

Gardner-Webb University

## Digital Commons @ Gardner-Webb University

---

Doctor of Nursing Practice Projects

Hunt School of Nursing

---

Fall 2022

### The Use of a Code Lavender Space to Promote Self-care

Em Toe

Gardner-Webb University, [etoe@gardner-webb.edu](mailto:etoe@gardner-webb.edu)

Follow this and additional works at: <https://digitalcommons.gardner-webb.edu/nursing-dnp>



Part of the [Nursing Commons](#)

---

#### Recommended Citation

Toe, Em, "The Use of a Code Lavender Space to Promote Self-care" (2022). *Doctor of Nursing Practice Projects*. 64.

<https://digitalcommons.gardner-webb.edu/nursing-dnp/64>

This Project – Full Written is brought to you for free and open access by the Hunt School of Nursing at Digital Commons @ Gardner-Webb University. It has been accepted for inclusion in Doctor of Nursing Practice Projects by an authorized administrator of Digital Commons @ Gardner-Webb University. For more information, please see [Copyright and Publishing Info](#).

# **The Use of a Code Lavender Space to Promote Self-care**

by

Em Toe

A project submitted to the faculty of  
Gardner-Webb University Hunt School of Nursing  
in partial fulfillment of the requirements for the degree of  
Doctor of Nursing Practice

Boiling Springs, NC

2022

Submitted by:

Approved by:

*Em Toe*

Em Toe

*Jessica Ivey*

Jessica Ivey, EdD, MSN, RNC-OB, CNE

*12/01/2022*

Date

*12/01/2022*

Date

### **Abstract**

The nursing shortage has been an ongoing issue across the nation. The workforce has lost valuable employees, especially in rural areas, due to staff shortages and lack of self-care. Implementing therapeutic interventions such as a Code Lavender Room aims to implement self-care during working hours to increase nursing retention in the long term. The goal of this quality improvement project was to provide a safe place for employees to go to relax and reset during working hours. A survey was used to analyze the Code Lavender Room's effectiveness in self-care and how likely the staff are to continue to use the room for self-care. Results showed the team utilized the Code Lavender Room and stated it was helpful in improving moods after a stressful event. The project had positive impacts on staff by creating a working environment where staff are aware of and can maintain self-care.

*Keywords: Code lavender, self-care, nursing shortages, nursing burnout, and therapeutic intervention.*

## Table of Contents

Problem Recognition .....	7
Problem Statement .....	7
Literature Review.....	8
Code Lavender .....	8
Needs Assessment.....	10
Population/Community .....	10
PICOT Statement .....	10
Sponsors and Stakeholders .....	11
Organization Assessment.....	11
SWOT Analysis .....	12
Available Resources.....	12
Expected Outcomes .....	13
Team Selection.....	13
Scope of the Problem .....	14
Goals, Objectives, and Mission Statement .....	14
Project Goal .....	14
Project Objectives .....	15
Mission Statement.....	15
Theoretical Underpinnings.....	15
Project Planning .....	16
Cost/Benefit Analysis .....	20
Evaluation Plan .....	20

Implementation .....	22
Threat and Barriers .....	22
Monitoring of the Implementation.....	22
Project Closure.....	23
Data Interpretation .....	23
References.....	29
Appendix.....	31

**List of Tables**

Table 1: SWOT Analysis .....	12
------------------------------	----

## List of Figures

Figure 1: The Overall Timeline from Initiating the Project to the Evaluation of the Project .....	18
Figure 2: The Work Structure .....	19
Figure 3: Budget .....	20
Figure 4: Code Lavender Logic Model.....	21
Figure 5: Code Lavender Room Survey: Mood Improvement .....	25
Figure 6: Code Lavender Room Survey: Likely to Use Again.....	26
Figure 7: Code Lavender Room Survey: Likely to Recommend .....	27

### **Problem Recognition**

“In 2019, 62.93% of Primary Care Health Professional Shortage Areas (HPSAs) were located in rural areas” (Facer, 2018, p.2). This statistic reflects the current nursing shortage at Mariah Parham, a rural 135-bed hospital. The nursing shortage is a problem in the United States, and rural communities are hit harder than urban areas. The long-term outcome of the nursing shortage is increasing nursing turnover, job dissatisfaction, and nursing burnout. The consequences of the nursing shortage and the lack of support are affecting the staff more profoundly when an unexpected event occurs. For example, when a patient suddenly deteriorates without warning and expires, the negative impact that leaves on the nurse is sometimes overlooked. Without proper debriefing and emotional support from the management team, the nurse may internalize their feelings and have increased anxiety, to the extent that it forces them to resign their position. The nursing team is left vulnerable to stress and anxiety, and the hospital continues to lose valuable caregivers. Incidents like this can be prevented by having a support system. Preventative care to minimize negative responses to dramatic events is critical. Implementation of Code Lavender as an intervention that uses evidenced-based relaxation and therapeutic interventions will help meet care for immediate needs after a traumatic event. (Stone, 2018).

### **Problem Statement**

The lack of a support system for the staff after a traumatic event causes a high turnover rate; therefore, using code lavender as a support system will increase staff stability within a unit by providing them a way to relax, decrease anxiety, and cope with issues. Code Lavender was established at the Cleveland Clinic after unexpected code blue



events left the staff feeling vulnerable, helpless, and incompetent. It is a rapid response to stressful events. It was a means of providing emotional support and care for the team and the family members of patients (Cleveland Clinic, 2016).

## **Literature Review**

### **Code Lavender**

Prior to the development of this project, a thorough literature review was conducted in an effort to identify strengths and weaknesses in current research as it pertains to staff shortages, code lavender, and self-care. This literature review was conducted via the Cumulative Index for Nursing and Allied Health Literature (CINAHL) using the keywords: Code Lavender, self-care, nursing shortages, nursing burnout, and therapeutic intervention.

The Cleveland Clinic published an article that captured the essence of Code Lavender. The article provides a definition of Code Lavender and the different tools it offers to help meet the needs of the staff. The article presents various healing tools, such as manual therapy, expressive arts, or even mind-body tools. Additionally, the article offers tips on implementing a Code Lavender Program in different facilities.

According to Bratton (2018), self-care is essential for nurses to sustain themselves, the patient's well-being, and the nurse's tasks. This article described the risks and consequences of non-self-care, especially in nursing, where the job is mentally and physically challenging. The reports stated that risk and results for fatigued nurses would lead to performance deficits and an increased risk of making errors. It can impair a nurse's ability to think, plan, and innovate, and can even impair mood and behavior.

Additionally, the article also suggests several methods of self-care by meditation, exercise, or reading.

Facer (2018) discusses the nursing shortage in a rural health community and how this problem affects the rural hospital more than urban areas. The report delves into the roots of the nursing shortage, such as the reason for the bottleneck of becoming a nurse being linked to the exclusivity of nursing programs, the capacity of the nursing programs, and the delivery of the nursing programs. In addition, the article points out that although a nursing career is promising for the nursing future, the rural hospital has to learn to work with the nursing shortage by utilizing overtime and travel nursing due to its location and the outcome of the system.

Phillips et al. (2018) painted a picture of a typical 12-hour shift of a nurse in a medical-surgical unit. The article described the time stamp of a nurse starting her shift by calling a code and participating in a code while simultaneously trying to take care of other patients, answering phone calls, and completing orders from other healthcare disciplines. After this traumatic event and intense assignment, the day still has not ended. The nurse continues to care for patients, and there is no time for self-care or even to take a deep breath. The article explains the different thoughts that run through this nurse's mind, like disbelief in herself and asking herself what she could have done differently to prevent similar incidents. This article further illustrates the need for self-care and nursing burnout. According to the article, approximately 60% of nurses reported burnout, and 34% said they were looking for new jobs according to their survey of 243 employees. This was all due to working for the hospital under heavy patient loads, small staff, and high-stress levels.

Another study by Stone (2018) shows Code Lavender is a crisis intervention tool that can be used for staff and family members. The article described a Code Lavender and what it is intended to do. It describes a sentimental event at Hill Crest Hospital in Cleveland that led to the development of Code Lavender. The report also elaborates on the various staff roles involved. The Code Lavender, concept is modifiable to self-care depending on the hospital's resources. The article further described the tool and technique for self-care using evidence-based practice to help meet the different aspects of healing to address the total health of self-care needs in wake of traumatic events.

### **Needs Assessment**

#### **Population/Community**

Nurses and other healthcare providers working in rural hospitals face specific issues and challenges that cause workplace stressors, resulting in a decrease in staff retention. This threatens the hospital's ability to give care adequately due to short staffing. The nursing shortage causes tremendous stress, resulting in more nurses leaving bedside nursing. Other healthcare providers such as Certified Nursing Assistants (CNAs), lab technicians, and dietary staff are also affected.

#### **PICOT Statement**

The leading PICOT for the project is:

- Will staff feel more supported in the workplace, and ultimately stay longer, if they are provided a designated space to relax, decrease anxiety, and cope with stressors they experience while on duty?

## **Sponsors and Stakeholders**

The current setting for the implementation of Code Lavender is at Maria Parham Health Care Hospital. The sponsor for the project is the director of the medical-surgical unit. The director of the unit is a sponsor for this project because the medical-surgical unit has the highest level of nursing turnover at the facility. The director is in favor of creating a supportive environment for staff. The goal is to decrease nursing turnover and nursing assistance turnover.

The stakeholders for the project include the hospital, Chief of Nursing, House Supervisor, Director of Medical-Surgical Nursing, nurses, physicians, and certified nursing assistants. The hospital as a whole is losing staff due to work-related stress and nursing shortage. The stakeholders support the idea of implementing code lavender on a smaller scale, such as providing a quiet room to promote self-care in hopes of increasing staff retention. Patients are also large stakeholders in the project.

## **Organization Assessment**

Maria Parham Medical Center is a Duke Life-Point Medical Center offering 135 beds in Henderson County. The Medical-Surgical unit has 52 beds with nurses providing comprehensive care and treating various medical conditions. The hospital is interested in creating a program that benefits all staff, such as self-care. The hospital is rural; therefore, staff shortage from nurses to nursing assistants and other healthcare departments is inevitable. The team is experiencing a high nursing turnover rate and a high nurse-to-patient ratio from 6:1, or even 7:1 with one to two max nursing assistants per shift. The hospital is interested in Code Lavender as a support system for its staff, and the goal is to reduce staff turnover and ease nursing burnout.

## SWOT Analysis

**Table 1**

### *SWOT Analysis*

SWOT Analysis	
Strengths	Weaknesses
<ul style="list-style-type: none"> <li>• Staff is committed to providing quality care.</li> <li>• Solid relationships and collaboration with providers</li> <li>• Continuing education</li> </ul>	<ul style="list-style-type: none"> <li>• High nurse-to-patient ratios</li> <li>• Lack of capital reserves</li> <li>• Limited information technology software and support.</li> <li>• Limited access to specialty care such as mental health.</li> <li>• Potential project sites as churches may deter potential study participants.</li> </ul>
Opportunities	Threats
<ul style="list-style-type: none"> <li>• Availability of resources for staff for mental health first aid</li> <li>• Wide reach of recruitment champions with enthusiasm for project</li> <li>• Creating a new work culture that brings healing to the healthcare provider.</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of funding for maintenance of the project</li> <li>• Time constraints: not having time during the shift to relieve stress</li> <li>• Lack of participation</li> </ul>

## Available Resources

Due to the limited funding and the lack of resources, the hospital will utilize a designated space called *Code Lavender Room* to help staff with self-care. Currently, there is available office space on the fourth floor of the facility. The room's location is in the medical unit across from the break room. The goal is to have the room decorated with a

lavender theme to offer a sense of calm. Inside the room, there will be a table, chair, yoga mat, and inspirational quotes around the wall. The director of the Medical-Surgical will be overseeing the project, and the Doctor of Nursing Practice (DNP) project leader will complete the room decoration. The director of the medical-surgical unit will oversee the project because, according to the director, Medical-Surgical experiences the highest nursing turnover and high nurse-to-patient ratio. In the long term, the house supervisor and the director will maintain the Code Lavender Room.

### **Expected Outcomes**

This project's expected outcome is to create an environment for the self-care of nurses and other healthcare providers for the purpose of relaxation and reset of the mind, body, and soul after stressful events. A long-term goal for the project is to reduce the staff turnover rate by providing a psychologically safe work environment. The expected outcome cannot be measured on a short-term basis.

### **Team Selection**

The team is comprised of the Director of Medical-Surgical Units, the Project Leader, and the Project Chair of the Hunt School of Nursing. The Director of the Medical-Surgical unit, the current practice partner, is in charge of identifying a space for the project to be implemented. This individual is responsible for sending out approval for any installation such as music and lighting. This individual also covers any cost pertaining to the project with the units' budget allowance. The Project Leader is in charge of developing a relaxing, self-care room for the staff, and a survey of how they feel after leaving the room. The project chair is the liaison of the project. The project chair holds the credential of EdD, MSN, and is a nursing professor at Hunt School of Nursing.

## **Scope of the Problem**

Rural hospitals serve about a fifth of the United States (US) population (Balasubramanian & Jones, 2016). Nurse shortages in rural hospitals have created stressful working environments for the staff, thus affecting the retention of nurses. According to the American Association of Colleges of Nursing (AACN), the nursing shortage is projected to spread throughout the country, especially in the South and West between 2016 and 2030 (AACN, 2021, p.1). According to the HPSA summary, 63% of nursing shortages occur in rural communities. The result of the shortage leads to increased burnout, higher mortality rates, and decreased job satisfaction (AACN, 2021). In order to combat situations like this, Code Lavender was developed by the Cleveland Clinic and launched in 2008 to help add to the holistic care and healing environment of a hospital (Stone, 2018). Code Lavender is a crisis intervention tool to help with self-care for nurses and other healthcare providers to take a moment to nourish their minds and spirit during stressful working hours. The goal is to help nurses feel supported through self-care. The code lavender intervention includes creating a quiet, relaxing room where staff can enter to have a moment and reset their mind (Stone, 2018).

## **Goals, Objectives, and Mission Statement**

### **Project Goal**

The project aims to implement self-care by utilizing Code Lavender as a crisis intervention tool. Staff will be given a designated space to reset, particularly after unanticipated events that leave the team vulnerable and helpless. The goal is to make the staff feel supported and decrease nursing and staff turnover in the long term.

## **Project Objectives**

- Creating a designated room focused on the lavender theme to help the staff relax when entering the room,
- Promote relaxation with focused breathing, inspirational quotes, and
- Decrease the turnover rate of hospital staff by increasing awareness of self-care over the next 3 years.

## **Mission Statement**

The project's mission statement is to promote self-care for hospital personnel by using designated spaces where the caregiver can reset, pause, and feel supported before resuming patient care.

## **Theoretical Underpinnings**

The purpose of this project was to create a designated space for healthcare providers to come and reset, particularly after an unexpected event occurs. This concept can be implemented by using Jean Watson's theory of human caring. Jean Watson believed that caring is science, a holistic approach that transmits through nursing and promotes growth and a caring environment (Pajnkihar et al., 2017). Although Jean Watson's theory focused on four major concepts (1) human beings, (2) health, (3) environment/society, and (4) nursing, she also believed caring has a carative unique to humans and science. These 10 carative factors helped her form the philosophical foundation for the science of caring. The 10 Carative factors are:

1. forming humanistic-altruistic value systems,
2. cultivating a sensitivity to self and others,
3. instilling faith-hope,



4. developing a helping-trust relationship,
5. using problem-solving for decision-making,
6. promoting an expression of feelings,
7. promoting teaching-learning,
8. promoting a supportive environment,
9. allowing existential-phenomenological forces, and
10. assisting with the gratification of human needs (Pajnkihar et al., 2017).

Jean Watson's theory of caring supports a path to reducing and changing the direction of staff response to anxiety after traumatic events. Without the implementation of this concept of Carative factors, there could be a reduction in productivity and quality of care, and an increase in healthcare worker absenteeism. It is essential to acknowledge that burnout is real and it exists. Nurses are not resilient forever, and it impacts individuals, coworkers, and patient care (Roux & Benita, 2020, p. 30).

### **Project Planning**

This project aims to create a designated space, using Code Lavender guidelines, to guide nurses and other healthcare providers to implement self-care during stressful working hours. Staffing shortages and lack of support from team members and management are sometimes overlooked, and situations like these contribute to nursing burnout and job dissatisfaction. An increase in traumatic events, such as sudden patient deterioration or a patient dying without warning, leaves nurses questioning their ability to care for others, their competency level, and internalizing their feelings of burnout and exhaustion.

In order to combat a situation like this, an initial discussion with the Medical-Surgical unit manager took place. The conversation started with implementing Code Lavender as an intervention tool to help nurses recoup, recharge, and implement self-care during a time of emotional distress. Planning for code lavender began in February and March of 2021.

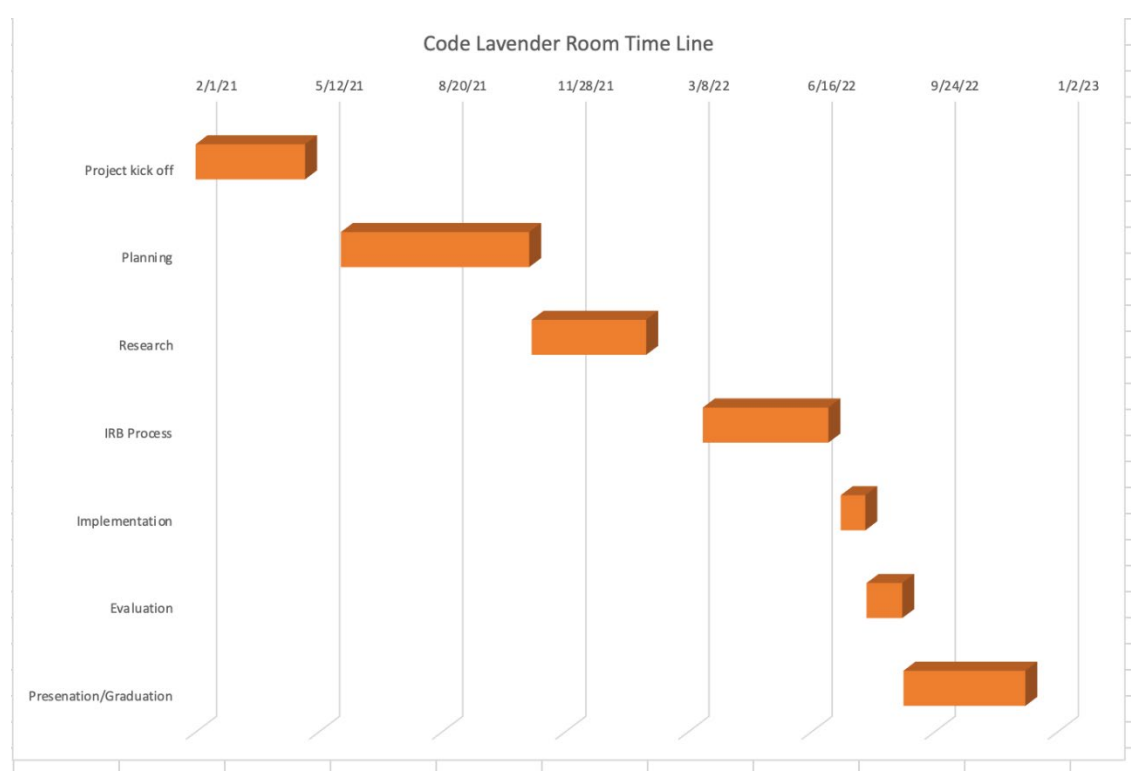
Research for the project, including space and available resources occurred from May to July 2021. As part of the research for the project, the project leader attended the Code Lavender conference. The conference suggested many ideas, such as establishing a Code Lavender team for the staff that includes a massage chair, gift cards, and established team members specifically for Code Lavender. However, due to the facility's staffing crisis, a Code Lavender team was not possible. Code Lavender is unique in that it can be modified to help meet the needs of the specific facility. The hospital will create a self-care environment that will enable healthcare providers and nurses to care for themselves during stressful working hours.

Project planning continued with a meeting with the unit manager, where it was decided to implement self-care using available space on the unit for nurses and other healthcare providers. The goal was to have a room, approximately 8x10 feet, with a table, chair, inspirational quotes, and lavender posters surrounding the wall to create a purple theme room. Additionally, there was a yoga mat and a yoga exercise ball, a breathing technique poster, and goodie bags in the room to enhance self-care. The goodie bags included a badge holder, essential oils, a pen, a lavender pin, and chocolate bars. The implementation was planned for July 2022 followed by an evaluation of the project.

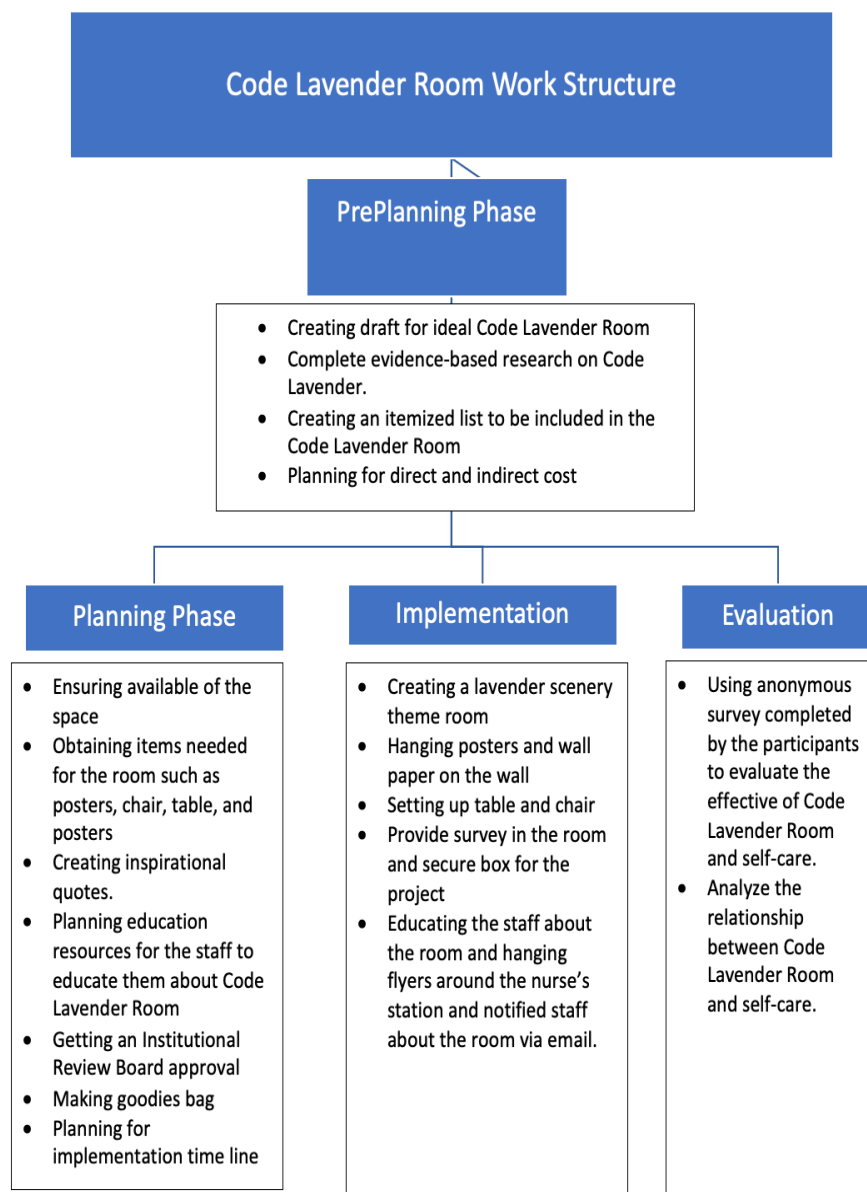
During the project planning phase, the meeting for the projects was face-to-face, the conference was via telephone, and the approval of continuation with the project was communicated via email. The project planning concluded with the new manager and new practice partner with the approval and support of the Chief of Nursing. The overall timeline from initiating the project to graduating is shown in Figure 1.

**Figure 1**

*The Overall Timeline from Initiating the Project to the Evaluation of the Project*



The breakdown of the Code Lavender Room work structure is presented in Figure 2. It outlines each phase of the project and the task that was completed relating to each phase. The project starts from the pre-planning phase to the evaluation phase of the project. The planning phase also includes research and completing the Institutional Review Board before implementing the project.

**Figure 2***The Work Structure*

### Cost/Benefit Analysis

The cost to design the Code Lavender Room was minimal. The project cost approximately \$330 with a reoccurring fee of \$200 a month to maintain the room.

Although the long-term goal of the project was to increase the retention rate of nurses, by creating a supportive environment, this project did not measure the immediate outcome of decrease nursing turnover and or increasing nursing retention rate. Figure 3 represents the estimated cost for the project

**Figure 3**

#### *Budget*

<b>Category</b>	<b>Materials</b>	<b>Cost</b>	<b>Monthly Reoccurring Cost</b>
<b>Direct Cost</b>			
	<b>Yoga mat</b>	\$50.00	
	<b>Breathing technique posters</b>	\$100.00	
	<b>Inspirational quotes index cards</b>	\$50.00	
	<b>Goodies bag</b>	\$100	\$100
	<b>Flameless candles</b>	\$30.00	
<b>Total</b>		<b>\$330.00</b>	<b>\$100</b>
<b>Indirect Cost</b>			
	<b>Table</b>	\$300	
	<b>chair</b>	\$150	
	<b>Hospital sanitation wipes</b>	\$200	
	<b>Room</b>	\$1,000.00	
<b>Total</b>		<b>\$1,650</b>	

### Evaluation Plan

The evaluation of the project will be in the format of a survey asking the participant to answer and rate their satisfaction before and after using the code lavender room. The participants will rank their satisfaction with the lavender room using a Likert

scale from 1-5, with 1 being least likely to use the lavender room again and 5 being most likely to use the lavender room as well as open-ended questions. (Appendix).

An evaluation plan for outcomes can be further broken down using the Logic model to analyze the data that shows the relationship among the input, interventions, and the result of the code lavender room. The Logic Model will also indicate whether the Code Lavender room would meet the project objectives. Figure 4

**Figure 4**

*Code Lavender Logic Model*

Input	Intervention	Activities	Output	Ultimate Outcome
<ul style="list-style-type: none"> <li>Stressful working environment</li> <li>Understaff</li> <li>Limited funding</li> <li>Lack of support from management</li> <li>Lack of self-care</li> </ul>	<ul style="list-style-type: none"> <li>Create a designated space for staff to reset before resuming patient care.</li> <li>Code Lavender Room will be the designated space for the staff to implement self-care while working.</li> </ul>	<ul style="list-style-type: none"> <li>Breathing technique poster.</li> <li>Words of encouragement</li> <li>Inspirational quotes</li> <li>Yoga mat and yoga ball for yoga activities.</li> <li>The room is decorated using lavender theme to help the staff relax when entering the room.</li> <li>Essential oils in the goody-bags to help with aroma therapy.</li> </ul>	<ul style="list-style-type: none"> <li>Enhance self-care</li> <li>Creating supportive working environment for the staff.</li> <li>Decrease burnout.</li> <li>Creating a healthy working environment.</li> </ul>	<ul style="list-style-type: none"> <li>Decrease staffing turnover ratio and increasing in nursing retention rate.</li> </ul>

## **Implementation**

### **Threat and Barriers**

One of the significant obstacles in implementing the Code Lavender Room for the staff was a lack of understanding. Most of the team did not understand the purpose of the project, nor had they heard of code lavender. Thus, they were hesitant to participate in the project. Some staff viewed it as another task they had to add to their nursing checklist regardless of the education they received about the Code Lavender room and the flyers that were distributed to them for self-care. It is incredibly challenging for some staff to leave patient care and have a moment for themselves. Some staff thought going to the room to initiate self-care would be viewed as taking away time from patient care. Some stated they do not have time for self-care while working.

In spite of these challenges, there were some staff members who were curious about the Code Lavender room and receptive to the new idea. They were thankful and happy that someone was willing to take the time to create a space for them. They used the room during break time and during the shift when they needed a moment for themselves. A potential threat is that some healthcare providers utilized the space to get away from patient care.

### **Monitoring of the Implementation**

The duration of the Code Lavender implementation was 2 weeks. The first week focused on education. It started with the announcement about the Code Lavender Room and educating staff. The staff was educated about Code Lavender Room during shift meetings as well as flyers that were posted for unit awareness. The second week concentrated on monitoring the implementation. The DNP project leader monitored the

project's progression every other day to ensure the space was optimum and to refill the necessary items, such as the goody bags. The monitoring period included continuing to educate the staff about the Code Lavender Room, interacting with the team to evaluate the pros and cons, and ensuring the room was in order with an adequate supply for the staff.

### **Project Closure**

The purpose of the Code Lavender Room was to bring healing to the working environment and to promote self-care to the staff during stress during their shift. The goal was to add the Code Lavender Room as a new intervention for the staff to promote self-care. The overall project implementation leaves quite an impression on the staff. Some stated they will continue to use the room to take a deep breath before resuming patient care. Still, others are resistant to change and implementing self-care. The Code Lavender room will continue to be available for unit staff. Additionally, this project reflected the difficulty of implementing change in a healthcare setting.

### **Data Interpretation**

Qualitative and quantitative data analysis was gathered through a survey in this quality improvement project to analyze the effectiveness of the Code Lavender Room regarding the implementation of self-care during stressful working hours. During this process, the qualitative survey method was used to understand the motives that drive healthcare providers to visit the Code Lavender Room and to allow healthcare providers to give suggestions on their experiences. Quantitative data was used on a scalable method to assess the likelihood of continuing to use the Code Lavender Room to maintain self-care and whether they would recommend the room for self-care.



The outcomes of the qualitative data show various reasons why particular healthcare providers decide to use the Code Lavender Room. Reasons for use listed on the survey were: self-care, unexpected adverse patient outcomes, a break from patient care, time to distress, stressful shift, and stressful day. Some staff stated they were curious about the concept of self-care and wanted to experience what it is like as well. Some were inspired by the theme of the lavender color.

When analyzing the section of the survey that asked for new suggestions, the majority of the staff wrote “not applicable” or left it blank. This is likely because, before the implementation of the project, they had not heard about code lavender or thought much about self-care. Over the course of 2 weeks, 15 surveys were collected. When analyzing the closed-ended questions about whether the Code Lavender Room improves their mood, 6.67% (n=15) said maybe, and 93.3% (n=15) responded yes. The purpose of the question whether Code Lavender improves their mood is to see if the Code Lavender room can be integrated as part of self-care that the staff can utilize for a mental break.

Figure 5 represents the number of surveys that ask the participants to state whether the Code Lavender room improves their mood.

**Figure 5**

*Code Lavender Room Survey: Mood Improvement*

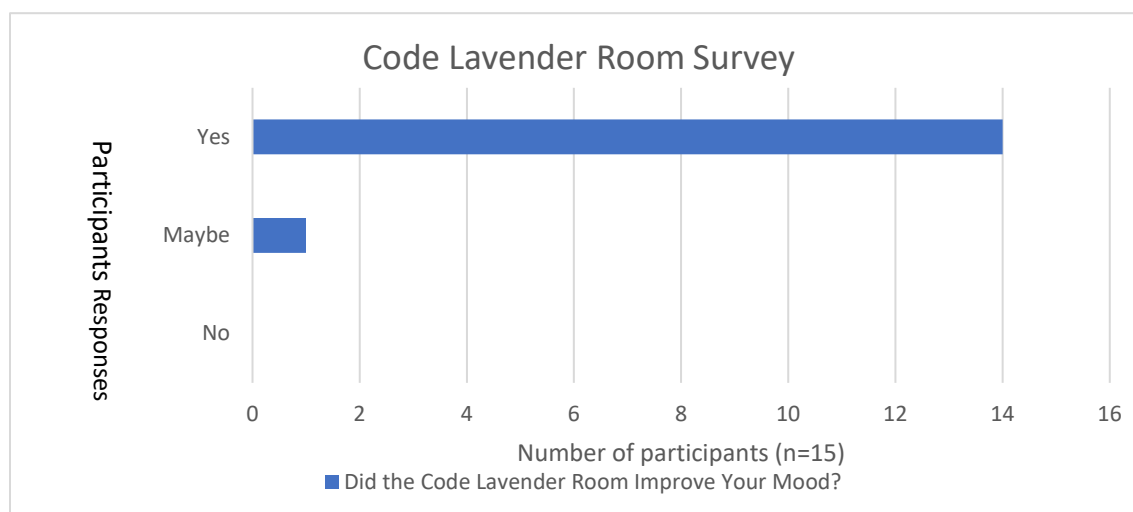
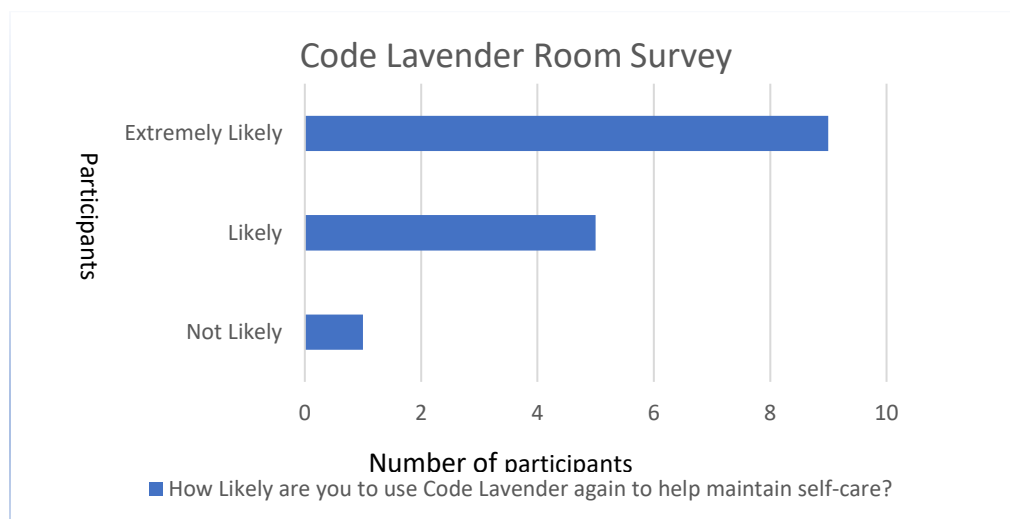
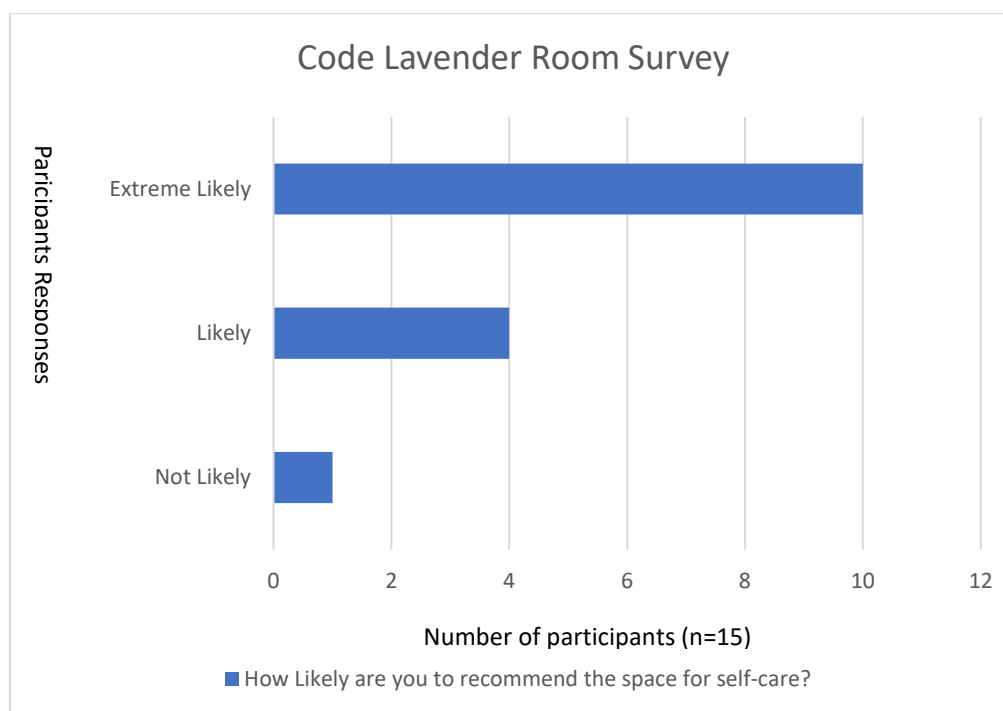


Figure 6 displays the results of the survey asking the participant how likely they are to use Code Lavender again to help maintain self-care; 6.67% (n=15) responded with not likely, 33.33% (n=15) responded likely, and 60.00% (n=15) reacted highly likely. The purpose of this question was to analyze whether the Code Lavender room successfully promoted self-care for individuals. Self-care should be a continuous practice that individuals instill within themselves for a healthier lifestyle.

**Figure 6***Code Lavender Room Survey: Likely to Use Again*

In addition to asking the participant whether the Code Lavender Room improved their mood and if it helped with maintaining self-care, the survey also asked the healthcare provider how likely they were to recommend the space for self-care; 6.67% (n=15) responded with not likely, 26.67% (n=15) responded with likely, and 66.7% (n=15) responded with extremely likely. These questions were intended to assess the value and effectiveness of the project. The outcome of this data was based on the 2-week implementation of the Code Lavender Room which 15 surveys were submitted and supports the idea that Code Lavender Room helps with implementing self-care. Before implementing the Code Lavender room, the goal was to have at least 50% participation, and there are 38 full-time employees in the unit. Figure 7 reflects about 39.00 % of the healthcare providers who participated in the project.

**Figure 7***Code Lavender Room Survey: Likely to Recommend*

The overall goal of this project was to implement self-care for healthcare providers, particularly in the Medical Surgical unit, where nursing turnover was the highest in this healthcare setting. The short-term goal was to decrease burnout, encourage self-care, and decrease nursing turnover in the long term. The goal was to have 50% of the healthcare providers complete the survey to measure the effectiveness of the Code Lavender room. The unit has 38 full-time employees, and the project outcome shows 39.00% (n=15) of the healthcare providers utilized the room for self-care during the first 2 weeks of implementation. This data reflects the number of participants who filled out the survey. It does not reflect the number of participants who used the space but did not complete a survey.

It is extremely difficult to measure changes within a unit for a short period of time, however, the project does present to the healthcare provider the concept of self-care awareness and how the management staff is trying to support self-care within the unit. The staff feels more supported because the management took the initiative to create a healthy working environment.

The project's long-term impact is to decrease nursing turnover in the long term. The current measurement of the effect on the project is based on a survey implemented for 3 weeks. After the close of the project, the House Supervisor and the Director of the Medical Surgical unit will continue to maintain and supply the Code Lavender Room, as needed for the staff.

## References

- American Association of Colleges of Nursing (AACN). (2021). *Nursing Shortage*.  
<https://www.aacnnursing.org/news-information/fact-sheets/nursing-shortage>
- Balasubramanian, S. S., & Jones, E. C. (2016). Hospital closures and the current healthcare climate: The future of rural hospitals in the USA. *Rural and Remote Health, 16*(3), 3935.
- Bratton, B. (2018). Self-care for the caregiver: What are the risks if we don't care for ourselves? *Journal of Pediatric Surgical Nursing, 7*(1), 3.  
<https://doi.org/10.1097/JPS.0000000000000163>
- Cleveland Clinic. (2016). *Code lavender: Offering emotional support through holistic rapid response*. Consult QD. <https://consultqd.clevelandclinic.org/code-lavender-offering-emotional-support-holistic-rapid-response/>
- Facer, B. (2018). *Dear rural hospitals: Where are your nurses?* National Rural Health Association. <https://www.ruralhealthweb.org/blogs/ruralhealthvoices/december-2018/dear-rural-hospitals-where-are-your-nurses>
- Pajnkihar, M., McKenna, H. P., Štiglic, G., & Vrbnjak, D. (2017). Fit for practice: Analysis and evaluation of Watson's theory of human caring. *Nursing Science Quarterly, 30*(3), 243-252. <https://doi.org/10.1177/0894318417708409>
- Phillips, M., Androiski, E., & Winks, D. (2018). Improving the work life of healthcare providers. *Nursing Management (Springhouse), 49*(6), 7-9.  
<https://doi.org/10.1097/01.NUMA.0000533775.22167.bb>

Roux, N. J., & Benita, T. (2020). Best practices for burnout self-care. *Nursing Management (Springhouse)*, 51(10), 30-35.

<https://doi.org/10.1097/01.NUMA.0000698116.82355.0d>

Stone, S. B. (2018). Code lavender: A tool for staff support. *Nursing*, 48(4), 15-17.

<https://doi.org/10.1097/01.NURSE.0000531022.93707.08>

## Appendix

### Survey Questions

This survey was developed by the DNP Project Leader and reviewed by the DNP Project air for face validity.

1. What motivates you to visit Code Lavender Room?

2. Did the Code Lavender Room improve your mood?

a. Yes

b. No

c. Maybe

3. How likely are to use Code Lavender again to help maintain self-care.

Not likely

Likely

Extremely Likely

1	2	3	4	5
---	---	---	---	---

4. How likely are you to recommend the space for self-care?

Not likely

Likely

Extremely Likely

1	2	3	4	5
---	---	---	---	---

5. Please provide any other suggestions/comments about your experience.