

DEA 6530 DESIGN DILEMMAS

Staff Break Room



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Fall 2010

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Executive Summary

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- Class: DEA 6530 Planning and Managing the Workplace, Cornell University
- Professor: Frank Becker
- Focus Area: Staff Break Room in Medical-Surgical Unit

Project Summary

Staff break room has been considered as a back-of-house area and often neglected during hospital planning process. Rather, it is a 'niche' area which targets a small group of people who actually impacts the entire organization.

This report finds a dilemma in locating a break room. If it is located in the center of the floor, it will preserve convenience for centralized nursing station, but it may not for decentralized stations. It is recommended to locate the break room close to the nursing station, even though it may have to sacrifice other features, such as daylighting and bigger space. If the decentralized stations are too small and lack social interaction between the stations, then the hospital should consider to pick a central location for the

break room. In addition, it is important to make a 'one-stop shopping' place including all amenities to reduce walking and increase interaction in the room.

Another dilemma this report focuses on is consolidating staff's and doctors' break rooms into an interdisciplinary one. By offering a neutral zone, a hospital organization will be able to ease the hierarchy of the system and support truly interdisciplinary collaboration. It takes the organization's steady efforts until the cultural change settles down. Once it does, it will benefit everybody including care providers, administration, and patients and families.

I. Introduction

Introduction

- The average age of registered nurses is 47 years in 2008, and nearly 45% of them are over 50 years old – 2008 National Sample Survey of Registered Nurses.
- 55% of the nurses who participated reported they planned to retire between 2011 and 2020 - Nursing Management Aging Workforce Survey in 2006 by Bernard Hodes Group.
- In 2007, the registered nurse turnover rate was 20%. (U.S. Department of Health and Human Services, 2010)

The high turnover rate, aging, and the increasing demand for nursing staff are a few of the major issues for hospitals. Yet, hospitals seems that they don't make enough efforts to retain their current nursing staff by solving major concerns lowering their job satisfaction and well-being. For example, fatigue is one of the reason to leave their current job. Nurses at Med-Surg units walk ranging from 2.4 and 3.4 miles (3 miles median) per 10 hour daytime shift, and 1.3~ 3.3 miles (2.2 miles median) during 10-hour night time shift (Hendrich et al., 2008). But, the staff break rooms are often located far from nursing station, which discourage the nurses' use of break room.

Another issue of break room is many hospitals offer much nicer break rooms for physicians, but they neglect the staff break rooms.

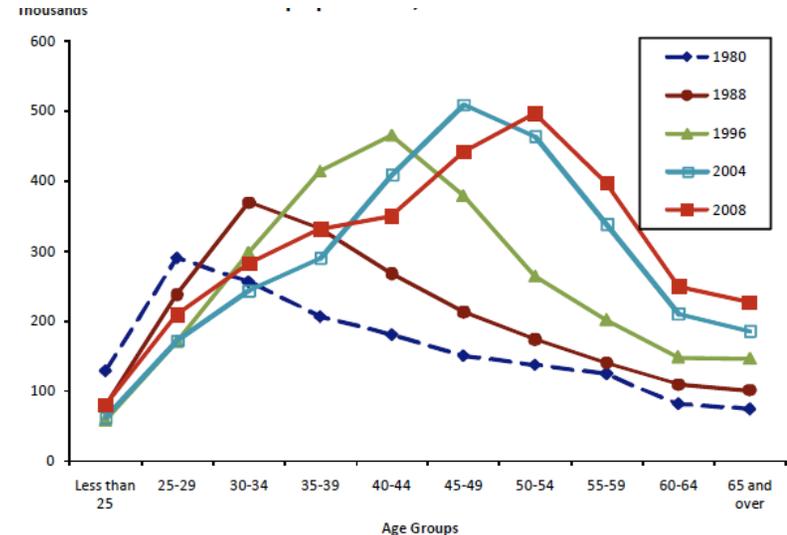


Chart 1. Age distribution of the registered nurse population 1980 – 2008, excerpted from <The Registered Nurse Population: Findings from the 2008 National Sample Survey of Registered Nurses>published September, 2010

This could possibly discourage interdisciplinary communication.

The purpose of this report is to suggest design strategies for staff break rooms to meet their needs. This will raise nurses' job satisfaction and eventually increase the quality of care they provide.

Findings from Journals

- In December 2009, the Bureau of Labor Statistics pointed out that registered nurse position would create the largest numerical growth, 581,500, between 2008 and 2018 among all professions. It is 22% workforce growth from 2008.
- In 2005, nursing schools admitted the record high number of new students, but at the same time, they are short of nursing faculty members. (American Association of College of Nursing, 2010)
- Replacing a med-surg unit nurse costs \$92,442 (Colosi, 2002).



Image credit:
Nursing School Network

P. Gray-Toft and J. Anderson (1981) listed and prioritized 33 **stress causing factors** from surveying 122 nurses in 5 units. Top several factors among them can be categorized into three:

1. Heavy workload and fatigue
2. Lack of emotional support and social interaction between other personnel on the unit
3. Feeling inadequately prepared to support patients and families

A. Rogers and her colleagues (2004) collected nearly 400 nurses' work pattern and medical error and near-error incidences throughout work shifts.

- More than $\frac{3}{4}$ of the 12-hour shifts exceed the scheduled hours.
- Hospital nurses are working longer hours with fewer breaks and often they don't take enough recovery time until the next shift.
- **Medical errors are correlated to the nurses' worked hours.** At 8.5 hours, error risk increases, and at 12.5 hours, it significantly increases.
- More than a half of the errors and near-errors are medical administration, reporting wrong patients, wrong time, wrong medication, wrong dose, wrong route (e.g. oral vs i.v.), errors of omission.

EXHIBIT 2
Association Of Errors Or Near Errors With Nurses' Work Duration, 2002

Work duration (hours)	Number of shifts	Shifts with one or more errors			Shifts with one or more near errors		
		Number	Percent	OR (p value)	Number	Percent	OR (p value)
Up to 8.5	771	12	1.6	1.00	20	2.6	1.00
8.5-12.5	2,484	77	3.1	1.85 (.06)	94	3.8	1.44 (.18)
12.5 or more	2,057	103	5.0	3.29 (.001)	97	4.7	1.80 (.04)
Total	5,312	192	3.5		211	4.0	

Table excerpted from the Working Hours of Hospital Staff Nurses and Patient Safety (Rogers et al, 2004)

Ethnography - Kathleen Y. RN

1. I have an Associates degree in Science and nursing. I am in charge of a large med/surg unit. I train new grads and mentor new employees. I volunteer. I am working toward getting certified.
 2. I have been practicing for eight years fulltime. I have worked in med/surg and long term care in Alaska. I also have dialysis experience and oncology.
 3. Three Years of college, and eight years of floor, and charge experience. Volunteering.
 4. A small hospital by most standards. Thirty beds on my unit. A non for profit hospital. We serve the entire community and turn no one away. My unit takes care of General surgiries (appy's, hernia's, gall bladder ect), OBGYN, (hysterectomies, A&P repairs) ears, nose and throat surgies, orthopedics, urology, endocronology, brain surgeries (craniotomies), gunshot wounds, stabbings, back surgeries.
 5. Responsible for patients, staff, scheduling. Typical night, get report for entire floor, take doctors orders, prioritize, call physicians if needed. At ten oclock pm I pick up my own patients, head to toe assessments, chart, meds. Put out the small fires. Transfer patients if the need arises, give report at 0600 am, we work 6pm to 6:30 am.
 6. Again prioritizing is really big in nursing. Charting as you go along will help keep you organized, which is also huge.
 6. You never know what's coming around the corner and guarantee, something is always coming around the corner. Be prepared. Be able to think on your feet. Be prepared to make life and death decisions in a millasecond. You really have to stay on top of your patients, as someone can decline very rapidly.
 7. I work nights and my husband works days, so someone is always home with our children. We plan nights and events around my schedule and sleeping schedule, as I sleep during the day, but it makes that family time so much more special.
 8. I love the challenges I meet, I love helping someone at the most vulnerable time of their life and maintain that person's dignity. I truly hate the politics, I know it's everywhere but I could really do without politics.
 9. Remember to treat the patient like you would your own family, this is someone's mother, father, sister, brother, daughter. Remember that death is part of life and death with dignity is so very important. Ask every question, it's the ones that don't who we worry about. You'll take care of thousands of people in your career, some you won't even remember, but there are those few that some you won't even remembersome you won't even remember, but there are those few that you will never forget. Embrace the experience, and learn from the experience.
- Excerpted from a nursing student interviewing an RN, AllExperts

Break Room in Workplace

No social group—whether a family, a work group, or a school group—can survive without constant informal constant among its members.

– excerpted from the book *A Pattern Language*

Gray-Toft and Anderson (1981) surveyed nurses' stress-causing factors and found out that many nurses pointed out insufficient knowledge or training or being emotionally not prepared to serve patients as their stress-causing factors.

The importance of informal learning has been emphasized that it helps increasing team performance in workplace (Allen, 1976). As physical environment is a critical component that increases the incidence informal learning and can affect the pattern of conversation, Becker (2007) suggests to create more diversified environment setting to encouraging the informal learning.

In common areas in workplace, other than workstations, people more casually interact or socialize with others. Especially, in break areas or communal eating space. This interaction can build a good foundation for informal learning. Alexander and his colleagues (1977) defines a successful common area should be at the 'center of gravity' connecting the entrance and private workstation and include a kitchen and sitting area. They declares that



The cafeteria (the top two pictures) and the cereal room of the Pixar Studio
Image credit: the Pixar Blog

communal eating is essential to hold a human group together.

A good example showing these criteria are Pixar Studio in Emeryville, CA. Its cafeteria and cereal room are on the way to the workstation from the entrance. Both the cafeteria and the cereal room are open to the primary circulation. The staff grab breakfast upon entering the building

Then, the question is: are these criteria applicable in hospital setting?

Online Discussion: Where do Nurses Have a Lunch?

I work on a floor where most of the nurses bring their lunch daily. Those that do go down to the cafeteria will usually bring their lunch back upstairs to eat. It has become a problem that when we are on "break", we get called away from our lunch to answer questions for doctors and other support staff, often going back to a cold meal. This has become a habit when they could easily log on to any computer in the hospital to find the answers to most, if not all, of their questions. What are your thoughts and is this just unique to my floor or is it rampant throughout our industry? - vwarren

- ahh lunchwhat the hell is that????????? on our floor we share a break room with another unit and they usually get there first and clog up the microwave the sitting areas and the TV !!!! i never go in there anymore . I eat at my computer which is not legal but whose going to stop me ???the white coats all GET to take a lunch in the cafeteria at 1230 !! and yes i do answer my patients call lights and round with the doctors if they show up during my "break" however it is illegal to carry your phone or beeper on you during your "breaks" but so is going 80mph on the freeway . Some people NEED a 30 min respite from the floor and i def don't have a problem with that but many of us don't and so we take a "working lunch". I do notice however those nurses that take a break in the middle of a patient crisis or right after receiving report have more issues problems and complaints than those of us who wait and take care of business first. - kellyj

- Unquestionably, we impliment mandatory breaks,& lunch and is also written on the schedule for all medical staff to follow. Having

said that, I do realize that there are times that it's difficult to pull away from any given situation that may come up with your patients. Therefore, we use the buddy system, meaning that one other nurse knows exactly what you have done or are expecting to be done on any particular pt. of yours and vice versa, Moreover, I recall my days as staff nurse, and not being able to find anyone to take my patients while I swallowed my food; for the same reason it's nice to take a breather every now & then. Therefore, we implimented the clock in & out with your I.D. badge when you're going to lunch, just to make sure that you do take your lunch break, so far everyone takes their lunch even the critical units. In addition, I strongly believe that you need those 30min. to eat something and clear your mind for a sec. prior handling difficult situations or just relaxing depending on your day. In conclusion, I do recall the days that I use to say " LUNCH" WHO HAS TIME FOR THAT? , and that was certainly stressful to deal with, along with all the other demands we nurses have to accomplish during our shift. Our Motto is "Mind stress free can accomplish more than one can ever Imagine". - GITANO_RN

- " Lunch/Dinner Breaks look great on a piece of paper,though realistically, any CNA / LPN / RN is fortunate enough to, "make it to the bathroom,in-time", aside from consuming enough carbohydrates to,"maintain alertness". Time is the essence by which we prioritize what needs to be accomplished,and time may not always, "Be on My Side".(Sometimes,you have to **do more than:"Chew Gum and Walk at the Same Time".) - ninelives

- Excerpted from <http://nursinglink.monster.com/>

II. Dilemmas

Dilemma 1. Location

In a hospital, staff break rooms are considered as a back-of-house area. They are located on every floor, rather than one central location for entire building. In addition, 'the centralized location' criteria needs to be examined to review its advantages and disadvantages.

First, the most biggest advantage of centralized location is it ties the entire floor staff as one team. The number one stress-causing factors in the Gray-Toft and J. Anderson (1981) survey is 'lack of an opportunity to share experiences and feelings with other personnel of the team.'

If a hospital employs centralized nursing station system, a central break room will reduce walking distance, but at the same time, it may limit the square footage and likely not get daylighting or outside view. Especially, when the administrators consider the staff break room is 'non-revenue-earning miscellaneous space,' it becomes.

If the hospital has decentralized nursing station configuration, then the centralized break room option may increase the nursing staff's walking distance. Hendrich et al. (2008) measured the Med-Surg unit nurses' walk. It ranges from 2.4 and 3.4 miles (3 miles median) per 10 hour daytime shift, and 1.3~ 3.3 miles (2.2 miles median) during 10-hour night time shift. One of the comments from nurses

for hospital planning in the Zborowsky & Morelli's study (2010) was 'reduce walking.' The central location criteria indecentralized nursing unit setting may not be favorable in terms of their physical fatigue.

However, Zborowsky & Morelli (2010) found that nurses weigh social and emotional support for their work environment more than their walking distance. The nurses at decentralized stations felt lonely and isolated. Again, the importance of social and emotional interaction should not be ignored in hospital planning.

On the other hand, if it is located away from the center of the unit and its nursing station(s), then it may get more space and maybe some privacy from the patients. It may possibly get daylighting. But, the location will increase the nursing staff's walking distance.

The first dilemma in designing staff break room is centralized versus perimeter location. It becomes more complicated if the hospital chooses decentralized nursing unit configuration.

Dilemma 2. Interdisciplinary or Separate Break Rooms?

Medical-surgical units often don't have separate physician lounges for doctors. Doctors go to nicer physician lounges on other units or floors, instead of sharing staff lounges with nurses and other medical professionals. (Interviews with M. Gopujkar and G. Vandell, October, 2010)

Interdisciplinary communication has been an issue not only in healthcare but also in workplace. Corporate offices have favored open plan configuration and removed enclosed private offices. They also adopt hoteling concept, which is sharing workstation system. Becker (2007) mentions that hoteling and centralized break area increase the chance of casual encounters and informal learning. He calls it 'functional inconvenience.'

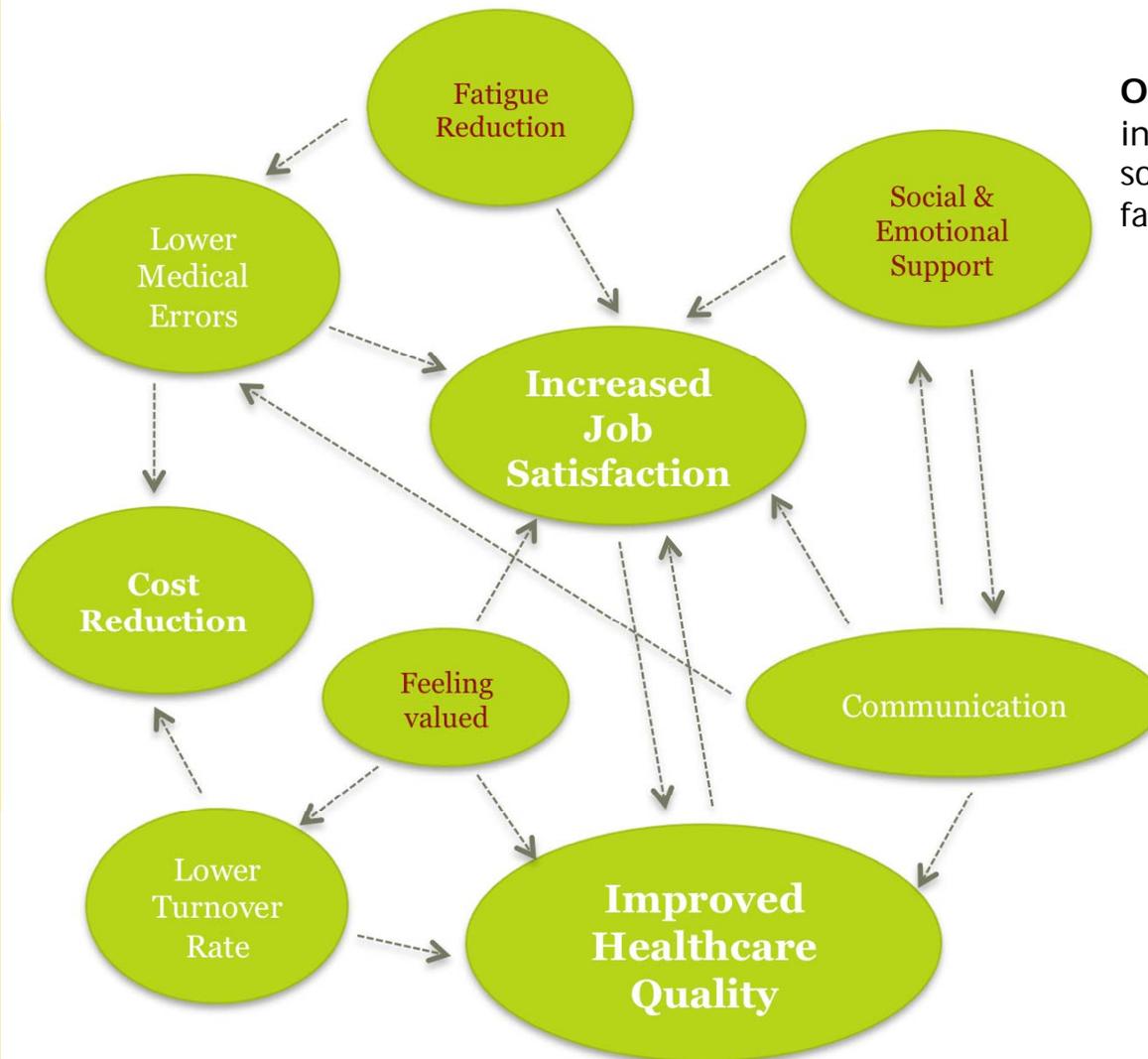
Hospitals, on the other hand, value doctors more than nurses. They provide large physician lounges with lounge seating and free food, even shared workstations. The lounges tend to be located in perimeter of the building and get exterior windows. When interviewing doctors, they bring the potential physicians to the lounges to show how much the organization values physicians.

Then, the question is: Do doctors and nurses want to share the break room?

The doctors will not want to give up their privilege, their own lounge. The nurses may also want to keep their own cozy break room. Without cultural change, interdisciplinary break room may make both groups unhappy.

The reason this report still concerns these options, interdisciplinary or separate break room is that environmental setting changes conversation pattern. Becker (2007) observed that the communication pattern between doctors and nurses varies by where it occurs. Specifically, they often communicate more effectively on wards than in nursing station. (Becker, 2007)

Ecological Approach to Staff Break Room Design



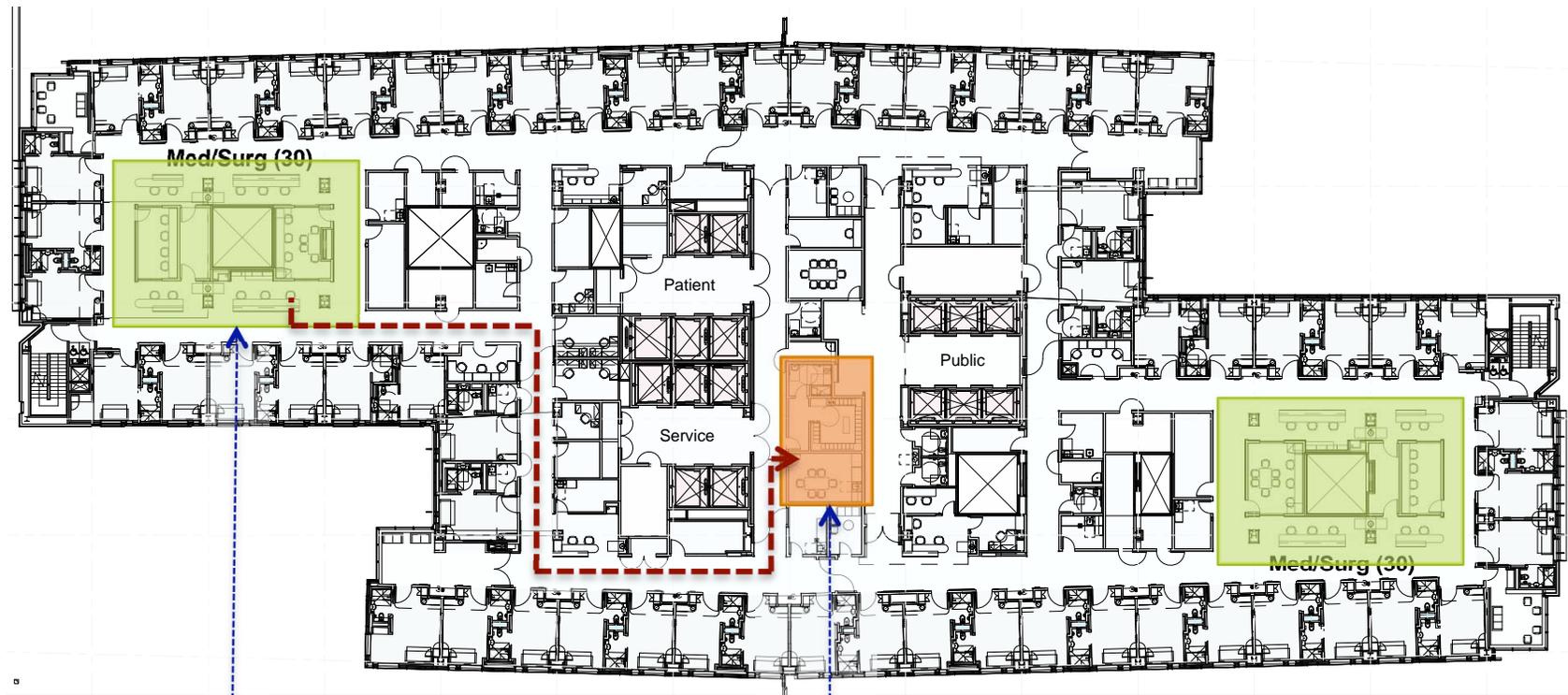
Organizational Ecology addresses the interrelation of the physical setting and the social system as a key thriving / constraint factor of an organization (Becker 2007).

Due to the complexity of a hospital organization and the number of stakeholders, the organizational-ecological approach appears the best way to understand the hospital organization holistically.

This diagram shows the interdependence of the social and physical systems contributing or degrading the quality of patient-care.

Current Practice – Staff Break Room

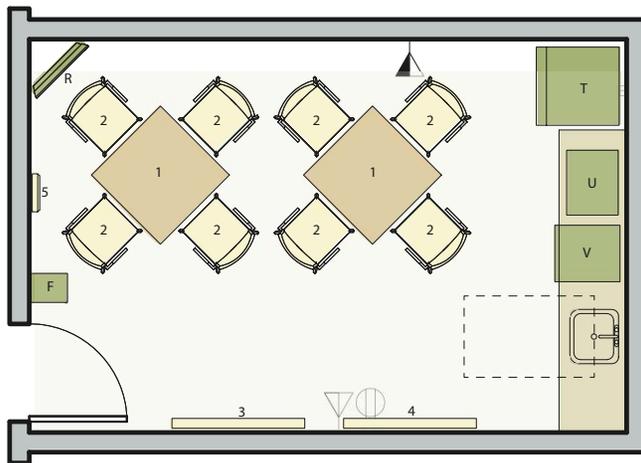
The example blow is 13-story hospital in design process. It is aiming to open in 2016 in San Francisco, CA. The medical-surgical unit has two decentralized nursing station clusters that have one physician and one interdisciplinary workrooms. The staff break room is centrally located with staff locker room. The travel distance from a nursing station to the staff lounge is approximately 200 ft..



Decentralized nursing unit
with workrooms

Centralized staff lounge
and locker room

Drawing, courtesy of SmithGroup, Inc.



- Furniture:**
1. Cafeteria Table, 36W x 36D
 2. Stackable Side Chair
 3. Glass-Enclosed Tackboard
 4. Tackboard
 5. Clock, battery-operated

- Equipment:**
- F. Telephone, wall-mounted
 - R. 32" Television, swivel-mounted
 - T. Refrigerator, full-size
 - U. Microwave
 - V. Coffeemaker w/ Hot Water

Staff break room, courtesy of SmithGroup, Inc.

The decentralized nursing station provides collaboration work environment, and the break room located between the two nursing stations and appears to unite the staff from the two nursing stations. The break room and the adjacent staff locker room are off from the primary public corridor, which provides them some privacy. Upon the conversation with the medical planner who is currently working on this project, physicians will probably use physician lounge, instead of sharing the break room with other staff.

The disadvantage of being centrally located is the room size may be limited. The typical staff break room of this hospital is approximately 150 square feet. It is quite different from its decentralized physician lounge on another floor which is about 1400 square feet.

Current Physician Break Room Example

Design Guidelines: The Physician Lounge should serve as a place for physicians to meet or work briefly. Group and individual seating should be provided; lounge seating, cafeteria furniture and work carrels with wireless connection should be provided. A small conference room should be provided for meetings amongst physicians.

A wall-mounted flat panel display and wall-mounted telephone are provided. Wall-mounted network connections and shared printers are also provided.

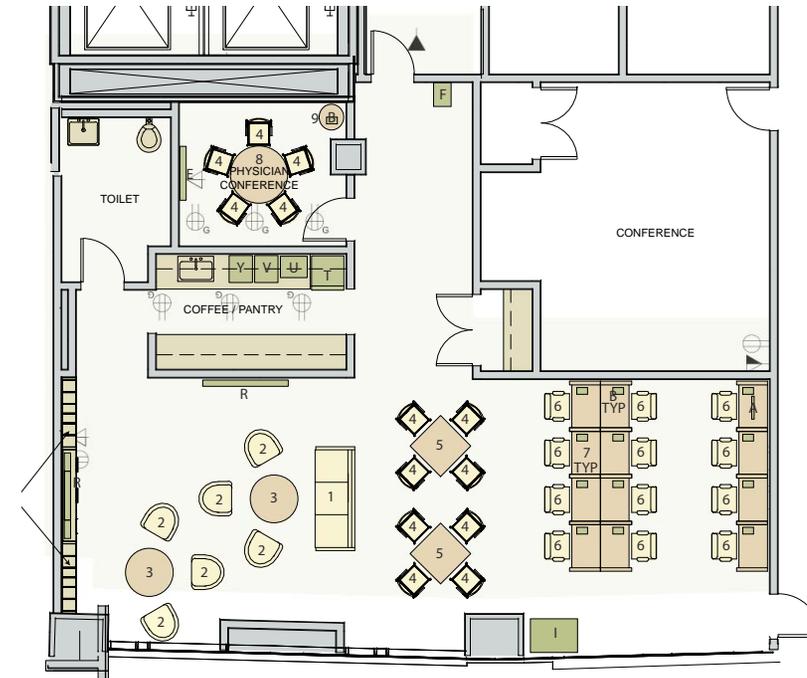
Furniture:

1. Sofa
2. Lounge Chair
3. Coffee Table
4. Stackable Side Chair
5. Cafeteria Table
6. Task Chair w/ Arms
7. Carrel
8. Conference Table
9. Side Table

Equipment:

- A. Desktop Computer w/ Camera
- B. Telephone, desk
- E. Flat Panel Display
- F. Telephone, wall-mounted
- I. Printer, freestanding
- R. 42" Television, wall-mounted
- T. Refrigerator, full-size
- U. Microwave
- V. Coffeemaker w/ Hot Water

- Approx. 1420 sq. ft.
- Decentralized. Includes a toilet and workstations, enclosed conference room.



Physician lounge prototype, courtesy of SmithGroup, Inc.

III. Solutions

Solution 1. Strategic Location Selection and Function

The optimum solution, either centralized or perimeter location, will vary case by case. However, the report suggests to see the break room as a one-stop shopping place for all team members' needs. The break room will include pantry, dining and lounge seating, workstation, and lockers.

If a hospital decides to have centralized nursing station, then centralized break room seems more beneficial. It will reduce walking distance and gives flexibility of having additional workstation close to the nursing station. In addition, having other amenities, a toilet, lockers, and lounge seating will increase convenience and make the break room as a social hub. The nursing staff are not expected to stay in the break room for a long time, but it will increase the frequency of using the room and encourage interaction with other team members.

If a hospital has decentralized nursing station configuration, then it has two options. If the hospital is big enough to have several staff at the same time each location, having one break room per nursing station close to it looks desirable. If the decentralized nursing station is small, then this report recommends to have one nursing station per floor. That won't require long walk, but will support their socialization during shifts.

Strategies

- Make one-stop shopping for snacks, beverages, coffee machines, supplies, restroom trip, etc.
- Provide coffee machines, free healthy food, workstations, and others the medical staff need.

Design Considerations

- Locate restroom within the break room or adjacent to it.
- Locate as close as possible to the nursing station and close to supply room.
- Provide sufficient countertop space for equipment and sharing food.

Solution 2. Interdisciplinary Communication

This report supports one-stop shopping break room for everybody who works at the nursing station. Consolidated central staff break room appears to play a pivotal role in providing an encouraging environment while promoting interdisciplinary communication. However, this appears to be a niche area that has not been properly identified by many researchers, designers, or administrators.

Neutral zone is a place where the distinction exists at a minimum (Becker, 2007). It is a must to create a true interdisciplinary break room that benefits everybody. Even small changes, such as changing wall paint color or rearranging furniture, can make a difference on interdisciplinary communication pattern (Becker, 2007 and 1980).

From the example of Massachusetts General Hospital that successfully consolidated satellite break rooms and lounges into one lounge per floor, this process is administration driven. Cultural change does not happen in a day or two. Rather, it requires a long-term plan and should inform the care providers that the organization values them and is willing to offer more benefits to them.

Strategies

- Create a neutral zone by providing good quality food irregularly to increase the break room visit more often, and it will encourage the staff chat in the break room briefly.
- Provide hoteling workstations on for a need basis.
- The chief physicians routinely uses the staff break rooms – other physicians will follow what he does.

Design Considerations

- The community board should be large enough to accommodate messages and news from all disciplinary on the unit.
- Provide daylighting and bright artificial lighting, especially when daylighting is not feasible.

IV. Happy Staff Can Serve Patients Better.

Unsolved Issue. Fatigue

F. Borges and F. Fischer documented 12-hour night-shift nurses' sleep pattern and alertness in Brazil.

- Nurses' sleep duration decreased significantly after the 12-hour night shifts.
- The quality of diurnal sleep quality after the night shift is poor.
- **The nurses working night shift are most likely to have been awake for 22 ~ 24 hours at the end of their night shifts.** Gaba and Howard's study (2002) shows that **blood alcohol level reaches 0.10** after being awake for 24 hours consecutively.
- Their alertness increases faster at the 7th hour after starting night work.
- Some nurses take a nap before or during their night work. Those nurses showed notably lower alertness as they approach to the end of the night work.

Long night-shift jeopardize the patients' safety as well as the nursing staff's driving home.

Steven Howard, M.D. at Stanford University, who studied the benefits of napping with nurses and doctors, says **driving after having been awake for 24 hours and drunk driving show same effects.** He compared test results of a group of medical staff who received 40-minute naps during 12-hour night work to the control group without it and concluded that "Napping is a very powerful, very inexpensive way of improving our work."

Solution

Power-nap, coined by Professor James Maas at Cornell University, is notably short sleep to compare to regular sleep. It lasts 15~30 minutes on average. Mednick and her colleagues' study reports that power-naps improve productivity and alertness. (wikipedia, modified on Nov. 1st, 2010)



Image credit: www.123rf.com

Solution 1. Promote Power-Napping

Benefits

1. Medical staff can take a nap before, during, and right after the night work.
2. It will increase the quality of their service, reduce medical errors, and increase their own safety when driving home after work.
3. It will soothe work-related stress and prepare the care providers for patient and family support.

Challenges

- Patients and families may think the care providers are NOT working.
- Hospital administrators are afraid that it may give a bad impression to their patients and families and may feel they pay for napping time.
- Nurses and doctors may concern that they cannot control their colleagues sleep too much, and they may want the nurses' availability throughout the night work.
- It will take some time to settle nap culture, if they don't have yet. The napping staff should not feel guilty.

Strategies

- ➔ Open discussion with care providers if they want to adopt power-nap program. If they do, bring the administrators to the discussion to share the benefits of power-napping.
- ➔ Find a quiet place as close as possible to the nursing station. Avoid napping by bedside or wherever patients and families can see it.

Design Considerations

- Provide reclining chairs with neck support or murphy beds
- Specify high-performance sound-absorbing finishes in the napping area within the break room to block noise from the ward.



Built-in murphy beds
Images credits:
Resource Furniture

Solution 2. Stress Reduction Program

Psychological distress, Shapiro et al. (1998) pointed out, can reduce the medical staff's humanistic qualities which are critical for the best possible patient care. Her team conducted an eight-week long group meditation program to medical students and concluded that it is effective on improving the future medical professionals' mental health in several sub-categories including empathy.

Empathy, as Rogers (1961) described, enables one to sensitively understand another person's feeling and communicate these feelings to that person. Consequently, this enhances the medical staff-patient relationship, and researchers have discovered that the relationship affects patients' well-being (Smith and Thompson, 1993) and recovery from surgeries (Anderson and Masur 1989).

Ditto, Eclache, and Goldman (2006), on the other hand, implemented 20-minute long audio-taped meditation to young healthy adults, and showed immediate cardiovascular system improvement.

Challenge

- Administrators and some nurses may be reluctant to adopt it on top of the nursing staff's long shift.

Strategy

- Provide sufficient information about the group meditation program and its benefits to medical staff and administrators in advance and trial sessions.

Design Considerations

- Use the space for power-napping.



Image credit: www.nursingschools.net

Recommendation 1. Building Place Attachment

Story 1. When I was 11 years old, my family moved to another neighborhood. Prior to moving, they brought a few floor and wall finish sample binders and let my brother and me choose our own rooms' finishes. I still remember when I entered the room for the first time after moving, "It's MY room!" (personal experience)

Giuliani (2003) defines '**place attachment**' as the bound relationship between individuals and their environment. People associate happy, sad, or memorable events with the place. It is cumulative emotion one builds over time of use, occupancy, dwelling, or some kind of activity. However, if the one is involved in creating the environment, the bonding can happen in a fairly early stage. The interaction between the one and the environment is a powerful tool and reinforces the significance of place attachment over time.

Strategies

- Designate one centralized location for "the place" for everybody of the per floor or unit .
- Encourage the staff to contribute their efforts to make the staff room a better.

Design Considerations

- Place a message board with identity/news section (one-way information) and opinion section (interaction).
- Provide lockers or hooks for the users' convenience and encourage their daily visits.

Recommendation 2. Make Them Feel Valued by the Organization

Story 2. A Japanese scale manufacturer, Tanita is well-known for its body fat measuring electronic scales. It published a cookbook based on the recipes from its own employee cafeteria in January 2010. The book became a million-seller in eight months. This started with its mission that is 'to help people enjoy healthier lives.'

Eleven years ago, it incorporated healthier yet tasty meals into its employee cafeteria, because they thought it would comply with its mission.

The employees are not required to use the cafeteria, but they need to rsvp one day in advance to have a lunch there. The cafeteria offers only one menu everyday, using seasonal vegetables, a meal contains about 500 calories. Many employees reported weight loss and its satisfaction rate is over 60%, and this story has spread out to outside the company. (JPNews, Nov. 1st, 2010) (www.tanita.com)



Image credit:
www.jpnews.kr

Strategies

- Make the medical professionals feel valued by the organization.
- Provide good quality of food in the pantry.
- Encourage two-way communication between the employees and the organization.

Design Considerations

- Provide community boards where easily brings attention and post an opinion (may use post-it).
- Provide daylighting which is precious for hospital staff.



Image credit: www.psdrockstar.com

V. Design Recommendations

Physical and Ecological Factors Forming Staff Break Room

Item	Physical	Ecological
Location	✓	
Workstation	✓	
Place to gather	✓	✓
Community board	✓	✓
Neutral zone		✓
Free food		✓
Place attachment	✓	✓
Daylight	✓	
Noise control	✓	

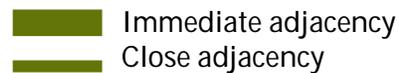
As described in the concept of 'place attachment,' it is built over time. This means that maintaining the break room is as important, or possibly more important than planning and building it.

The table on the left categorizes the items on this report, what covers the planning/design phase as well as the maintaining/culturing phase. Some of them are counted in both categories.

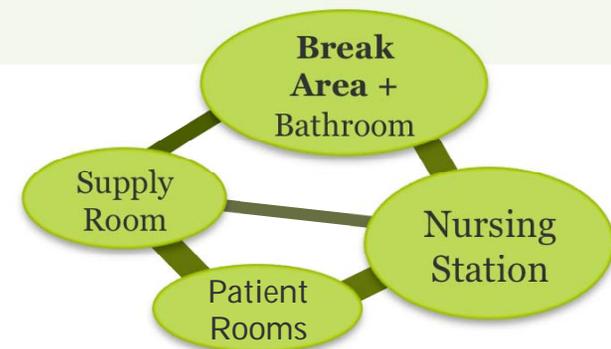
Again, these changes need not be a big investment (Becker, 1980). Especially when renovating an existing space, this process can be step by step or the new break room can use some extra furniture from other rooms. Another option is to rearrange the furniture to reflect the medical professionals' suggestions.

Staff Break Room Design Recommendation Checklist

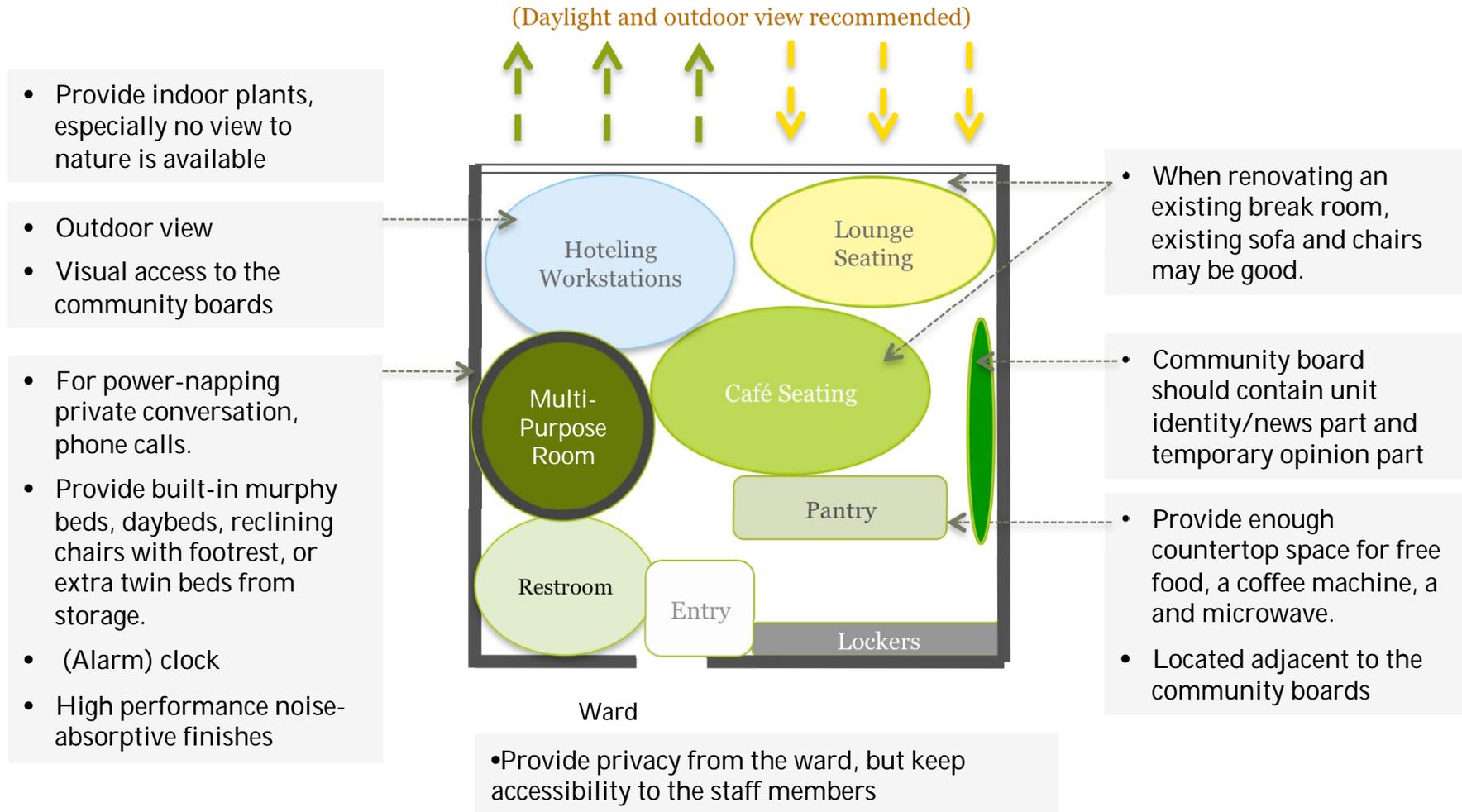
Checklist	Strategy
Location	Close to nursing station, restrooms, supply rooms
Workstation	Hoteling workstation next to exterior windows
Place to gather	Provide multi-purpose room for dictation, group stress reduction, power-napping program
Community board	Consider where to locate big community board for the unit.
Neutral zone	Attractive finishes and furnishing for all levels for a quick break.
Place attachment	Involve staff when selecting finishes and furnishing.
Daylight / Lighting	Locate the break room directly accessible to exterior windows, if possible. Provide bright lighting.
Noise	Selecting sound-absorbing finishes.



Break Room Adjacency Diagram



Proposed Staff Break Layout Diagram



Recommendations to Thrive

The efforts to culture the break room may be more important than the initial planning or budget. However, it is essential that the break room and tie the entire staff members on the unit together as a 'team.' The two main strategies are:

1. Strengthen place attachment and tie staff community over time.
2. Make the staff feel valued and supported by the organization.

Checklist	Strategy
Community board	Keep updating the community board to tie the whole staff on the unit.
Neutral zone	Leadership driven. The highest-position professionals routinely use until neutral zone culture settled among staff from all disciplinary on the unit.
Free food	Provide free food irregular basis, which will bring staff members to the break room more often and encourage conversation. Healthy food will make the staff feel valued by the organization.
Place attachment	Involve staff when selecting finishes and furnishing. Encourage rearranging furniture in the room.
Cosmetic upgrade	Reflect the users' suggestions and opinions for cosmetic upgrade of the break room.

VI. Conclusions

The dilemmas this report addresses are selecting 1) centralized or decentralized location and 2) staff only or interdisciplinary break room. Optimum break room strategies will vary case by case, but by this report could create general guideline for break rooms. The break room should be located close to the nursing station including essential amenities. Through ecological approach, this report has also examined all possible effects of each option from the key stakeholders' view, and then suggests an interdisciplinary break room design located close to nursing station whether the nursing station is centralized or not.

Not only the physical environment planning, but also cultural changes are critical to create better work environment. To relieve fatigue and promote emotional support, this report recommends power-nap system and

short group meditation program. In addition, it is important to make the staff members feel valued by the organization to retain their current nursing staff. This can be the regular cosmetic upgrade of break room based on the users' opinions or healthy food provided by the organization.

Investing in staff break room might look unnecessary to administrators and they may feel like they pay for the staff's nap time. However, it may be a shortcut not only to increase the staff's job satisfaction but also to increasing care quality they provide while saving cost. The recommendations proposed in this report may look small, but they will create a synergistic effect on healthcare quality and provide both immediately and over time.

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