TIME OUT FOR NURSES

Designing staff spaces in hospitals for work, rest and learning

A research collaboration between HASSELL and The University of Melbourne Health Systems and Workforce Unit

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May 2016
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Gold Coast University Hospital, Southport, Australia
Photography by Christopher Frederick Jones
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This project was funded by HASSELL and a Research Connections grant from the Australian Commonwealth Department of Industry.

Front cover image: Medibank Place, Melbourne, Australia Photography by Earl Carter

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Time out for nurses

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Midland Health Campus, Perth, Australia

Photography by Peter Bennetts
As with all workplaces, people are a hospital’s greatest asset. Without appropriately skilled and dedicated staff, a hospital cannot provide care for those who depend on it. Health systems around the world are dealing with persistent issues of nurse burnout, fatigue and stress\(^1\), which have considerable implications for administrators seeking to attract and retain skilled staff.

In 2015, HASSELL partnered with the University of Melbourne Health Systems and Workforce Unit to determine how hospital workplace design influences nurse attraction and retention in Australia and the United Kingdom. The research explored elements of the physical environment that most affect nurses in their daily tasks, and how better workplace design may be able to assist in the development of a happy and sustainable nursing workforce.

One of the findings to emerge from the research was that hospital design can contribute to a culture that de-values what nurses do. This was emphasised by numerous comments relating to the lack of dedicated space away from the bedside for staff to complete administrative tasks, share information, have tea breaks or undertake training and education.

HASSELL has observed the development in other workplaces (education, translational research, and commercial office) of spaces that facilitate social networks and informal learning opportunities that may be ideally suited to addressing this perceived shortage of staff space in hospitals.
Nurse attraction and retention

Nurse attraction and retention loom as significant challenges for healthcare administrators as staff shortages begin to affect the efficient operation of hospitals.

The cost of nurse turnover to a hospital has been estimated at up to 150 per cent of the nurses’ pay, depending on the type of job, level of experience and clinical skills.3

But financial costs are not the only negative consequence of nurse turnover – the loss of experience and knowledge, diminished staffing levels and the subsequent increase in workloads and risk have the potential to create a spiral of poor staff morale and further staff losses.

Pay increases are often proposed to address this thorny issue, but it is increasingly apparent that money is not the only motivator for nurses - an efficient workplace and a positive workplace culture that encourages teamwork, continuous learning, and respect is also important.4,5

One hospital study showed that Registered Nurses who rated their physical workplace highly also reported better workgroup cohesion, nurse-physician relations, workload and other job satisfaction factors.6 Research by HASSELL into staff attraction in commercial workplaces shows that while salary has the largest influence on job appeal, (45 per cent share), workplace culture (32 per cent) and facilities (16 per cent) can combine to outweigh the influence of salary.

And in regions where pay for nurses is generally consistent across facilities, hospitals must seek to enhance other employment conditions to attract and retain staff.

Our research indicates that workplace design is one such employment condition that can positively improve the work life of nurses. A better designed workplace has a double effect - improving functional effectiveness, and the symbolic expression of the value of the people who work within it.

Penrith Health Campus, Sydney, Australia
Photography by Brett Boardman
The psychological contract

“It just looked really messy... disorganised and chaotic, almost as if nobody cared”

Our research unearthed a strong narrative: nurses feel undervalued by their employers, and one of the reasons for this is the shortcomings in their physical environment. A number of comments (indicated in blue boxes) directly addressed this issue.

The frustration in these comments is reflective of much that has been written on how nurses feel about their working conditions. Nurses perceive that their psychological contract — the implicit understanding of mutual obligations owed by an employee and an organisation to one another — has been breached over recent years.

Because it is an unspoken contract, the parties draw conclusions regarding the ‘existence and substance of various promises and obligations based on the observed behaviours of the other party’. This mismatch of expectations can adversely affect an employee’s attitudes and behaviours, lowering job satisfaction and increasing intention to quit.

The strong message from the nurses in our focus groups was that while space for direct care of patients was critical, so too were space and amenities for the staff to work and rest away from patients.

“Time out

Rest breaks have been shown to be important in providing relief from this pressure. This relief comes not only from rest after physical exertion, but also from the peer support that a shared space can enable. Research by Gallup has uncovered the value of having a “best friend at work” to build trust in collaborative environments. A tea room is the ideal space to forge the professional friendships and networks crucial to effective teamwork.

However, space and time for breaks — workplace conditions that most workers take for granted — are not necessarily the norm in all hospitals, because nurses feel that time away from patients may jeopardise care or make it difficult to complete tasks. To exacerbate this problem, in some hospitals the cafeteria is too far from wards to allow staff to walk there and back within an allotted tea break.

Incredibly, one nurse in our focus groups thought it selfish to expect a tea room. This altruism is admirable, but ultimately likely to be unsustainable. As nursing shortages continue, and hospitals increasingly seek a competitive advantage in the search for staff, potential healthcare workers are likely to carefully weigh job merits, including perks such as staff amenities designed into the physical space.

These perks may be childcare, staff gymnasiums, parking, or may be as simple as adequate provision of spaces on the wards for paper work, quiet discussion or rest — a room for nurses.

“They just have hotel architects that did beautiful (design) for the patients, and staff amenities were small.”

The limits of altruism

Nurses put patients first — altruistic care is an intrinsic part of the identity of their profession. A growing focus on patient-centred care through improvements in communication, privacy and spaces for families has contributed to better patient experiences.

The nurses in our study largely supported single patient rooms, despite the inconvenience of compromised sightlines and greater walking distances for staff. These drawbacks add time and a degree of difficulty to the nurses’ workload, increasing pressure on an already stressed workforce.

“You are working you are practically standing eight hours without a place to sit down to write notes.”

“From a selfish point of view, we haven’t even got a staff tea room at all.”

02 Valuing nurses
A room for nurses

“We need personal space, debriefing space, to acknowledge that staff matter.”

When prompted for their ‘ideal’, many nurses suggested the provision of a dedicated space for the staff, away from the immediate patient demands of the ward, as a visible demonstration that the hospital valued its nurses.

Comfortable areas close to, but separate from, the clinical area were considered important to combat the intense nature of patient care. Nurses also repeatedly noted the lack of space for paperwork, meetings and professional development.

According to the Australasian Health Facility Guidelines15, “The staffroom is a shared facility for staff to use for respite, rest, and relocation during meal breaks...

The room may also be used for small meetings or tutorials and for the storage of staff resources or library materials.”

Our research indicates that a staff space like this is not always provided, or, in one case, systematically denied.

The frequency of the types of comments indicated below from our focus groups underscores the strong sentiment amongst nurses that their hard work is taken for granted. When a hospital gets it right, the comments indicate there is a direct and positive effect on the extent staff feel appreciated.

“Having a staff tea room and breakout area is of huge value and it’s something we haven’t got in most areas... What the (hospital) tells us is that it just will not fund tea room facilities.”

“The staff area... was absolutely massive. A female area, a male area, small lockers, big lockers, four showers on each side, a coffee rest area with a microwave and kettles, things that these people had never had before... A lot of the staff said that for the first time they actually felt valued because they’d been given this area.”

“We haven't got any special areas to go for a break. The girls have to just sit on the desk sometimes.”
While hospital environments have very particular needs, there are lessons to be learned from other workplaces about the value of space for a variety of work tasks, and for the communication of a shared set of underlying values.

Identity and communication

Our research confirms the idea that physical space is a way to create intrinsic motivation and loyalty through a sense of identity; to tell people that their contribution matters.16

A nurse’s contribution is not limited to hands-on care for patients. It includes a variety of tasks that need different settings – documentation, online professional development, handover, family meetings etc. Communication with other staff is a crucial part of this.

As technology has rapidly developed, the sharing of both information and ideas has become critical to the way we work. Yet the digital revolution has not diminished the value of face-to-face interaction, nor the need for people to have space in which to work.

Workplace researchers have found that “the most effective spaces bring people together and remove barriers while also providing sufficient seclusion that people don’t fear being overheard or interrupted.”17 This is as relevant - if not more - to staff in a hospital setting as any other workplace.

Finding a balance

From the Western Australian Government Department of Planning at one40william in Perth, to commercial businesses such as Medibank Place in Melbourne, and research facilities for the CSIRO at the Ecosciences Precinct in Brisbane, large organisations are embracing the potential for better staff communication and productivity through social and informal spaces.

Good workplace design finds a balance in space between the quiet and the busy, the open and the enclosed, the formal and the informal, to enable the most appropriate interactions between staff, whether they are nurses, researchers, or corporate executives.

“I wouldn’t have a ferret in a box without a window, so why would you have an employee in a box without a window?”
04 Lessons from other workplaces

Central Staff Zone, Critical Treatment Hospital, Hampshire, United Kingdom
Image by HASSELL
Hospitals fulfill a vital public service, but as healthcare costs rise, they are also increasingly expected to operate as efficiently and effectively as possible.

The business case for staff spaces rests on the conversion of staff appreciation and efficiencies into financial savings from increased retention of staff. While further research is required to quantify this, there are studies that link informal social areas in commercial offices to benefits in productivity, team work and communication. \(^{18}\)

HASSELL has introduced spaces into new health care environments based on these demonstrated benefits and our experiences in other workplaces, where clients are incorporating centralised areas that blend social, work and learning functions.

### Rockhampton Hospital, Queensland, Australia

At the Rockhampton Hospital, the attraction and retention of visiting medical personnel was a significant driver behind the inclusion of a large and inviting staff space.

As a regional facility, the hospital is acutely aware of the need to provide an optimal work environment to compensate for the distance to a major centre - Brisbane, 600 kilometres away.

The HASSELL designed space provides a variety of settings for both work and relaxation (awake and asleep) adjacent to administrative spaces, and is well connected to other levels via lifts and stairs to ensure that travel times to clinical areas are minimised.

### Critical Treatment Hospital, Hampshire, UK

At the Critical Treatment Hospital, the Central Staff Zone is modelled on an airport lounge, with a variety of settings for relaxation, dining, work, education, and staff change. These spaces are located on a central floor that vertically separates the clinical functions at the base of the building from the inpatient wards above, creating a non-public zone at the heart of the hospital.

The client asked that the Staff Zone have an uplifting and non-institutional feel with particular emphasis on high quality space. This was seen as essential psychological support for staff in a stressful environment, and to encourage multi-disciplinary team work.

Vital to this aim was the inclusion of external space for fresh air and views to nature, which are increasingly recognised as beneficial in the workplace for health, wellbeing and productivity. \(^{19}\) HASSELL also designed a staff only external terrace for the recently opened Gold Coast University Hospital.
Change is coming

Nurses are too valuable to lose, but feel under-appreciated and stressed as a result of individual, organisational, and physical workplace factors. In order to demonstrate how highly nursing staff are valued, hospitals need to provide adequate and appropriate spaces for nurses to work, rest and learn close to their wards.

Hospital design is a complex process that involves the integration of the needs of a broad range of stakeholders with competing demands. As a consequence, space is a particularly valuable commodity. The challenge, then, is to capture space and process efficiencies from within and beyond the wards to enable the inclusion of areas away from the bedside for staff to do what they need to do.

Hospitals have an opportunity to embrace ideas from commercial and other types of workplaces to provide comfortable and practical spaces for relief from the demands of patient care, as well as opportunities for team work, professional development and social interaction.

Not all the changes apparent in other workplaces will readily translate to the healthcare setting. But a growing focus on multi-disciplinary team work in healthcare combined with shortages in nursing staff are likely to compel administrators to actively pursue workplace strategies that address the shortcomings in staff facilities that currently exist in many hospitals.
07 References


02 Centre for Workforce Intelligence (2014) Horizon 2035 International responses to big picture challenges. Website at www.cfiwi.org.uk/publications/horizon-2035-international-responses-to-big-picture-challenges/0publication-detail


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