



Meal Break Pilot Program: Created by Staff Nurses to Improve Job Satisfaction



The Miriam Hospital
A Lifespan Partner

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Introduction

In 2009, staff nurses on a medical-surgical unit reported that when working 8 hours or more 60% of respondents did not take a meal break and 33% took less than 20 minutes for a meal break. In 2008, respondents reported that when working 8 hours or more 33% did not take a meal break and 56% took less than 30 minutes.

Many nurses feel that if they take a break they will be burdening a coworker who is assigned to cover their assignment. Current nursing literature shows that lack of breaks and fatigue negatively impact job satisfaction, performance and health. Fatigue and lack of breaks have also been linked to increased burnout rates and higher number of errors.

Project Goals

- To pilot a program that consistently allows nurses to take a meal break free of patient care responsibilities when working 8 hours or more.
- To improve our score to at least the 50th percentile (compared to other Magnet facilities) on the next NDNQI RN satisfaction survey.

Project Description

The Unit Planning Council (UPC), which is comprised of staff nurses, reviewed the unit's NDNQI RN satisfaction results with the Nurse Manager and decided to focus on meal breaks as an actionable item needing improvement. The UPC decided that a formal program needed to be created that would allow nurses to take their 30 minute break. The council members wrote a letter to the nurses explaining the NDNQI results pertaining to meal breaks. They then created an informal survey that was administered to nurses inquiring whether or not they would like to pilot the program.

The UPC reviewed the survey results which showed that 86% of respondents were in favor of piloting this program. The council members implemented the program on April 26, 2010. Strict guidelines for the program were developed by the UPC including exactly how the program would work and what the responsibilities were for participants. These guidelines were reviewed with staff prior to the start date. Ongoing support was provided to participants by council members throughout the trial period.



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30 Minute Covered Break Trial Guidelines

Beginning on April 26, 2010 we will trial a covered break program on day shift. This is being done based on our NDNQI survey results which showed that nurses were often not getting any meal breaks when working 8 hours or more. We hope that this program will allow you some time to relax and be free from patient care responsibilities.

In order for this trial to be successful we must have 100% RN participation. If you are too busy or do not want to leave the unit for your break you will not be forced to leave, however, you will still be responsible for covering the break of one of your coworkers.

A template will be created for nurses to sign up for their break time. The break sign up sheet will be stapled to the day shift assignment, which will be left with the unit secretary. Day shift nurses will be responsible for signing up for a break by 10 am. After 10 am the charge nurse will check the sign up sheet to be sure that everyone has signed up.

Break times will be 12:00 and 1:00. The 12:00 group will be permitted to take a 30-minute break anytime between 12:00 and 1:00. The 1:00 group will be permitted to take a 30-minute break anytime between 1:00 and 2:00. The 12:00 group must return to the unit at or before 1:00 and the 1:00 group must return by 2:00.

The sign up template will have 2 columns (12:00 and 1:00). You will be responsible for covering the patients of the coworker whose name falls next to yours in the adjacent column. On days where there are an odd number of nurses, one nurse will have to split his or her patients between 2 nurses.

Responsibilities for nurse covering patients:

- Pain medications
- STAT medications
- Settle patients returning from tests
- Send patients to tests
- Answer patient calls if CNA unavailable
- Settle admissions (apply telemetry, take vital signs, etc)

Responsibilities of nurse on break:

- Round/toilet all of your patients prior to taking break
- Explain to patients that you will be going to break for 30 minutes and that another nurse is available for urgent/immediate issues
- Notify secretary that you are taking your break
- Hand your SBAR sheets to the nurse covering your patients and inform them of any important issues

Evaluation

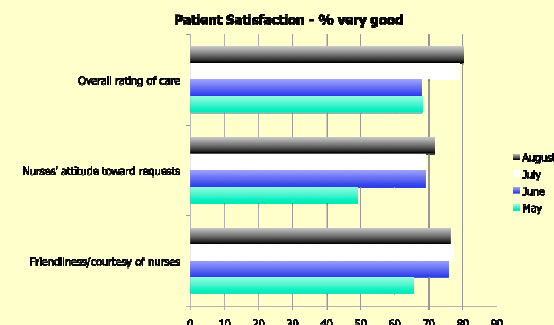
After trialing this program for two months the UPC created a survey to administer to participants. The survey inquired about satisfaction with the program, interest in continuing with the program and suggestions for improvement.

Our facility will be participating in the NDNQI RN Satisfaction Survey in April, 2011, where we will look to see if our goal of reaching the 50th percentile has been achieved.

Findings

The post pilot survey administered by the UPC found that 80% of respondents wished to adopt the meal break program as a permanent part of our daily practice.

We have also seen improvement in our patient satisfaction scores over a four month period.



Implications for Practice

- Nurses who take meal breaks will likely have improved job satisfaction, less fatigue and lower burnout rates.
- Supporting nurses in taking a break, free of patient care responsibilities, could help to decrease turnover rates, burnout and errors.
- Future research is needed that directly relates meal breaks to job satisfaction.