

LET'S DECLUTTER OUR HEALING ENVIRONMENTS

I'd heard about Marie Kondo, a Japanese interior design consultant, from friends who spoke religiously about her method of decluttering and how her book changed their lives. The book, *The Life-Changing Magic of Tidying Up: The Japanese Art of Decluttering and Organizing*, has set off a decluttering craze across the globe.



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The book breaks down her radical, two-pronged approach to tidying up. First, survey everything you own, ask yourself if it gives you joy, and if it doesn't, thank it for its service and purge yourself of it. Second, only when belongings that speak to your heart remain, put every item in a place where it's visible, accessible and easy to use. Kondo says, "only then will you have reached the nirvana of housekeeping, and never have to clean again." I don't think she is saying you'll never have to use your Swiffer or vacuum again, but what she means is that when we surround ourselves only with those things that give meaning and purpose to our lives, we find an inner peace.

What can we learn from Kondo's decluttering method as it applies to our healing environments? And can a tidy, uncluttered environment bring calm and healing for our patients, residents and caregivers?

There are five basic steps to Kondo's method that may be useful in our health care settings.

1. Tidy all at once.

Instead of devoting a few hours to cleaning one room or an area of our facility, make the decision to tidy the whole facility over a one-week period, then maintain it. This is not for the housekeeping or the environmental services departments to do, but for everyone in the facility. It will require thoughtful organization, scheduling and delegation of duties, especially for common-use areas. Of course, this requires that we coordinate who will be doing patient care and who will be declut-

tering. But think of how rewarding it could be for everyone in the organization to come together to make a facility uncluttered and tidy. Having the chief executive officer or facility administrator roll up their sleeves and pitch in can be inspirational to the other caregivers. Suddenly, everyone is taking ownership for the whole facility and not just their unit or their department. Going forward, everyone is more likely to keep a watchful eye, so clutter does not start creeping back. The healing environment belongs to all of us, and we are its stewards.

2. Visualize the destination.

Kondo suggests that you have a concrete vision of what you want your space to look like. I once worked for a CEO who shared her vision for what the halls of our hospital should look like. "When I walk through the halls, I want to see all the equipment on one side, with a nice clear path on the opposite side. I do not want to see any pieces of paper taped on doors, walls or nurses' stations. If it is important communication, we will have it on the unit bulletin board, which will be neat and refreshed every week." It was a simple vision that everyone knew and followed.

As we approach the week for tidying up our facilities, what is our vision for what our healing space will look like and feel? Health care requires

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a lot of stuff: equipment and machines for safety, hygiene and quality; furniture for patients' and visitors' comfort; wheelchairs, walkers, rehab devices and more. Does all of our equipment need to be on the floors at the same time in plain view? Where do we locate the stuff we need, so it is there when we need it, but out of the way when we don't?

This does not give us permission to jam everything into closets and storage rooms. Closets are notorious for becoming the place where we accumulate clutter. Kondo tells her readers one characteristic of people who never seem to be finished tidying up is that they attempt to store everything without getting rid of anything. They delay making the decision, and they end up putting it in the back of a closet. Only after we discard and make room will we be able to organize. I would suggest leaders take a hard look in the closets and storage areas within your facility. They will be a good barometer of how much decluttering your organization needs to do.

3. Determine if the item "sparks joy."

Kondo's maxim, "if it gives you joy, keep it and if not, be grateful for it and let it go," needs a little translation to be applied to our care settings. The joy we are seeking in our facilities is that people feel welcomed, respected and cared for. There should be a sense of calm, peace and healing rather than noise, chaos and clutter. When we ask, "what do we need to keep and what can we part with," the better question might be to ask, "does this assist in the healing process of our patients/residents, their loved ones and our caregivers?" Is it necessary? Does it assist in the care and healing process? Or to use the words of William Morris, the 19th-century English designer, artist and writer, "Have nothing in your house that you do not know to be useful or believe to be beautiful."²

4. Tidy by category, not location, and tidy in order.

According to Kondo, most people want to declutter by beginning with a drawer, closet or room. She suggests not to declutter by location but by category. She begins with clothes, followed by books, papers, miscellaneous items and finally sentimental items. Again, we need to translate this step into our health care settings and approach decluttering by category and not by physi-

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cal locations. Going from least important to most important, or least critical to healing to most critical to healing may be a better way to sort our decluttering work.

The equivalent to clothes, books and papers may be the old linens and gowns we have been storing, paper manuals that are outdated or have online versions and paper files that could be digitized and stored in "the cloud" rather than in filing cabinets. Do we have magazines in our waiting areas that are more than two months-old? The possibilities for pitching are endless!

The category of miscellaneous includes furniture, equipment, supplies and décor. Are our patient and resident rooms furnished with the intention of providing comfort, peace and healing? Is there enough space to move around? Do we repair, recycle or discard broken furniture and equipment? I once worked in an organization that had a 10,000 square-foot offsite rented storage unit. Guess what it was filled with? Broken furniture and equipment, old computers and expired supplies. They asked me as the mission leader, if I could "find good homes for all of this junk?" I suggested we have a garage sale, take any reasonable offer and give the proceeds to the system's foundation.

The equivalent of sentimental items in our care settings may be the religious symbols, the pictures of our founders and foundresses, our heritage walls and displays and other heirlooms that have been passed down through generations. If these items give us pride and joy, we should prominently display them in a way that reminds us of who we are.

With that said, we may need to be selective about which pieces are essential to preserve and

which ones we can let go of. Several years ago, I was walking through the halls of a Catholic hospital, and I noticed every wall was covered with religious art, statues and crosses. There were so many pieces I thought I had walked into a religious goods store. I asked the chaplain with whom I was walking where all this religious art came from. She proudly responded that when patients and staff died, their families donated these items to the Catholic hospital. Rather than discard their loved one's sentimental items, they were asking the hospital to become their caretakers and display them. The result was hundreds of old crosses,

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crucifixes, pictures of Jesus, Mary, saints, praying hands, wall rosaries, and even a 12- by 6-foot tapestry of the Last Supper! Needless to say, sentimentalism became clutter to the eye, and to a non-Catholic entering the facility, it could be, I am sure, a bit frightening.

5. Put your hands on everything.

The final step in Kondo's methodology requires you to touch every item in your home and ask if it still gives you joy. It will not be possible for one person to touch every item in a health care facility and make that decision. That is where organization, delegation and empowerment come into play. Once there is agreement on what is essential, useful, gives beauty and joy, then organize the items so they can be effectively used.

An example of putting things away properly in health care is how we maintain our crash carts. Only items necessary for a Code Blue should be

in the cart and stored in their designated location. This allows all clinicians on any shift who are called to a Code Blue to know where everything is located without spending precious time searching for what they need to save a life. Unfortunately, when something is missing from the crash cart or the cart is cluttered, lives are endangered.

CONCLUSION

The Life-Changing Magic of Tidying Up: The Japanese Art of Decluttering and Organizing may just be a fad. Or maybe, it has struck a chord with people because of its simple call to minimalism in an age of materialism. Maybe by asking ourselves the question, “do the things I surround myself with give me joy and meaning,” we are discovering it is not things that are essential. Relationships, the objects that remind us of those relationships, our history and culture give us deeper meaning and purpose. In health care, some of those things will remind us of who we are, what is our mission and why we are serving in the healing ministry. Some of those items will be beautiful, others will be useful to the healing environments we steward.

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NOTES

1. *Marie Kondo, The Life-Changing Magic of Tidying Up: The Japanese Art of Decluttering and Organizing* (Berkeley, CA: Ten Speed Press, 2014).
2. William Morris, “The Beauty of Life,” a lecture before the Birmingham Society of Arts and School of Design given on Feb. 19, 1880, later published in *Hopes and Fears for Art: Five Lectures Delivered in Birmingham, London and Nottingham, 1878-1881* (1882).

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