



KEY POINT SUMMARY

OBJECTIVES

Researchers explored intensive care nurse perceptions about the usability of a break room designed to provide support, refreshment, and renewal to mitigate work-related stress.

Utility of a “lavender lounge” to reduce stress among critical care registered nurses: A cross-sectional study

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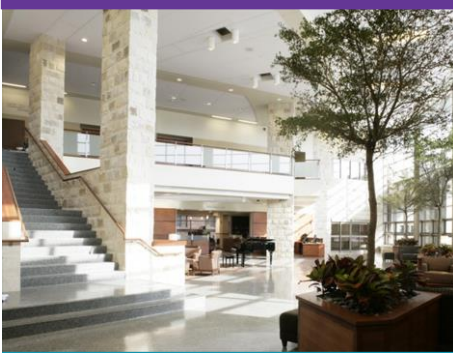
Key Concepts/Context

Research demonstrates potential benefits of restorative break rooms to mitigate nurse stress. Intentionally designed break rooms may benefit nurses if room use is feasible. The results of this descriptive study suggest that organizational-level policy and cultural support must accompany the provision of restorative break rooms in order for nurses to benefit from the design.

Methods

This descriptive study used a cross-sectional design and a researcher-developed survey to collect intensive care nurse perceptions about the usefulness of a restorative break room called a Lavender Lounge. Early in the COVID-19 pandemic, a restorative lounge was established near a 64-bed medical intensive care unit (MICU). The lounge was open to all MICU nursing staff and featured soothing artwork; a massage chair; a Bluetooth-enabled stereo with noise-cancelling headphones; CDs for meditation and relaxation; an aromatherapy diffuser; soft lighting; a drink station stocked with coffee, tea, and water; a punching bag; and yoga equipment. The lounge also had an area with assorted paraphernalia for personal grooming and freshening up.

The research team used a literature review and expert input to develop a survey to gather feedback about the newly established lounge. The survey included demographic questions about age and years of ICU experience. Questions with Likert-type scales were used to gather information on nurse stress levels, perceived lounge utility, and likelihood of recommending the lounge to others. By completing checklists, respondents indicated events contributing to their stress level, facilitators and barriers to lounge use, and what elements of the room they used. Finally, researchers used open-ended questions to gather data about frequency and duration of lounge use. The survey was disseminated three months after the lounge was established and data was collected over a 10-month period.



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Findings

Fifty-four of 250 (21.6%) nurses completed the survey. Most participants were female (89%), most were less than 35 years old (70%), and the majority had less than five years ICU experience. On a scale of 0 (no stress) - 100 (extreme stress), the mean level of stress reported was 75.4 (SD, 17). Top stressors included lack of adequate staffing (78%), meeting the emotional needs of patient families (74%), and meeting the emotional needs of patients (72%). Facilitators to using the lounge included having a colleague who would assume patient care (56%), the opportunity to visit over a meal (33%), and having low-acuity patients on the unit (31%). Things that prevented respondents from using the lounge included high acuity (63%), no one to assume patient care duties for a break (50%), and high patient care requirements (50%). Of the 54 MICU nurses who completed the survey, 31 (57%) reported having used the lounge in the preceding month. Of the 23 nurses who didn't indicate lounge use, roughly half (48%) responded they wanted to but weren't able to. The lounge items most frequently used by participants were the massage chair (56%), the aromatherapy diffuser (39%), and soft lighting (22%). Of the 31 respondents who indicated lounge use, 23 (74%) reported that the lounge was at least somewhat helpful in reducing stress, but interestingly, 17 (55%) indicated they were not likely to recommend the lounge to others.

Limitations

Noted limitations for this study include the single location and a low response rate. Additionally, it was not clear how the survey was distributed or how participants were recruited. Finally, the instruments used to evaluate the restorative lounge relied on self-reporting and were not established as valid or reliable, but were unique to the study context.

Design Implications

The most frequently used lounge features were the full-body massage chair, aromatherapy diffuser, soft lighting, grooming amenities, drink station, and yoga equipment. While this list can be used to inform future design, clinicians who will be using a restorative lounge should also be allowed to give input into preferred features.

And Also...

Researchers concluded that factors contributing to nurse stress were also barriers to lounge use, suggesting that simply providing a restorative lounge is insufficient to



mitigate the stress inherent in ICU work. Restorative break rooms should be one part of a holistic program to support clinical staff. Ensuring that adequate staff are available to cover nurses who take breaks and shifting professional and organizational cultures to embrace and encourage work breaks must also be considered.

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