

CODE LAVENDER: CULTIVATING INTENTIONAL ACTS OF KINDNESS IN RESPONSE TO STRESSFUL WORK SITUATIONS



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Context: Providing healthcare can be stressful. Gone unchecked, clinicians may experience decreased compassion, and increased burnout or secondary traumatic stress. Code Lavender is designed to increase acts of kindness after stressful workplace events occur.

Objective/Intervention: To test the feasibility of providing Code Lavender.

Hypotheses: After stressful events in the workplace, staff will provide, receive, and recommend Code Lavender to others. The provision of Code Lavender will improve Professional Quality of Life Scale (ProQoL) scores, general job satisfaction, and feeling cared for in the workplace.

Method/Sample: Pilot program testing and evaluation. Staff and physicians on four hospital units were informed of the Code Lavender kit availability, which includes words of comfort, chocolate, lavender essential oil, and employee health referral information. Feasibility data and ProQoL scores were collected at baseline and three months.

Results: At baseline, 48% ($n = 164$) reported a stressful event at work in the last three months. Post-intervention, 51% reported experiencing a stressful workplace event, with 32% receiving a Code Lavender kit from their co-workers as a result ($n = 83$). Of those who received the Code Lavender intervention; 100% found it helpful, and 84% would recommend it to others. No significant changes were demonstrated before and after the intervention in ProQoL scores or job satisfaction, however the emotion of feeling cared-for improved.

Conclusions: Results warrant continuation and further dissemination of Code Lavender. Investigators have received requests to expand the program implying positive reception of the intervention. Additional interventions are needed to overcome workplace stressors. A more intense peer support program is being tested.

Key words: empathy, psychological stress, job satisfaction, coping skills, workplace

(*Explore* 2017; 13:181-185 © 2017 Published by Elsevier Inc.)

INTRODUCTION

Hospital staff can be at increased risk for stress and burnout, especially when working in high intensity and fast-paced inpatient hospital settings.¹⁻³ Providing individualized support and comfort may bolster staff members' ability to cope, particularly during times of severe distress. Offering healing practices targeted to care for staff re-energizes the spirit to support coping with workplace stress.⁴ Emotional support through intentional acts of kindness has been shown to alleviate stress imposed by pregnancy.⁵ Performing intentional acts of kindness has been reported to improve

life satisfaction in the general public.⁶ Reflecting back upon one's own intentional acts of kindness can ultimately improve a sense of happiness.⁷

The *Quality Caring in Nursing and Health Systems* served as the theoretical framework for this study.⁸ This model notes that care is relationship based. The quality of our work relationships extends to patients, their families, and the community at large. If we as healthcare providers are stressed, our patients and their families can feel it negatively affecting what should otherwise be a healing environment. In the Quality Caring model, it is noted that all humans are more likely to engage in health-promoting activities when they feel cared for, including healthcare professionals. Positive work relationships in the hospital can, therefore, increase a sense of caring among workers and ultimately allow those staff to build capacity to authentically care for others.⁸

However, we have witnessed that healthcare professionals can develop unhealthy attitudes regarding the ever-present stress in our daily work. Workgroups may become so accustomed to frequent and severe stress that attenuation

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Abbreviation: ProQOL, Professional Quality of Life.

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occurs leading to inaction and tolerance of the situation. Collective inaction cultivates a general philosophy that enduring high levels of stress is a routine part of the job and that strong healthcare professionals can endure the environment.

This pilot project was conducted to shift the unit-based culture toward encouraging recognition of stressful workplace events and acknowledging colleagues through stressful events with intentional acts of kindness. The project was derived from a crisis intervention called Code Lavender launched successfully by others to increase acts of kindness in the workplace.⁹⁻¹¹ It has been previously established that in Code Lavender programs, staff and physicians are encouraged to recognize each other during stressful events by offering lavender essential oil aromatherapy and words of support.⁹⁻¹¹ Though Code Lavender has been described in hospital newsletters, we could find no research data to describe replication of the process, nor outcomes for how the intervention may have specifically changed staff attitudes or professional quality of life. By definition, during this project the intervention of handing a code lavender packet was considered an intentional act of kindness. The purpose of this study was to cultivate intentional acts of kindness in the workplace.

The primary objective of this pilot project was to assess the feasibility, perceived helpfulness, and volume of use for Code Lavender. Secondary goals were to measure the effect of Code Lavender on staff members' Professional Quality of Life via direct comparisons of their compassion satisfaction, burnout, and secondary traumatic stress scores before and after the intervention, as well as how general job satisfaction and the emotion of feeling cared-for may shift as a result.

RESEARCH QUESTIONS

The research questions for this study were as follows:

- (1) Will hospital staff use the Code Lavender care packages when provided on the unit?
- (2) Will hospital staff find the Code Lavender intervention helpful during times of workplace stress?
- (3) Does the use of a Code Lavender care package following stressful work events improve Professional Quality of Life scale scores, general job satisfaction or the human emotion of feeling cared-for in the workplace?

METHODS

Participants

Following investigational review board approval (#141280), this study was conducted at a university teaching hospital in San Diego. Participants were considered at the unit level (entire work units affected by the intervention) and the individual level (participants who returned surveys). Unit level participants included approximately 500 staff and physicians employed in four target units: a combined 19-bed medical and neurologic intensive care unit (ICU), a 26-bed acute care telemetry unit, the 36-bed emergency department, and the 49-bed neonatal ICU. Interested staff received

information from the investigators about the study and then received an e-mail invitation to participate in the online survey. Both the invitation e-mail from the investigators and the introduction to the survey briefly explained the purpose of the study and described its voluntary, confidential nature using consent language. The project was approved with waived signature of consent; return of the survey implied consent. Inclusion criteria included all current staff and physicians who routinely practiced on the four pilot participating units. Survey completion was not required to give or receive a Code Lavender packet. Signs were posted in the pilot units informing those who worked there that the study was in progress.

Instruments

After reading the introductory memo and consent language, the staff completed two online baseline surveys. The first descriptive survey questioned incidence of symptomatic work-related stress, causes of stress, who supported them through stress, general job satisfaction, and the emotion of feeling cared-for in the workplace (both questions asked on basic 10-point Likert scales). The second survey, the validated Professional Quality of Life (ProQOL) scale, was administered at the same time. The ProQOL is a 30-item measure with subscales for compassion satisfaction, burnout, and secondary traumatic stress. Over 200 publications have reported use of this scale. Psychometrics are reported at www.ProQOL.org.¹² These same surveys were implemented three months following intervention implementation with additional questions asking about whether or not the participant gave or received Code Lavender and whether or not they found it to be helpful.

Procedure

The intervention included a care package, identified as Code Lavender. The contents of the package were enclosed in a 4 × 3 in² lavender-colored mesh draw string bag. The bag contained a lavender aromatherapy vial which could be privately smelled by the staff member (to stimulate a sense of calmness), a piece of chocolate (to increase the connection to a positive sensory experience), and a small card with encouraging quotes chosen by staff members printed on them. Some of these cards also had a supportive note handwritten by other staff, faculty or administrators. A small lavender-colored sticker was also included. Should the staff member receiving the bag choose to wear the sticker, it could serve as an unspoken indication to peers that they were experiencing a particularly difficult day. As an extension of this concept, a referral card to free psychological counseling via the pre-existing Employee Assistance Program (EAP) was also included (Figure 1).

In order to enhance camaraderie across the organizational structure, and increase knowledge of the study, Code Lavender bags were assembled by volunteers, staff, faculty, and administrators as an interactive part of the introductory Code Lavender presentation by the research team. These introductory sessions also gave those making the bags an opportunity to write a personalized note of encouragement on the pre-printed cards provided. A quality control check

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