



Transforming a Staff Break Room Into Resiliency Space



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BACKGROUND

- In 2017, nursing turnover rates on the Acute Care Telemetry Unit at Sentara Martha Jefferson Hospital were approaching 5%.
- At the same time, staff satisfaction was 3.87 on a 6-point scale, potentially explaining the high turnover rate.
- Evidence suggests that staff satisfaction influences nurses' intent to leave a job.
- Resiliency and increased autonomy may improve burnout and increase turnover.
- In response to these metrics, we queried staff nurses about sources of dissatisfaction; a restful breakroom emerged as a high priority.

Project Purpose: *In an effort to reduce turnover by improving staff satisfaction, we launched an evidence-based practice project to implement an evidence-based restful breakroom*

METHODS

- A literature review was conducted to determine which aspects of a nursing resilience room would benefit nurses.
- Literature suggested that nurses valued those aspects of a breakroom that were reflected of the outdoors such as fresh air and a window, an area that would be conducive to relaxation activities such as television, music, low lighting, comfortable chairs, and nourishment areas with coffee and chocolate.
- All members of the team were invited to participate in determining which elements would be added to the new resiliency room. The team voted on the color of the room and furniture.
- The breakroom was re-designed May 2018.
- We conducted a post-implementation survey of staff members to determine frequency of and type of use of the new space.
- We re-evaluated turnover and staff satisfaction in 2018.

RESULTS

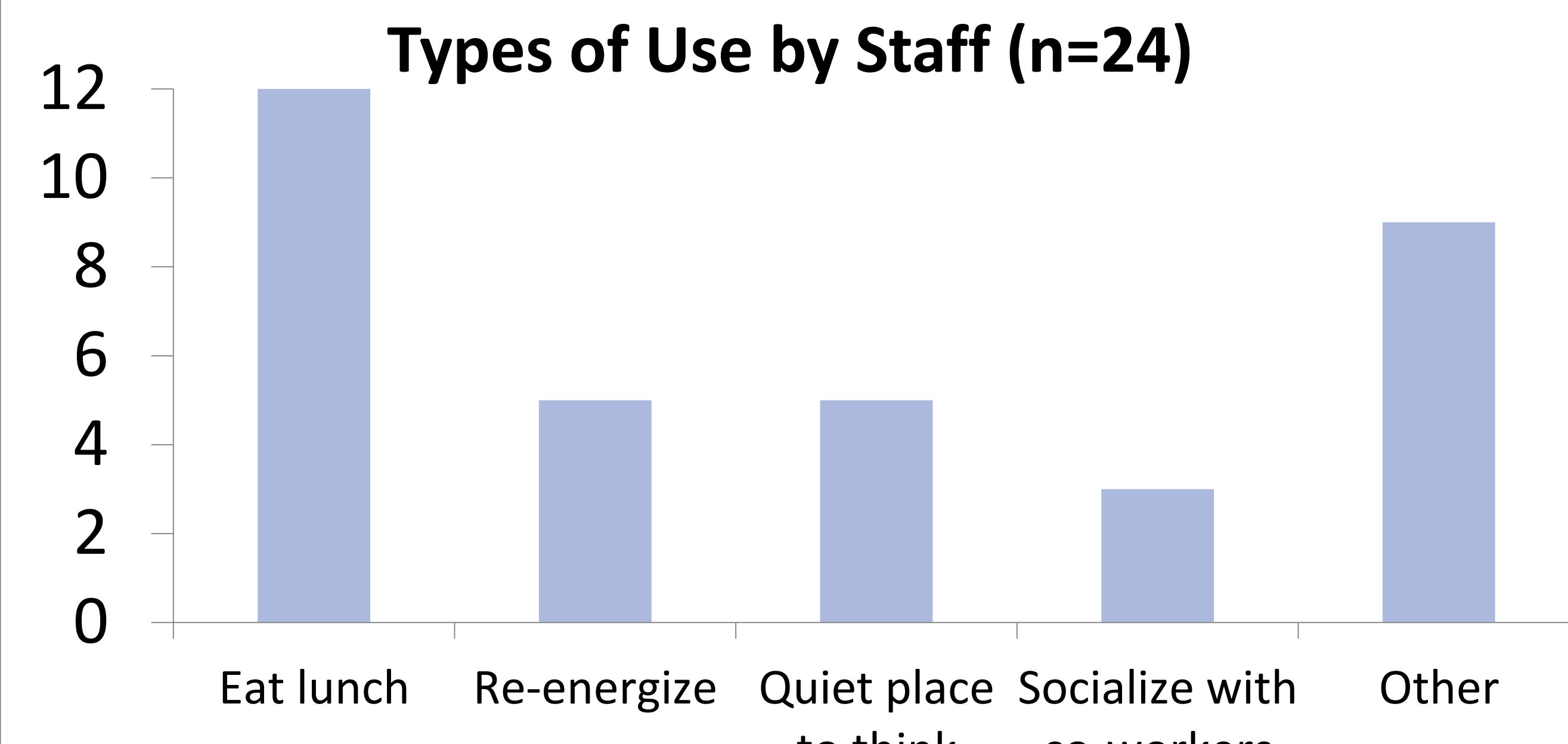
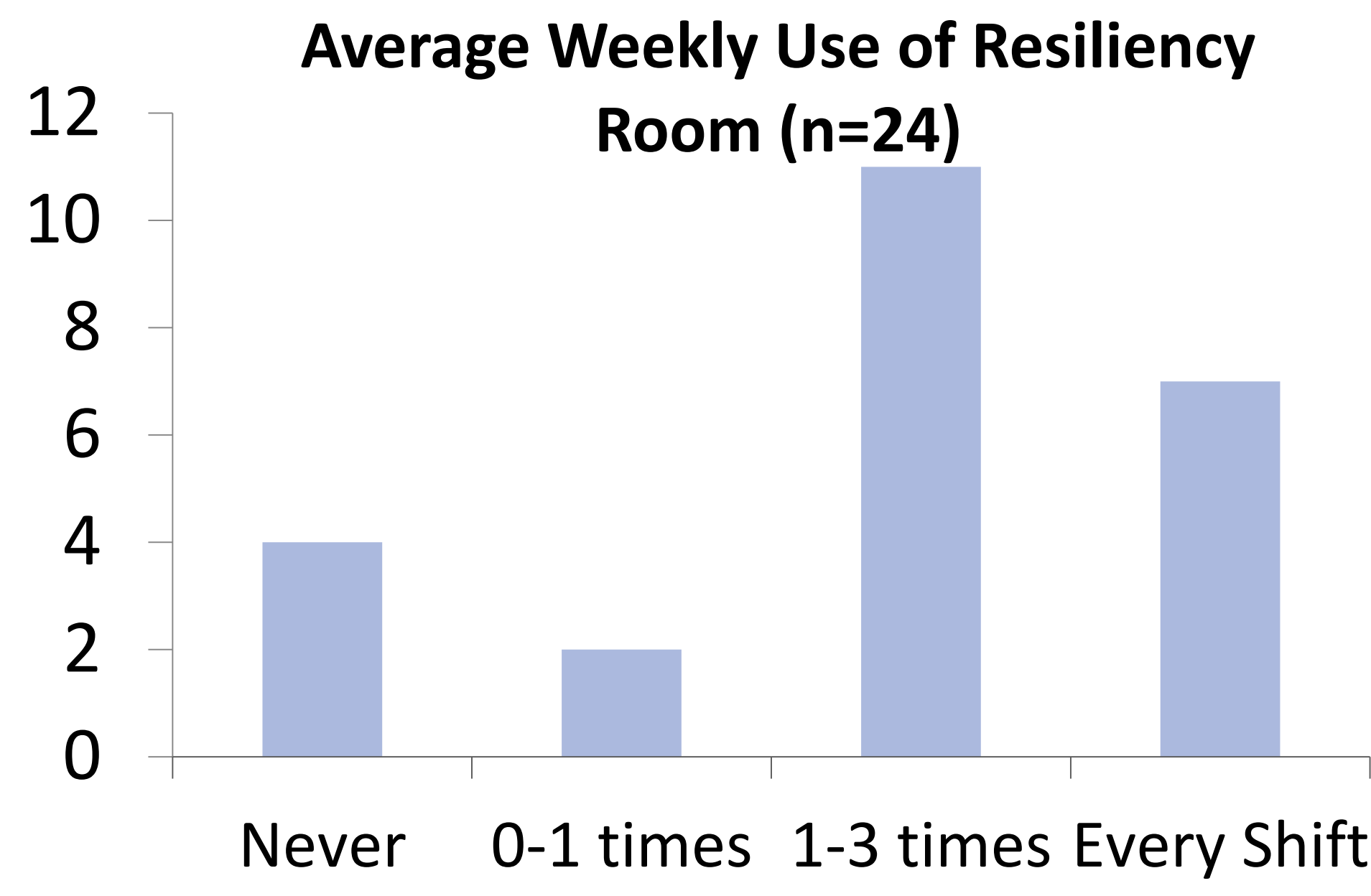


The re-designed breakroom utilized natural light and included comfortable places for relaxation and space for eating and socialization.



Staff Satisfaction scores in 2018 increased to 4.54. Staff turnover began to decrease prior to the intervention, and remained low until the end of 2018, indicating a potential seasonality to turnover that may not have been influenced by the intervention.

Staff indicated frequent use of the new resilience room for a variety of uses, including a quiet place to think and reenergize.



DISCUSSION

- We aimed to design a room that was both evidence-based, and met the needs of our staff.
- Team members were engaged in the decision making process which may have improved staff autonomy, although this was not measured.
- Transforming the existing breakroom into a resilience space on our busy cardiac nursing unit may have influenced our increased staff satisfaction through improved opportunity for resilience.
- Although we did not measure the influence on recruitment, we have observed that this space may aid our efforts to not only retain, but recruit nurses.

CONCLUSION:

Seeking staff input on an evidence-based design for a breakroom may have influenced the use of the room, and staff satisfaction.