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Educating Project Site Hospital Nurses on the Code Lavender

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Walden University

College of Nursing

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Jennifer Marie Swendsen

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
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Executive Summary: Staff Education Project
Educating Project Site Hospital Nurses on the Code Lavender

by
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Executive Summary Submitted in Partial Fulfillment
of the Requirements for the Degree of
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Summary

With this staff education project, I aimed to educate nurses at the project site hospital about the Code Lavender program, a mental health intervention designed to address nurse burnout. Nurse burnout has risen significantly post-COVID-19 pandemic, contributing to high turnover rates and compromising patient care. Nurses are experiencing increased levels of stress, depression, and suicidal ideation, which has led to feelings of being overwhelmed, overworked, and quitting the profession, exacerbating staffing shortages and patient care hazards.

The central question of this project was whether staff education on the Code Lavender program would increase nurses' knowledge, as evidenced by improved posttest scores. Mental health concerns, if left unaddressed, contribute significantly to nurse burnout, and programs, like Code Lavender, which offers mental health support, have been shown to improve staff satisfaction and decrease burnout.

I gathered evidence for this project from peer-reviewed journals and the data was organized according to the type of evidence. The appraisal of this evidence demonstrated the positive impact of the Code Lavender program on nurses affected by mental health challenges. I measured the effectiveness of the educational intervention in this project through participants' pre- and posttest scores, which were analyzed using paired *t* tests. The education resulted in a 33% increase in knowledge about the Code Lavender program, showing that enhanced understanding can potentially reduce burnout and improve patient care. This project fosters a supportive work environment and contributes to positive social change by addressing critical mental health needs in nursing.

Background

The guiding question for this project was: Does staff education on the Code Lavender program increase nurses' knowledge, as evidenced by posttest scores? A robust body of evidence, including systematic reviews and quantitative studies, strongly supports interventions aimed at addressing nurse burnout (Haddad et al., 2022; Havaei et al., 2021). Appraisal of the evidence revealed two Level I systematic reviews, one Level II nonexperimental study, one Level III meta-analysis, and several other compelling sources with consistent findings. The results of the evidence were recorded on the John Hopkins Nursing Evidence-Based Practice Individual Summary Tool (Dang et al., 2022). These studies suggest that targeted interventions, such as Code Lavender, can significantly impact nurse well-being and reduce burnout (see Haddad et al., 2022; Halter et al., 2017; Havaei et al., 2021; Janeway, 2020).

The project site hospital has previously attempted to implement mental health initiatives, including a smartphone app called Vitalize, but these efforts saw low utilization. In contrast, the Code Lavender program, which is a rapid-response team designed to offer immediate mental health support during distressing events, has the potential for greater impact by providing a more engaged, firsthand approach (DeMarco & Resnicoff, 2023). The program addresses previous barriers by actively involving staff rather than relying on self-service initiatives that have historically been underutilized.

Traumatic events, whether related to work, such as the death of a patient, or personal experiences, such as divorce, can disrupt nurses' normal functioning and lead to burnout if not addressed. In the United States, 48% of nurses report experiencing traumatic events at work, and nurse turnover rates vary from 8% to 37% depending on

the unit and location (Davidson et al., 2023; Haddad et al., 2022). On average, 40% of nurses suffer from burnout, with mental health concerns driving many to leave the profession (Janeway, 2022). This cycle of burnout and turnover not only exacerbates nursing shortages but also increases stress on remaining staff, which in turn further contributes to burnout. By offering mental health support through programs, like Code Lavender, health care facilities can break this cycle and retain more nurses (DeMarco & Resnicoff, 2023).

The evidence suggests that nurse burnout can be mitigated through a supportive work environment that includes interventions like mindfulness and meditation (Aryankhesal et al., 2019). Code Lavender extends this support by facilitating debriefings after traumatic events and providing peer counseling and coaching through the Employee Assistance Program (EAP). This allows nurses to process their experiences rather than suppressing their thoughts and concerns, which can lead to long-term mental health issues.

The COVID-19 pandemic has further highlighted the need for mental health resources in health care. Nurses have increasingly reported that poor organizational support contributes to their anxiety and depression (Havaei et al., 2021). Nurses must receive both coworker and managerial support to cope with the demands of their jobs. Currently, the project site offers optional debriefings with charge nurses after traumatic events, but participation is low, with only about one third of the staff attending. Data collection is needed to evaluate participation rates at the project site more accurately.

The implementation of Code Lavender will ensure that debriefings are no longer optional, making them mandatory for all staff involved in distressing events.

Additionally, nurses needing further mental health support can access the EAP for up to six counseling sessions at no charge, either via telehealth or in person. Ensuring that all staff, both new and experienced, are fully informed about the Code Lavender program and its resources, including the EAP, is essential for its success.

Nursing shortages, exacerbated by burnout and retirements, are an ongoing challenge for health care facilities. By providing nurses with the mental health resources they need to continue working safely and effectively, organizations can mitigate the risk of further turnover and ensure safe patient care. Addressing nurse burnout is vital not only for the well-being of the staff but also for the overall safety and efficiency of health care operations. Psychological interventions, like mindfulness and structured mental health programs, can increase nurse retention and reduce the impact of stress on nurses, breaking the cycle of burnout and shortages that threaten the health care system (Havaei et al., 2021).

Staff Education Project Development and Implementation

I developed the educational content for the staff education project on the Code Lavender program at the project site from a thorough literature review focused on nurse burnout and mental health strategies (see Haddad et al., 2022; Halter et al., 2017; Havaei et al., 2021; Janeway, 2020). The result was a targeted, practical PowerPoint presentation aimed at informing nurses about the Code Lavender program and how it supports their mental well-being in response to traumatic events.

In the presentation, I introduced Code Lavender as a rapid-response program designed to provide immediate support to staff during traumatic situations, both work related and personal. Nurses were instructed on how to access the program via a

dedicated phone line and provided with clear criteria on when to initiate Code Lavender—whether for events occurring in the workplace, such as a patient death, or for personal crises, like divorce or the loss of a loved one.

The Code Lavender team consists of hospital staff trained in critical incident stress management. They are equipped to recognize signs of crisis, including physical, emotional, cognitive, and behavioral indicators, such as chest pain, anger, poor concentration, and emotional outbursts. The training also highlighted scenarios where additional assistance might be required, such as when individuals refuse help or pose a danger to themselves or others.

In addition to immediate crisis support, the presentation detailed the benefits of the EAP offered through Magellan. This program provides five free in-person counseling sessions and six phone coaching sessions annually. Nurses were also informed of other EAP resources, including lifestyle coaching, webinars, mindfulness activities, financial planning, and identity theft protection.

I structured this education to ensure that all nurses understood how to access and benefit from the mental health resources available to them. It was created with the aim of reducing burnout and promoting a supportive work environment. The effectiveness of the content was validated through expert review, ensuring the material was relevant, clear, and actionable for the nursing staff.

Methodology and Participants

Three expert content reviewers reviewed the pretest, posttest, and education provided to project site employees. I chose the content experts based on their background in mental health. Two reviewers were mental health educators at two different colleges,

and the third was a chief nursing officer at a local hospital who oversaw multiple programs. Their input was valuable in ensuring employees learn from the education.

The content experts also evaluated the education presented with the tests. Most of their responses provided general feedback that the PowerPoint included helpful information and supported the pre- and posttest on the knowledge of the Code Lavender program. One reviewer comment suggested that Slide 2 of the education should consist of a definition of a traumatic event, such as an event being beyond one's ability to cope. This suggestion led me to change in Slide 2 of the PowerPoint presentation for the education piece. There was also a suggestion to clarify the EAP benefits and that employees can receive them even if there was no stated trauma. Slide 9 included these changes. The educational component included no other changes. See Appendix A for the content expert evaluations.

The pre- and posttests included eight questions for a total of 10 points. The experts scored each item as essential, useful, or unnecessary using the content validity index (see Gilbert & Prion, 2016). The question scoring included essential or 1 point, except for Questions 3 and 4, which were scored useful at 0 points. No questions received a score of -1 or were not necessary.

The overall content validity ratio (CVR) was 0.91. Questions 3 and 4 were reviewed for changes, even though the overall CVR score was more significant than 0.79, and showed that the content was relevant. The content expert reviewed these changes, and after a final review, all questions scored a 1 for essential, and the CVR was 1.0. This experience helped the project by allowing me to get outside views beyond that of my

DNP project advisor. The suggestions were valid and helpful, improving the education, pretest, and posttest. See Appendices B and C for the content validity scoring forms.

A total of 44 nurses participated in the project, and they ranged from new graduates to those with up to 8 years of nursing experience. The hospital's review board provided me with ethical approval to conduct the project. Participation was voluntary, and the collected data were anonymized. The education was offered in two different settings. The first was during education rounds to the units, providing the pretest, presenting the education, and then administering the posttest. Teaching was done at nursing stations where nurses were available. The units that participated in the tests were the neonatal intensive care unit, labor and delivery, and postpartum. The units that participated may have been partly due to them being familiar to a nurse educator at the university. The experience of nurses on these floors varied from 1 to 8 years. This group of nurses seemed to rush through their testing and education, stating they already knew about the Code Lavender program; however, their scores on the pretests needed to reflect this.

A new employee hospital orientation provided the setting for the second education, where over 80% of the nurses were newly graduated registered nurses. In this setting, there was more time to complete the pretest, review the education on a screen as a slide show, and then complete the posttest. This group of nurses may have been given a realistic increase in education because they were new to the facility, and the Code Lavender program was also new information to them; therefore, they took their time on the testing portion of the education.

Results

The content for this project underwent formative evaluation by three nurse educators who validated it using a five-point Likert scale. After receiving committee approval for the project, I incorporated the feedback from these educators, leading to improvements before the implementation phase. For the summative evaluation, feedback from the nurse participants, project site leadership, and the project team was analyzed.

There was a notable difference in engagement based on the method of delivery. Nurses with several years of experience felt they already had sufficient knowledge about the Code Lavender program and appeared less engaged during the educational sessions, particularly when the information was provided on paper during their shifts. Consequently, their pre- and posttest score improvements were lower than those of newly hired nurses who received the education during a more structured orientation session. The newer nurses, who were presented with the material via a PowerPoint slide show on a computer screen, demonstrated greater attentiveness, resulting in more significant score improvements.

I conducted data analysis using Microsoft Excel and paired *t* tests to compare pre-test and post-test scores. The mean participant pretest score was 52.5, and the mean posttest score was 85.75, reflecting a significant increase in their knowledge. As shown in Table 1, the results were statistically significant ($p < 0.00001$), indicating that the educational intervention effectively increased nurses' understanding of the Code Lavender program by 33%.

Table 1*Statistical Results Before and After Education*

Statistic	Pretest	Posttest
<i>M</i>	52.5	85.75
Sample	44	44
<i>t</i> value	-8.08714	
<i>p</i> value	<.00001	

Note. The increase in scores was statistically significant ($p < .05$)

The increased participant knowledge is expected to lead to improved utilization of mental health resources, which may contribute to reducing nurse turnover. This project demonstrates that educating nurses about mental health programs, such as Code Lavender, may play a significant role in decreasing burnout and improving job satisfaction, ultimately contributing to better patient care. The findings suggest that health care facilities can replicate this educational intervention to address similar challenges in nurse retention and mental health.

However, the study faced some limitations. The small sample size and the variation in educational settings could limit the generalizability of the results. Future research should aim to include larger and more diverse participant groups to strengthen the findings. Another limitation was that the education was only provided to nurses, although interprofessional collaboration is common in health care settings. Including all staff in future interventions may yield more comprehensive results.

Discussion

The implementation of the Code Lavender program at the project site aimed to address critical issues related to nurse burnout, a widespread concern post-COVID-19 pandemic. The educational intervention demonstrated a significant 33% increase in nurse

knowledge regarding the mental health resources available to them, as evidenced by comparison of pre- and posttest results. This increase in knowledge is crucial in helping nurses access support when faced with traumatic events, thereby reducing the risk of burnout and improving overall job satisfaction.

By promoting awareness of the Code Lavender program, the project site hospital can foster a culture of mental health support where nurses feel empowered to seek help during times of crisis. This has the potential to positively impact both the retention of nurses and the quality of patient care because well-supported staff are better equipped to provide attentive, compassionate care (Haddad et al., 2022).

Diversity, Equity, and Inclusion

This project promotes diversity, equity, and inclusion by ensuring that all staff members at the project site have equal access to mental health resources, with a culturally sensitive program designed to support nurses from diverse backgrounds. Equal access to EAP benefits strengthens the project site's commitment to equity in health care.

Conclusion

In conclusion, the Code Lavender program represents a vital step toward reducing nurse burnout and promoting a healthier work environment. By providing education, access to mental health resources, and fostering an inclusive culture, the project supports both staff well-being and improved patient outcomes. Its replicability in other health care settings offers the potential for wide-reaching positive social change, positioning mental health support as an essential component of health care infrastructure.

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Appendix A: Content Expert Evaluation

Content Expert Evaluation of the Code Lavender Education Program

Evaluator A/B/C Overall

Objective statement:

1-Participants will be able to increase their knowledge of the Code Lavender Program.

Were the objectives met?

Yes/No

Comments:

*The PowerPoint is informative, and along with the pre-and post-test, the knowledge is supported.

*Yes, objectives were met, and the slides provided good information about the Code Lavender Program.

2-Participants will be educated on what Code Lavender is and when one can call a Code Lavender.

Were the objectives met?

Yes/No

Comments:

*Question 1 may be confusing on the test because the team responds in the hospital, but the event may be external.

*The PowerPoint presentation is informative, and the knowledge is supported by the pre-and Post-tests.

*The slides adequately cover what a Code Lavender is and when one can call one.

3-Participants will gain a better understanding of how to call a Code Lavender

Were the objectives met?

Yes/No

Comments:

*Question 4, switching to open-ended, may skew responses. The selections (all that apply) could be narrowed down as there could be a myriad of correct and "sort of" correct responses.

*The PowerPoint presentation is informative, and the knowledge is supported along with the pre-and Post-tests.

*Clear instructions on how to call a Code Lavender are listed.

4-Participants will be able to identify programs that the Employee Assistance Program offers.

Were the objectives met?

Yes/No

Comments:

*EAP is the extension accessed anywhere, but be clear on the support activity versus the event itself. Question 3: The free sessions do not delineate the in-person sessions and the telephone sessions as they have different cap

*The PowerPoint presentation is informative, and along with the pre-and post-test, the knowledge is supported.

*Great information and the website listed about EAP

5-Participants will be able to identify symptoms experienced after a traumatic event.

Were the objectives met?

Yes/No

Comments:

*On slide 2, define a traumatic event. Examples were provided later, but a basic definition is that it is beyond one's coping ability. That may help with the activation

. *The PowerPoint presentation is informative, and the pre-and post-tests support the knowledge.

*Good information about signs and symptoms of traumatic events was listed.

Overall: Overall, the stated objectives were met, so the test should be validated, but some areas to clarify may produce better responses.

Appendix B: Content Validity Combined

Content Validity Evaluation Scoring Form

Evaluator Name _____ (ALL) _____

Rate each assessment item on the key assessment as a +1 (essential), 0 (useful), or -1 (not necessary or not useful). The student will calculate the CVR for each item assessed.

Average CVR for each indicator to get the total CVR for the instrument.

Assessment item	ESSENTIAL	USEFUL	NOT NECESSARY	CONTENT VALIDITY RATIO
1.				1
2.				0.67 will revise
3.				1
4.				0.67 will revise
5.				1
6.				1
7.				1
8.				1
TOTAL INSTRUMENT CONTENT VALIDITY RATIO				0.91

Lawshe Method of Content Validity

The formula of content validity ratio is $CVR = (N_e - N/2) / (N/2)$, in which the N_e is the number of panelists indicating "essential" and N is the total number of panelists. Lawshe Table determines the numeric value of the content validity ratio.

It is computed as the number of experts rating "very relevant" for each item divided by the total number of experts.

Appendix C: Content Validity Revised

Content Validity Evaluation Form After Revisions

Evaluator Name _____ **(ALL)** _____

Rate each assessment item on the key assessment as a +1 (essential), 0 (useful), or -1 (not necessary or not useful). The student will calculate the CVR for each item assessed.

Average CVR for each indicator to get the total CVR for the instrument.

Assessment item	ESSENTIAL	USEFUL	NOT NECESSARY	CONTENT VALIDITY RATIO
1.				1
2.				1
3.				1
4.				1
5.				1
6.				1
7.				1
8.				1
TOTAL INSTRUMENT CONTENT VALIDITY RATIO				1.0

Lawshe Method of Content Validity