

Room with a view: Clutter included?

By Fidelindo Lim, DNP, CCRN, and Vince Tran, BSN, RN

YOUR “NEW” ROOM is now ready—hospital room, that is. Architects are finally designing and redesigning hospital rooms that could match the suites at your local Marriott, with the built-in perk of making patients feel better. The new rooms have been lauded as “simple, airy, and visually arresting.”

In August 2014, a front-page article in *The New York Times* extolled the growing trend of “curating” hospital rooms—this time with nurses’ input and patients’ well-being in mind. Of course, this isn’t a revolutionary concept. We’ve wondered why it hasn’t been the standard all these years. The *Times* reported that in one hospital that recently redesigned its patient rooms, patients made 30% fewer requests for pain medication and rated their food and nursing care better—even though the meals and care were the same as those provided in the old rooms. Patient satisfaction scores even improved.

So a nurse walks into a patient’s room...

Imagine this: You walk into a patient room that’s larger than the average Manhattan studio apartment. You see floor-to-ceiling windows that offer a water view, along with subdued lighting, artwork, an oversized sofa, and a 40" flatscreen TV. But as you scan the room, you notice

what’s on the bedside table—empty nebulizer “bullets,” half-empty saline flush syringes along with some unused ones, medication wrappers, empty I.V. medication bags, an insulin syringe cap, and a cup containing what looks like serosanguinous fluid. You realize the patient isn’t able to see the water view because trash—the detritus of patient care—blocks her view. You sigh, and with that sigh, detect the unpleasant scent of bodily discharges, which you suspect is emanating from the trash bin. Suddenly, you feel tired, and it’s only the first hour of your shift.

Nurses often lament the lack of workspace and the bad design of hospital rooms that have outlived customer-service demands. Now we’re seeing modern patient-care spaces that are meant to reinvigorate patients and staff. But sometimes these spaces contain clutter and trash that block or soak up the flow of healing energy. Modern design can go only so far in fostering a healing environment around the bedside. Hospital staff and others who enter the room—and the clutter they leave behind—influence the overall architecture and ambience of the space.

Clutter, a collateral effect

Bedside clutter is the collateral effect of modern-day patient care. Despite technological advances in health



Decluttering
can do our
patients good.



care (or perhaps *because* of them), the tide of trash and clutter washing ashore at the patient's bedside shows no signs of retreating. No wonder the Hospital Consumer Assessment of Healthcare Providers and Systems survey asks patients to rate how often their room and bathroom were kept clean during their stay. National data suggest plenty of room for improvement: Cleanliness rates only 73% on average, compared to 85% for quality of discharge teaching. Is it possible that what patients consider an unclean room or bathroom simply means cluttered and disorganized surroundings that aren't necessarily unclean?

We don't need a randomized controlled trial to tell us clutter in healthcare environments threatens patient safety. It can cause accidents, compromise body mechanics, or simply make our work more inefficient. Florence Nightingale observed the effects of clutter at the bedside and the nurse's role in mitigating it:

I once told a "very good nurse" that the way in which her patient's room was kept was quite enough to account for his sleeplessness; and she answered quite good-humouredly she was not at all surprised at it—as if the state of the room were, like the state of the weather, entirely out of her power. Now in what sense is this woman to be called a "nurse"?

A nurse might resist doing a bit of housekeeping on the grounds that "it's not my job." But to create and maintain a culture of safety, keeping the bedside clutter free must be everyone's concern, including patients and their visitors.

Look, listen, and declutter

Keeping the bedside tidy and uncluttered need not be an ordeal. We can simply add it to our hourly rounding visits to the bedside. If the golden rule of patient safety is first "Do no harm," we propose that the best way to keep the bedside clean is "First, don't make a mess." Here are some suggestions for maintaining a healing environment at the bedside and beyond. We call them the three "Rs"—*refuse*, *remove*, and *refresh*.

Refuse (to clutter)

To help keep the bedside and other work spaces clutter free, consider the supplies each nursing task requires. Many nurses pride themselves on being efficient, bringing to the bedside all the items they'll need during their shift (saline flushes, sterile caps for infusion lines, tape, and others). While this practice saves time, it can create more clutter. So be conscientious about using and discarding materials. Although you may find it more convenient to keep these items at the bedside, *refuse* to allow this practice to infringe on the patient's limited personal space. A nursing mantra could be "I refuse to hoard supplies at the bedside."

Remove

Hospital personnel, patients, and visitors may unintentionally leave clutter at the bedside. Hourly rounding can help remedy this. On rounds, you can assess the patient's environment and *remove* clutter. While hourly rounding traditionally is meant to ensure the patient's physiologic needs are met, removing clutter can help improve patient outcomes.

Refresh

Once the bedside has been decluttered, the patient still may benefit if the room is refreshed. During a lengthy hospital stay, patients may grow uncomfortable with their surroundings. (Recall a time when you felt uncomfortable staying in a hotel or a friend's guest room for an extended time.) Even if the room is pristine, it can never emulate the comfort of one's own home.

You can help *refresh* the patient's room by using aromatherapy, rearranging furniture to the patient's preference, or simply remaking the bed. While these tasks may not seem important, they may be what patients remember the most—especially those who must stay more than a few days.

Keeping the patient's room clean and orderly is one of many ways nurses can carry out their promise not just to treat diseases but to treat patients. Keeping the bedside free of tangled I.V. lines has obvious practical benefits, but let's not forget the psychological benefits of helping patients feel at ease in their temporary home away from home.

Nightingale reminds us that "*the well* [hospital staff] *have a curious habit of forgetting that what is to them but a trifling inconvenience, to be patiently 'put up' with, is to the sick a source of suffering, delaying recovery, if not actually hastening death.*"

So let's keep the bedside clean and clutter free. It does our patients good. ★

Selected references

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Fidelindo Lim is a clinical faculty member at New York University College of Nursing and a nurse educator at the Hospital for Special Surgery and New York-Presbyterian/Weill Cornell Hospital in New York City. Vince Tran is a staff nurse at New York-Presbyterian/Weill Cornell Hospital.