KEY POINT SUMMARY

OBJECTIVES

This study investigated nurse perceptions of breaks; how, when, and where nurses took breaks; and whether breakroom furniture and amenities affected breakroom use.

On the restorative break: Understanding the role of break room design on nurse engagement and satisfaction

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Key Concepts/Context

Research demonstrates that breaks are important in mitigating the physical, cognitive, and emotional demands of nursing work. It is important that nursing unit break areas are not only accessible but also restorative. The findings from this study offer ways to optimize breakroom settings for basic human needs and emphasize the importance of fostering organizational cultures that support nurses in taking restorative breaks.

Methods

This article reported the first part of a two-part longitudinal study. For this part of the study, researchers used an online survey, behavior mapping, and a focus group as part of a mixed methods approach to investigate nursing break practices on two architecturally identical medical-surgical inpatient units (Floor 4 & Floor 5) within a single medical tower. Both units had a windowless meal-breakroom 20 ft. from the central nurse station and a lounge-breakroom 90 ft. from the central nurse station. Lounge-breakrooms on both floors had staff changing areas and similar outdoor views, but Floor 4 had a private work area with a couch and semi-private seating area, and Floor 5 had a collaborative work area with a bar-height table, chairs, and TV.

Recruitment for both the online survey and focus group was done through flyers and an in-person presentation by the research team.

The staff survey used a 10-point Likert-type scale to rate each lounge-room in terms of how well it relieved stress and fostered feelings of being refreshed. Higher scores indicated greater relief.

Over five consecutive days, researchers used an online behavior mapping platform at specified times to observe nurse break behaviors and develop heat maps to identify breakroom usage over time. To understand lounge-breakroom usage rates, de-identified card reader data was also assessed.

Fifteen nurses participated in a two-hour focus group. Nurses were divided into three groups of five and discussed their definitions of breaks, perceived importance of breaks, insights into typical shift workflows, and optimal break area features.

Findings

Twenty-eight female nurses in a variety of roles (three nurse managers, two nurse specialists, one nurse educator, and 22 staff nurses) participated in the online survey. To examine nurse perceptions of relief between the two lounge-breakrooms, researchers first used a Wilcoxon signed-rank test and noted that Floor 5 (M=4.81; SD=2.66) was rated higher than Floor 4 (M=3.86; SD=2.3), demonstrating a statistically significant difference (p=.004). A mixed-effects regression analysis confirmed the significant difference between the Floor 5 vs. Floor 4 lounge-breakroom ratings (b=1.02; p=.007).

Behavioral mapping (20 observations) indicated that on both floors the lounge-breakrooms were underutilized or not used at all, with nurses preferring the more conveniently located traditional, meal-breakrooms. Lounge-breakroom usage rates were also assessed using de-identified card reader data to note room use by staff members (number of visits, duration of visit, and total hours) over a one-month period, but no statistically significant differences were noted between floors for any of the three measures. Although the behavioral mapping observations did not record use of the lounge-breakrooms for either floor, descriptive statistics of card reader data indicated that over a month's time the Floor 4 room was used 146 times with an average visit duration of 5.6 minutes and the Floor 5 room was used 88 times with an average visit of 5.5 minutes. Total duration of Floor 4 and Floor 5 lounge-breakroom visits for the month was 25.8 hours and 17.9 hours, respectively.

Findings from the focus groups included a consensus that although breaks help relieve work-related stress and anxiety, nurses deign to take breaks; a distinction between restorative breaks and bio-breaks; the importance of being able to socialize with colleagues; and features to consider when designing restorative break areas that include technology, nutrition, décor, nature, and ergonomic furniture.

Limitations

Information on number of breaks per nurse, per shift, and their location were not considered for this study but would be important to understand the impact of breaks at the individual level. Researchers did not indicate whether nurses floated between floors, which could have influenced survey results. Interestingly, three

day-shift times but only one night-shift break period were selected for mapping. Additionally, there was no mention of an analysis method for the focus group data. Finally, the authors did not articulate the order of data collection (survey, focus groups, mapping) or the potential for one part to influence another.

Design Implications

Professional and organizational shifts are necessary to encourage nurses to take restorative breaks. Some recommendations for restorative break areas from participants in this study include technology (TV and ample charging stations); nutrition (coffee, water, and healthy food options); relaxing décor (uncluttered, serene); access to nature (window(s) with a view of plants); and ergonomic furniture (that reclines, massages and allows feet to be elevated).

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