

## Background

The operating room (OR) is widely recognized as a high-acuity, high-pressure environment that requires sustained physical, cognitive, and emotional performance. Perioperative professionals routinely work long hours, face unpredictable schedules, make time-sensitive decisions, and face constant demands for technical precision. When self-care is deprioritized, cumulative stress and fatigue can increase the risk of burnout, disengagement, and compromised individual and team performance. Although many healthcare organizations offer wellness programs, these initiatives are often generic, difficult to access, poorly integrated into daily workflows, and treated as administrative mandates rather than staff-driven solutions, resulting in low utilization. Therefore, there is a need for simple, peer-supported, and easily implemented wellness design concepts that can be embedded directly into team culture, enabling restorative practices that are both sustainable and authentic to the staff experience.

## Purpose

The Self Care Jar Initiative seeks to develop a practical, staff-centered wellness tool that promotes intentional self-care and team engagement, increases awareness of restorative practices, fosters camaraderie, and provides leadership with actionable insights to guide future wellness and departmental policy.

## Methods

In July 2024, the UC Davis Health OR U Peer Support Group launched a voluntary, cross-sectional qualitative survey to identify staff self-care preferences. To move beyond assumptions about staff needs, the initiative used a physical "Self-Care Jar" as a qualitative data-collection tool. Participants were asked a single open-ended question: "What is your favorite self-care activity?" Responses were handwritten and submitted anonymously into the jar.

This physical design was selected over digital alternatives to provide a consistent visual cue, enable low-barrier participation during high-acuity shifts, and ensure complete anonymity.

The project followed a structured rollout to ensure department-wide engagement and leadership alignment. The team secured formal buy-ins from unit managers, ensuring the project integrated with broader departmental wellness goals. Following an official introduction at a staff meeting, jars were placed in highly visible, accessible areas across four key units: Main OR, Children's Surgery Center, UTSES, and Same Day Surgery.

In collaboration with charge nurses, the team used the OR Big Board (an electronic status board) to maintain visibility and encourage participation across all shifts. Responses were tabulated and shared by the Peer Support team. Results were then shared with stakeholders and staff to ensure future initiatives were inclusive and representative.

## Design Concept: Self-Care Jar



## Survey Findings

A total of 133 perioperative staff members participated across the four units: Main OR, Children's Surgery Center, UTSES, and Same Day Surgery.

The responses revealed distinct patterns in staff recovery needs. The most frequently cited activities were categorized into three primary themes:

Table 1.

Theme	Key Activities Identified
1. Physical Restoration	Sleeping and Massages
2. Active/Nature-based	Hiking, Exercise, and Gardening
3. Leisure & Connection	Watching movies, Social activities, and General relaxation

### Key Findings

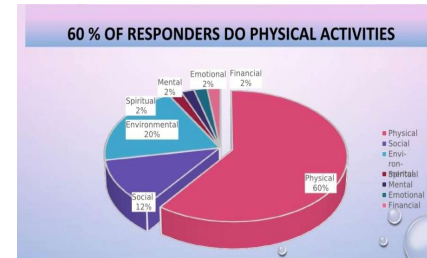
The data indicate a significant preference for restorative and physical forms of recovery. "Sleeping" and "Massages" emerged as top priorities, underscoring strong demand for physical decompression. Additionally, the prevalence of outdoor activities such as hiking and gardening suggests that staff value nature-based disengagement from the clinical setting.

Overall, these findings reinforce the necessity of intentional disengagement. The results provide a clear roadmap for the Peer Support Group to tailor future wellness initiatives—moving away from generic solutions toward staff-driven, restorative actions.

Figure 1.



Figure 2



## Discussion

The robust participation rate (N=133) underscores a strong desire among perioperative staff to engage in wellness discussions. The survey results indicate a clear shift from high-stimulation, high-acuity, OR environments to low-stimulation, restorative environments.

The prevalence of "Sleeping" and "Massages" as top responses suggests that physical exhaustion and sensory overload are primary factors for staff. This indicates that while "active" self-care (such as exercise) is valued, there is an equal or greater need for passive recovery to counter the physical and mental demands of surgical roles.

By utilizing the "Self-Care Jar" rather than a digital platform, the Peer Support Group successfully met staff where they were—physically in the unit—capturing "in-the-moment" reflections that might have been lost in a crowded email inbox. This method proved that low-tech, high-visibility interventions can effectively bridge communication gaps in fast-paced clinical settings.



## Conclusion

The Self-Care Jar initiative successfully moved the OR U Peer Support Group from a culture of assuming staff needs to one of evidence-based advocacy. By centering staff voices, the project has ensured that future wellness initiatives are not merely "nice to have" but are directly aligned with the team's restorative needs. The data gathered provides a clear mandate for stakeholders: prioritize initiatives that support physical restoration, nature-based disengagement, and social camaraderie. As this project enters its final phase, the Peer Support Group will translate these findings into a sustainable, department-wide wellness initiative that fosters resilience and strengthens the perioperative community.



## Next Steps

- The Peer Support Group** will translate the survey findings into a sustainable, department-wide wellness program.
- Proposal:** Present findings to leadership to request funding for a team-building event centered on the #1 active preference: on-site wellness/massage day or a staff hiking excursion
- Evaluation:** Conduct a post-intervention survey to measure changes in perceived stress levels and team cohesion.
- Sustainability:** Formally announce the team-wide activity (based on the survey) via the **OR Big Board** and unit huddles to show staff that their voices directly influenced policy.
- Feedback Loop:** Re-deploy the "Self-Care Jar" in six months to gauge the impact of these interventions and identify evolving needs.

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