff members have been impacted by the pandemic, and highlight what some organizations have done to create compassionate and effective workplace policies, engage in crisis communication, and understand and respond to the real-time needs of their employees, including the need for both logistical and emotional support.

II. Stress, Compassion Fatigue, and Burnout



“

People experiencing homelessness can't simply “stay home,” and often the ability to socially distance, wash hands, sleep well, stay warm, get adequate food, and access health care, such as COVID testing, are extremely limited.

*- Lara Pukatch
Miriam's Kitchen*

The provision of health care for the homeless is always challenging work in its witness of suffering, but the pandemic adds new levels of suffering and also limits modes of connection and support for those who are suffering. Secondary trauma, or vicarious trauma, are associated with witnessing another person experience a traumatic event. Many clinicians and care providers are experiencing increased amounts of secondary trauma and compassion fatigue as a result of witnessing their clients deal with the “routine” traumas of homelessness compounded by the pandemic.

Lara Pukatch, Director of Advocacy at Miriam’s Kitchen in Washington, DC, explains that the COVID pandemic has been “a crisis within a crisis for people experiencing homelessness—with stressors upon stressors, trauma upon trauma. Since the onset of the pandemic, there has been a lot of talk about how to take care of somatic and mental health in ways that are impossible without housing. People experiencing homelessness can’t simply “stay home,” and often the ability to socially distance, wash hands, sleep well, stay warm, get adequate food, and access health care, such as COVID testing, are extremely limited. Our guests are resilient and strong and smart, and the pandemic has been another crisis on top of what they are already going through. Plus, many of the health conditions that put people at higher risk of dying from COVID are conditions that are more prevalent among people experiencing long-term homelessness, such as hypertension, immune compromise, cancer, diabetes, COPD and other chronic conditions.” The cumulative effects of seeing and hearing the stories of what it is like to experience homelessness during a pandemic has effects on the emotional well-being of clients and care providers alike.

The COVID pandemic has created unexpected challenges for almost everyone, which means employees at organizations that provide health care and other services for the homeless are facing additional challenges both at work and in their personal lives. Many people are facing additional economic burdens and household responsibilities, including increased childcare needs, and have been struggling to develop a sense of work-life balance

II. Stress, Compassion Fatigue, and Burnout *(cont.)*

in the midst of the pandemic. In addition, staff members have experienced the fear of contracting COVID at work and bringing it home to family members; in some cases, individuals have chosen to live apart from their housemates and loved ones in order to protect them. On top of this, clinicians and care providers are experiencing unprecedented levels of stress and burnout themselves, as the health care system strains under the weight of the pandemic and households struggle to adapt to many months of unpredictable change.

The importance of providing trauma-informed care for clients is well-known, but the COVID pandemic has introduced new difficulties of providing trauma-informed care for clients while staff are in unprecedented crisis-mitigation mode. **Audrey Knaff** is the Health Center Director of the LSS Health Center at Faith Mission in Central Ohio. “Organizations and staff are experiencing trauma,” she explains, “which leaves little room to unpack and untangle what trauma informed care looks like in a crisis. For staff, we’ve been at 6 months or more of stress levels at an 8 or 9 daily. I think we have stress here at work, and it is not just organizational trauma and adjustment but also in our personal lives. We are doing the best we can in the moment, much like a lot of people do that are experiencing trauma. So there are many things that need to happen in order to maintain functioning here at the health center. Dealing with this pandemic and all the ins and outs leaves little room for much else.

A few things that Ms. Knaff’s organization has done to support staff as they experience the stress of living and working during the COVID pandemic include:

- Providing information about employee assistance programs
- Offering counseling to employees
- Keeping an open door for staff to approach management with problems
- Maintaining awareness of the ways that stress may translate into interpersonal interactions, including tolerance levels
- Generating an awareness of “employees as whole people existing in the constant stress as numbers continue to worsen”
- Normalizing the expression of feelings of stress and being overwhelmed; “it helps to know that others are experiencing the same barriers and challenges, and that I’m not the only one struggling and figuring things out”

Overall, says Ms. Knaff, “You do the best with what you have. There is only so much time in the day, and it is important for us not to be too hard on ourselves in the work we are doing. We’re feeling like we aren’t doing enough, and just to keep the perspective that our services are necessary, they’re useful, our patients depend on us and have gratitude for us, and we have gratitude to them for sharing their stories with us. Continue to provide the best care you can with the resources you have and the knowledge you have.”

III. A Staff Member's Perspective: Grace at National Health Foundation in Los Angeles



Photo courtesy of National Health Foundation. Source: Genesis Productions

Grace Cotangco is Manager of Operations and Community Initiatives for National Health Foundation's (NHF) Recuperative Care program in Los Angeles. In this capacity, she manages operations for the Pico Union facility, involving operational staff and guest services associates. She interacts with guests, coordinates environmental services, and oversees operations and facility staff. She also works on community initiatives involving a community garden, outreach projects, and community education, including workshops, resource fairs, and an annual block party featuring entertainment, free food, and coordination with other community resources.

Prior to the shelter in place orders that occurred at the beginning of the COVID epidemic, Grace was managing many community and school outreach projects that had to be placed on hold when COVID arrived. Grace shifted to working from home, and the team had to transition very quickly to utilizing Zoom and other electronic tools, not only to communicate with other staff members, but also to continue community outreach and education online. Grace notes that NHF's IT manager was "able to transition us to digital overnight... Because we had the infrastructure in place beforehand, we were ready for it when it hit so the transition was seamless."

This shift also led to some shuffling of Grace's responsibilities; since she was no longer spending as much time in the community coordinating outreach activities, she added job responsibilities in operations as NHF moved to fill new and changing staffing needs. In the early months, when Grace was working from home, she found some difficulty in maintaining boundaries with work by ending the

III. A Staff Member's Perspective *(cont.)*

workday at an appropriate time. Since shifting into operations and returning to work in person at the facility, she feels herself returning to a more normal schedule and work-life balance.

Grace notes that NHF has a strong culture of supporting the mental and emotional health of staff, including by respecting employees' need for time off, which many employees needed in the early days of the pandemic. In response to employee needs, NHF implemented a variety of policy changes, including flexible time off, stipends, food and transportation assistance, and more. When Grace was working from home, NHF provided work-from-home staff with a stipend to purchase office supplies, desk chairs, printers, etc. She thinks this helped the team transition to



*Photo courtesy of National Health Foundation.
Source: Genesis Productions*

working virtually, since resources were available.

The CDC guidelines of social distancing, mandatory mask usage, and thorough sanitizing checklists have become part of the regular onsite routine for NHF staff, which helps staff members feel safer. Grace expects that these health routines will become regular practice, even post-COVID. "I'm grateful for the team that we have here," says Grace. "We're very service-minded. Of course, there is fear around COVID, but the general culture around here is to turn it around and find ways that the situation can empower us... An important aspect that I have felt through my experience is that we have an open-door policy and try our best to support staff and provide them with what they need to do their job. Anytime I have felt like I have needed more support in some area, I have felt like the door was open for me to express that. Other staff also aren't afraid to tell me what they need, and that's the general culture here: People are comfortable suggesting things to help everyone feel safer."



*Photo courtesy of National Health Foundation.
Source: Genesis Productions*

IV. Employer Policies and Culture



“

We cultivated staff flexibility as we figured out how to keep taking care of staff.

*- Lara Pukatch,
Miriam's Kitchen*

Miriam's Kitchen started with a meal program 37 years ago and has grown into a robust program that in addition to meal services, also offers case management, housing services, referrals, street outreach, and advocacy. In the immediate aftermath of COVID's arrival, Miriam's Kitchen, like many organizations, had to make immediate changes to service provision models and employment policies, like paid leave and sick days.

There were also initiatives early on to “normalize working remotely and taking time off, starting with leadership—making the conscious decision to encourage staff to work remotely in order to diminish risk from the outset,” says Director of Advocacy Lara Pukatch. “We've tried to be as flexible as we could and let people know from the onset that if they had to stop working or take a break, or seek wellness supports, that we wanted them to take that time or work from home without worrying about their jobs. We cultivated staff flexibility as we figured out how to keep taking care of staff.”

But, what went even deeper than the policy changes, says Ms. Pukatch, was the process of “trying to really examine whether people feel comfortable taking time off. Is there really enough flexibility to cover shifts so that people can take time off? Do people really feel empowered to take that time without impacting clients or their own reputation? We do not want it to feel like staff are not taking on all these many burdens that come with the work evenly and equitably. We are trying to do deep analysis about who is able to do what and how comfortable they feel.” In other words, even supportive policies will fall short if they do not contain an analysis of the real experiences that staff members are having, and communication about their needs.

Ms. Pukatch also emphasizes other aspects of current events that interact with and exacerbate the impacts of the COVID pandemic: “All our staff and clients are dealing with current events, [including the movement for racial justice] on top of the pandemic and stress of daily lives... Absorbing that and continuing with daily life has felt almost impossible, especially for our staff who are people of color... We are making sure we are talking about race and looking internally at the organization to see opportunities to make it a more equitable place. We are having those conversations even more than we were

IV. Employer Policies and Culture *(cont.)*

before the pandemic. It is good that we weren't trying to have these conversations for the first time (about racism as a cause of homelessness, and how racism shows up in our organizations and may be exacerbated by the crisis mode of the pandemic.) Even when the plate is very full, we are making space and capacity for conversations about race and trauma. Otherwise we miss the opportunity to move forward as organizations."

Ms. Pukatch's advice to other organizations that are trying to craft intentional, informed policies and conversations that support the well-being of staff members is: "Be transparent and open. What can we be doing in these times other than having those very open lines of communication?"

“

We are making sure we are talking about race and looking internally at the organization to see opportunities to make it a more equitable place. We are having those conversations even more than we were before the pandemic.

- Lara Pukatch

V. Crisis Communication



“

Sometimes the anxiety about what you don't know is even worse than the anxiety about the actual thing.

*- Dr. Van Yu,
Center for Urban
Community Services*

Dr. Van Yu, Chief Medical Officer of Center for Urban Community Services and its healthcare affiliate Janian Medical Care in New York City, explains that there were two top priorities for management after the arrival of COVID: first, structural and operational changes (including increased paid sick time, mental health days, and policies that would help know when and how to stay home if they became ill), and second, developing a clear ethos and practice of crisis communication.

Clear communication in a crisis, Dr. Yu explains, can “help people feel like they were getting accurate information about what was going on around them, because a lot of fear and anxiety gets triggered when we do not understand what is going on around us. Sometimes the anxiety about what you don't know is even worse than the anxiety about the actual thing. So not only is there value in communicating super clearly, but also communicating what you don't know—admitting that we don't know this yet, but we're going to do it anyway, and communicating frequently.

Dr. Yu offers the following tips for crisis communication:

- 1** Do not assume that saying it once is enough. Communicate the same point over and over again—especially with new stuff. COVID did not exist before so it is like learning a new thing, you have to use repetition.
- 2** Really be mindful and intentional and careful of how you communicate with staff about what we are doing to protect you from COVID, what you can expect from supervisors and HR, what we will do if someone gets sick. It is about communicating in such a way that staff believes you have good plans in place.
- 3** Remember that COVID is a unique kind of crisis, because “the spring was a sprint, but now we are in a marathon. I have heard from colleagues in other places that leadership has not been good at acknowledging this” or communicating in a way that acknowledges the existence of a long-term, protracted crisis.
- 4** Provide very clear instructions: “Most people do not know how bad they are at calculating risk, and we are all having to learn these new epidemiology skills very quickly and incorporate these new realities into our work.”
- 5** Keep in mind that many people are receiving misinformation about the nature of COVID from other sources, and communicate with accuracy in response to this misinformation.

V. Crisis Communication *(cont.)*

Dr. Yu recalls that in the spring of 2020, “everyone was working very hard, working many more hours than usual. Everyone was so busy we did not have time to talk about how scared we all were. We acknowledged it, and talked about it a little bit, but just had to power through it.” By summer of 2020, after rates had begun falling and become significantly safer in New York, “our new way of operating became more routine... it felt almost normal. I got lulled into a new sense of normalcy, but then had to remind myself that we were all still stressed out... and there was a new kind of stress: anticipating fall and winter, the dread of wondering what was coming. So, I had to find new ways to acknowledge that. People had the idea like they should feel better as things got better, but it was hard to admit they were still feeling stressed out and worried. It was helpful for me to say it.” And Dr. Yu plans to continue saying it, with continuous and mindful communication blasts to help staff members make sense of the changing arc of the pandemic and have access to good, clear information.

“

People had the idea like they should feel better as things got better, but it was hard to admit they were still feeling stressed out and worried. It was helpful for me to say it.

- Dr. Van Yu

VI. Understanding and Responding to Real Needs



“

Some people will require a little bit more and that is okay, because everyone is different and has different needs and brings something different to the work.

- Tanya DeHoyos,
National Health
Foundation

Tanya DeHoyos, Chief People Officer at the National Health Foundation in Los Angeles, says that NHF created a number of policies designed to support employees' needs in the early weeks of the pandemic. Some of these policies, including hazard pay and sick days, were fairly standard. But other policies were developed in direct response to employees' expressed needs, including free meals and ride-share credits for employees that did not feel safe taking public transportation to work. Ms. DeHoyos explains that the development of these policies was based on organizational values of Justice, Equity, Diversity, and Inclusion.

“In a pandemic,” says Ms. DeHoyos, “these questions of equity and inclusion are just on the surface. Staff live in different neighborhoods and some travel quite far to get to work. Some people have the stress of a commute or transportation. Some people have kids. Understanding where people live and economic resources are different, so you can not necessarily give the same thing to each person but what does it look like to try to create equity. Some people will require a little bit more and that is okay, because everyone is different and has different needs and brings something different to the work. It takes more planning and more thought, but is critical and rewarding.”

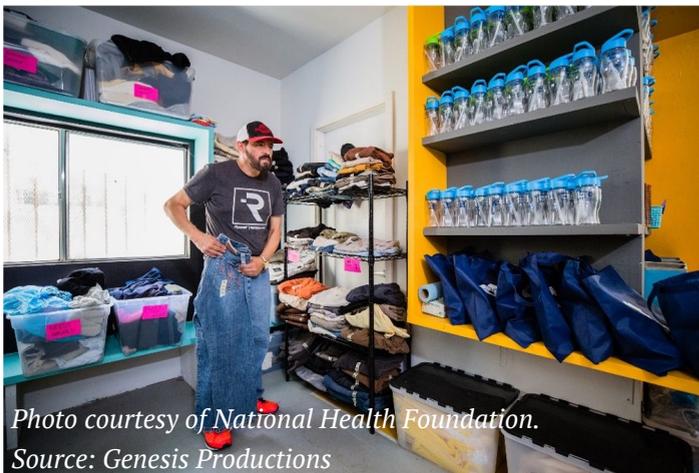
A key piece of the puzzle, Ms. DeHoyos emphasizes, is in collecting information from staff members and opening communication channels to understand what the true needs are. “We use different avenues for communication within our org, including Tiny Pulse. It is a survey, but it is a tool to let people know we want to hear their voice. It is for taking the pulse of the organization. [We ask]: How happy are you at work? If I get a 1, it is an opportunity to read the comments. We started it right before the pandemic, and it was serendipitous. People communicated uncertainty about benefits, confusions, concerns, requests for more information. It became another avenue, anonymous, for people to have the opportunity to talk about how they were feeling. A lot of those things I could fix, like concerns in the beginning when there was unrest and protests, people wondering about getting to the store because things were closing early—I could answer requests like those. People wanted to

VI. Understanding and Responding to Real Needs *(cont.)*

make sure that their voices were heard—small things, big things—and that something would be done about it... In this kind of time, it was like put into action what you say. This is our values in action. This is the opportunity to walk the talk and really do it. To be meaningful in the lives of our employees and ask them what they need.”

This emphasis on communication meant that staff members felt empowered to ask questions about organizational policies and seek resources. In response to requests, Ms. DeHoyos began compiling lists of free resources for staff members, with everything from free online yoga circles to free meditation groups for Black men in South LA. They gathered lists of resources for people who needed to quarantine, provided help with insurance questions, and began offering meditation sessions—all in response to direct requests from employees. “People need things in different ways,” says Ms. DeHoyos, “and I think it’s important to understand what is needed at the moment... Sometimes people tune resources out until they actually need them. So we kept asking: ‘What do you need?’... And: ‘You are the expert; tell me.’”

One response to employees’ stated needs was



*Photo courtesy of National Health Foundation.
Source: Genesis Productions*



*Photo courtesy of National Health Foundation.
Source: Genesis Productions*

to create activities to help “get them through stressful days, like a little oasis,” to “create little moments where they feel like the work they are doing is good and valued and people see it.” These activities include pizza parties and donut days, and in August an NHF Day of Wellness: “Pre-pandemic we had wanted to reach out to massage therapists and have backrubs available. We had to scale that down, of course, but we had pressed juices, and gift bags with candles and face masks... These are tiny things, but you have to schedule them. Some organizations have to go into full pandemic mode that requires shifting of resources, but something I love about our leadership team is that they will not shift resources away from our employees. They are our community. We are here to serve our community. The employees of NHF must be cared for,” says Ms. DeHoyos.

NHF also has a Culture Club, an employee-run group of people who come together every month to talk about employee needs and plan monthly events. This emphasis on wellness promotes a culture of “acknowledging how important mental health is, and norming what good mental health practices are. This will look different for every person. Not everyone wants to go to therapy, but we encourage it and are

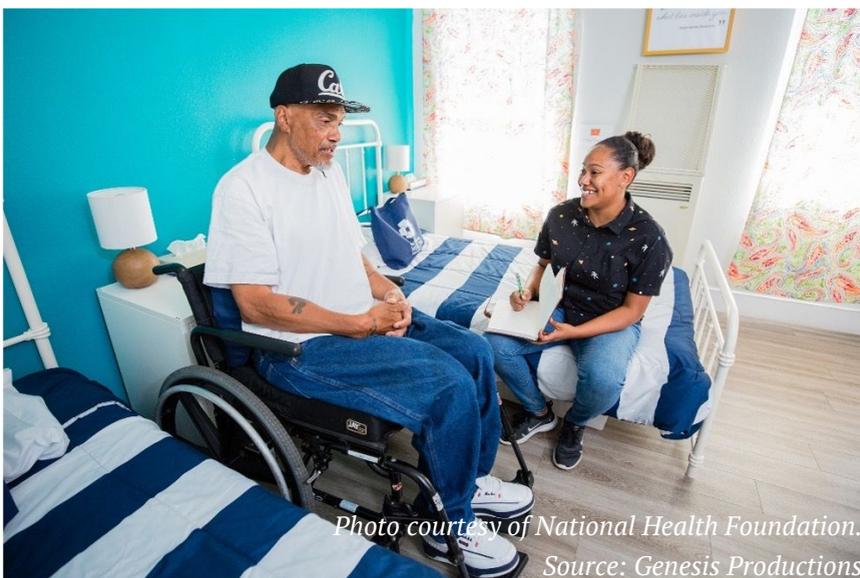
VI. Understanding and Responding to Real Needs *(cont.)*

very open about it. There is no stigma within our organization in making sure that everyone talks in this way: It's good to seek out help when you need it, whatever that looks like for you," says Ms. DeHoyos.

She is under no illusion that these activities are all that is needed to support the material and emotional needs of staff members. "Donut Day doesn't solve the world's problems," says Ms. DeHoyos. "People will still get burnt out. There is stress and there is a housing shortage and it's hard to place people. This is a difficult year. But, I think people who work for NHF know that they can rely on us, and I think that's important. I think people felt cared for when it mattered most, and that is the best I can hope for in general, let alone during COVID: They were there for me... Feeling that you can rely on your employer is reassuring in a not-reassuring time."

NHF's Human Relations department is called People and Culture, and they consider themselves to be "the support system for the support system." Every time they put out a survey or ask for feedback, they are asking: "help me help you," says Ms. DeHoyos; "I want to know where we can grow, what you need, what we should be working on next year. Engagement and inclusion generates a sense of belonging."

Ms. DeHoyo's key advice for organizations that are trying to assess employee needs in order to provide the most-needed forms of support during a challenging time is: Ask. "Everybody should ask. Don't assume. Ask the questions. Because your leadership team might have brilliant ideas but they aren't what the staff needs. Allocate resources to it—I know that is extremely hard, especially if you are tight on resources to begin with. But, if it wasn't me doing the meditation classes, I believe someone would have stepped up as well. We are in a community and we can rely on them to know somebody who knows somebody who can teach meditation or yoga or whatever it is that people need. There is an interconnectedness to talking and communicating and voicing what our needs are.



*Photo courtesy of National Health Foundation.
Source: Genesis Productions*

And, some people aren't necessarily comfortable with that. So, we practice the offering up of things. We don't have all the resources either, but I feel we are dedicated to the fact that if I do not have it, I'm going to find someone who can help us with it. That passion and dedication to your staff sometimes gets resources to you."

VII. Conclusion

When asked what have been his greatest lessons learned from the COVID pandemic, Dr. Yu says that there are two main things, which are almost contradictory but both true: First, that “it is really important to acknowledge everyone’s stress. Especially in this country, there is a performance aspect that can come into play, but the truth is that we are all stressed out.” And second, “I have been really impressed by the resilience of both colleagues and patients. A lot of my patients are doing really well, some maybe even better than before the pandemic, as they step up and respond to the crisis. I have a handful of patients who are concerned about me and checking in on me, and there is a solidarity that is created by everyone being in crisis together but in different ways.”

Dr. Yu notes that this sense of solidarity may bring out the best in people, if we intentionally create cultures and lines of communication that allow it to do so. As clinicians and care providers throughout the United States continue to provide services to people experiencing homelessness, and as organizations work to provide effective and nurturing support to staff members during the COVID pandemic, there will be constant opportunities for building new structures of care to hold all of us even after the pandemic has ended.

Disclaimer

This publication is supported by the Health Resources & Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$1,625,741, with 0% financed with non-governmental sources. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

NHCHC is a nonpartisan, noncommercial organization.

All material in this document is in the public domain and may be used and reprinted without special permission. Citation as to source, however, is appreciated.

Suggested citation: National Health Care for the Homeless Council. (February 2021). Staff Wellness During the COVID-19 Pandemic. *Healing Hands*. (Author: Melissa Jean, Writer). Nashville, TN. Available at: www.nhchc.org.

Healing Hands is published by the National Health Care for the Homeless Council.
www.nhchc.org

Credits

Melissa Jean, PhD, writer
Lily Catalano, BA, project manager

**HCH Clinicians' Network
Steering Committee**

Joseph Benson | Brian Bickford, MA, LMHC | Carrie Craig, MSW, LCSW
Catherine Crosland, MD | Bob Davis | Amy Grassetto | Joseph Kiesler, MD
Charita McCollers, MSW, LCSW | Thomasine Mungo
Jeffrey Norris, MD | Regina Olatin, DO, FACP, FAAP
Jessica Richardson, LMSW, MSW | Lynea Seiberlich-Wheeler, MSW, LCSW
Mary Tornabene, MS, APRN | Lawanda Williams, MSW, LCSW-C

Join the HCH Clinicians' Network

To learn more about clinical issues in homeless
health care, join the Clinicians' Network. Individual
membership is free of charge.

©2021 National Health Care for the Homeless Council



*The HCH Clinicians' Network is operated by the National Health Care for the Homeless Council.
For membership information, call 615-226-2292,
or learn more at <https://nhchc.org/membership/council-membership/>*