



Ulster

# The influence of a 100% single-room environment on the experience of person-centred practice in an acute-care setting

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# Overview

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# Background

Patient safety and the reduction in healthcare-associated infections (HCAIs)

Single room design in new acute hospital buildings

Contrasting experiences for patients and staff

Person-centredness in practice

Ulrich, RS., Quan, X., Zimring, C., Anjali, J. & Choudhary, R. (2004) The Role of the Physical Environment in the Hospital of the 21st Century: A Once-in-a-Lifetime Opportunity. *Environment*, 439, pp. 2-69.

NHS Estates. (2008) Ward Layouts with Single Rooms and Space for Flexibility: Status in Wales [info@whe.wales.nhs.uk](mailto:info@whe.wales.nhs.uk)

Maben, J., Griffiths, P., Penfold, C., Simon, M. et al (2015) Evaluating a major innovation in hospital design: Workforce implications and impact on patient and staff experiences of all single room hospital accommodation. *Health Services and Delivery Research*, 3(3), pp.1-304.

McCormack and McCance 2017

# Aims & Objectives

## **Aim:**

To explore the influence of a 100% single room acute-care environment on the experience of person-centred practice.

## **Objectives:**

1. To explore, from the perspective of patients/families, the experiences of care within a single room, acute hospital

# Key findings from the literature

## EXPERIENCE AND THE PHYSICAL ENVIRONMENT

Lack of flexibility in the design  
Isolation  
Increased walking burden  
Open visiting  
Communication challenges  
Improved privacy & dignity  
Challenging patients

## COMMUNICATION

Less emphasis on the connectivity between communication, the environment and patient experience

## SYSTEMS PROCESS & LEADERSHIP

Complexity of patient comorbidities  
Pace with which care happens  
Interconnectedness of the physical environment with healthful culture, workforce development, and leadership

## PATIENT SAFETY & WORKFORCE

Infection prevention & control  
Patient falls  
Professional competence & the care environment  
Visibility



# Setting

- 12 adult wards
- 
- In-hospital patients with surgical and medical healthcare needs.
- 288 single bedrooms, with en-suite bathroom facilities
- New day surgery department with 4 state-of-the-

# Ethnography

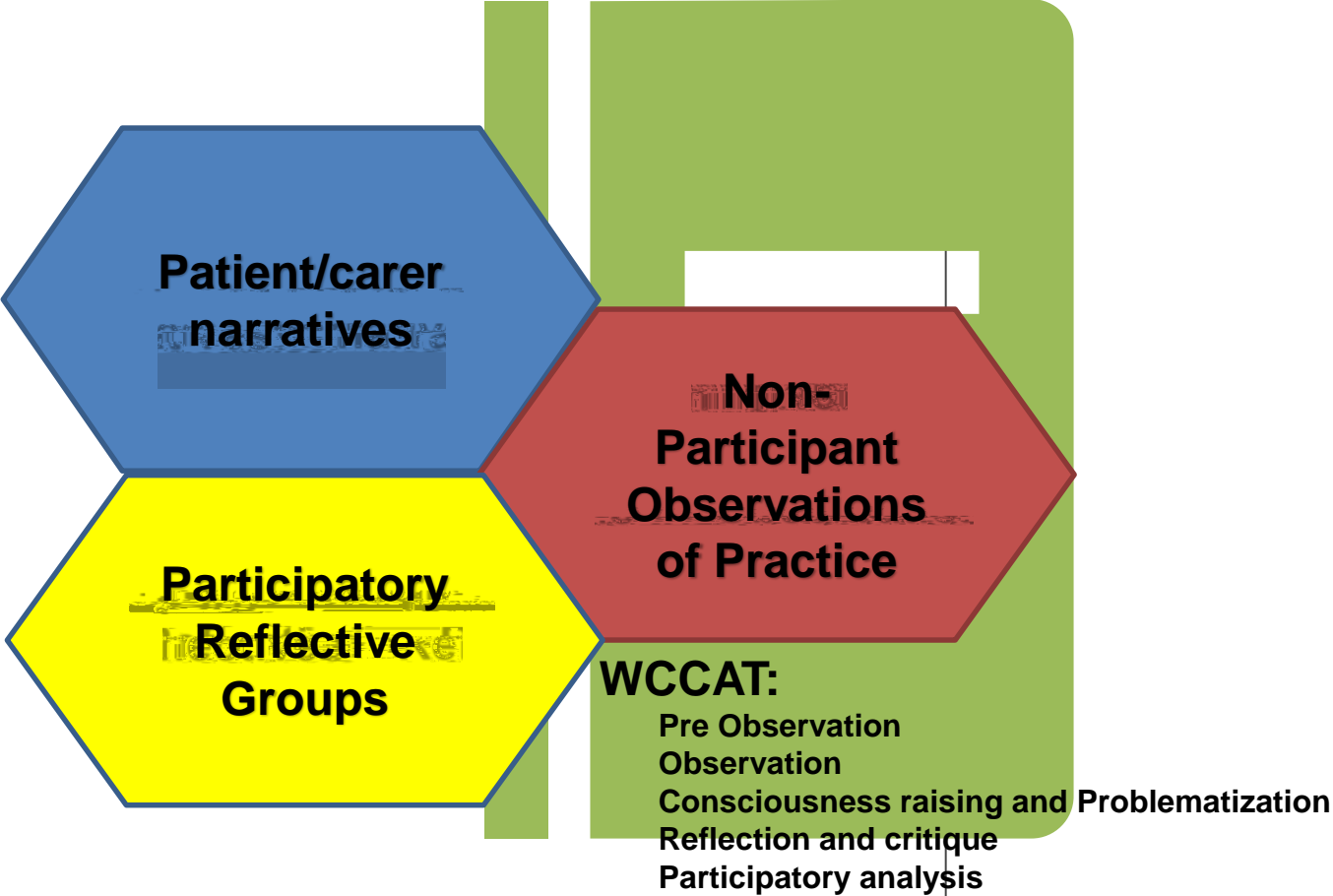
To study the impact of an environment on the everyday reality of a defined population within a social organisation and culture

(Pereira de Melo et al 2014).





# Data Collection methods



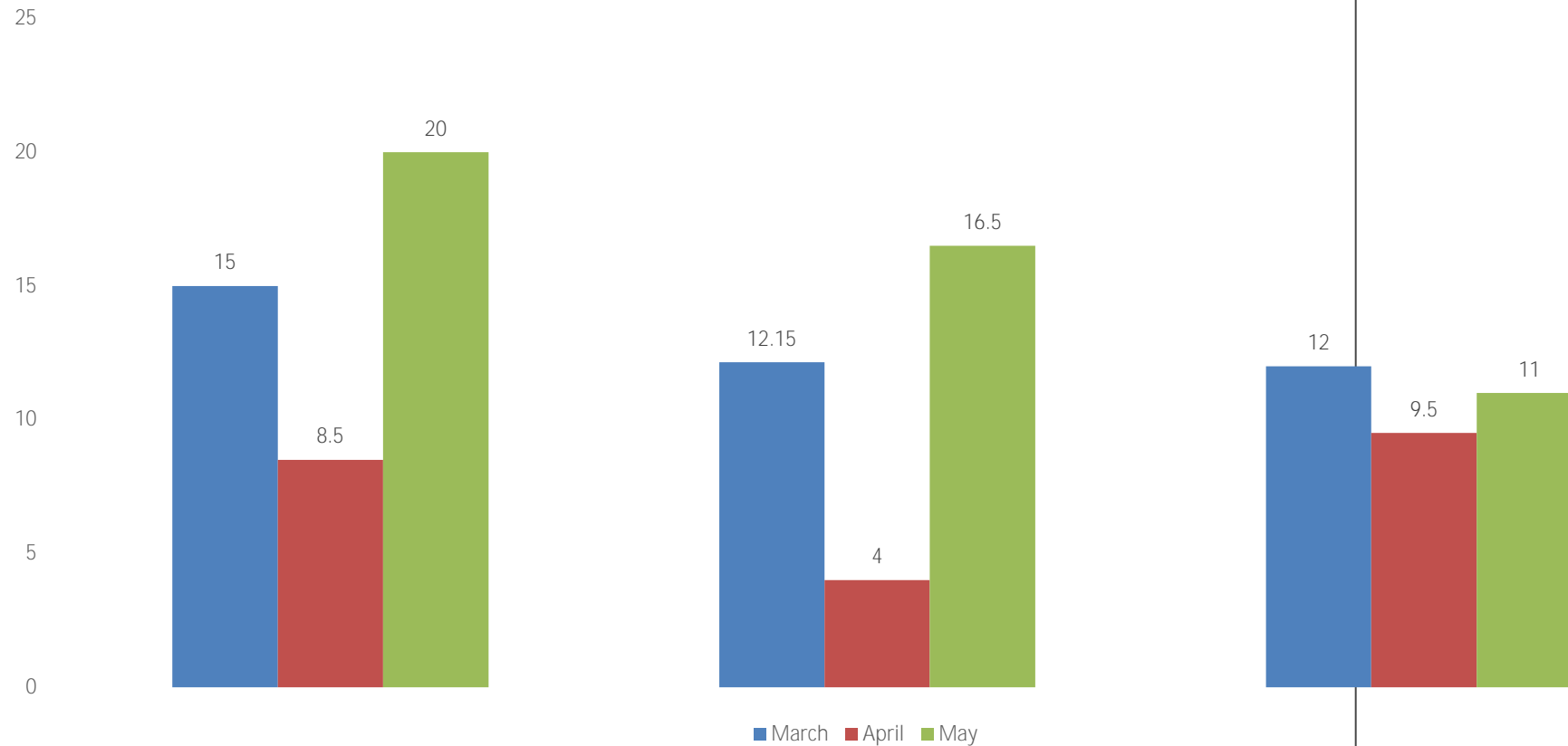
# Workplace Culture Critical Analysis Tool

McCormack, B., et al (2009) Making practice visible: The Workplace Culture Critical Analysis Tool (WCCAT) *Practice Development in Health Care* 8(1) 28-43

Observer prompts	Observation Notes	Questions Arising
<p>What impression do you get from looking at the setting?</p> <p>What do you see, hear and smell?</p> <p>Are call bells answered promptly?</p> <p>Who does the environment privilege?</p> <p>How is the space used/furniture arranged/layout?</p> <p>Who takes responsibility for the environment?</p>		

# Observations of Practice

OoP Activity (n= 108.45hours)



# Data collection


Thematic analysis of  
Observations of Practice

Thematic reflection of  
Observations of Practice data  
with staff groups followed by  
thematic analysis of data  
obtained

Thematic analysis of patient/carer  
stories recorded and transcribed

Relating themes to the Person-

# Findings Theme 1: Limitations of the built environment

## Provision of amenities:

"I think the building clearly says that there was less thought for staff...We know it should primarily be about patients, but it would certainly...when you look at the staff it's always...when we moved over you were an afterthought." (P13, PRG3, Pg3 5)

## Environmental design solutions:

"...to make it a healthy atmosphere when you're lying in here with loads of natural light coming in on you...is a big benefit." (Pt2, Pg3)

## Tension between ensuring privacy & maintaining safety:

"The number of patients who, during the day, close the blinds and close the door, and then I go in and open them cos I like to be able to see them." (P7, PRG2, Pg21)

## Working environment:

"I mean if I'm in room 1 and I need something, I've got to go the whole way round this building." (P1, PRG1, Pg19)

# Findings Theme 2: Organising & delivering care

## Promoting a hotel culture:

A patient summons a nurse because he cannot find the tv channel he wants to watch, and he wants the nurse to re-tune the tv. (OoP0105, Pg11).

## Spending time:

A registered nurse makes sure the patient can reach everything on the meal tray. Goes back to check on the patient, who has fallen asleep. Wakes patient and assists with meal. (OoP 0302, Pg19)

## Task focused care:

The Support Services staff (Kitchen aides) also had newly defined areas of responsibility. At mealtimes they now distributed the drinks to patients, and on several occasions they were observed checking with nursing staff about patients who were fluid restricted or those who needed encouragement with fluids. (OoP0108, Pg19)

# Findings Theme 3: Nature of interactions

## Feeling isolated & vulnerable:

"If something does happen or you collapse, no-one will know." (Pt4, Pg5).

## Opportunities to socialise:

"I think too the thing with the elderly patients, they're

## Engaging in meaningful conversations

The nurse in charge did regular checks on all patients to make sure they were ok; if their observations had been done; chatting to them generally about how they were feeling (OoP0306, Pg19).



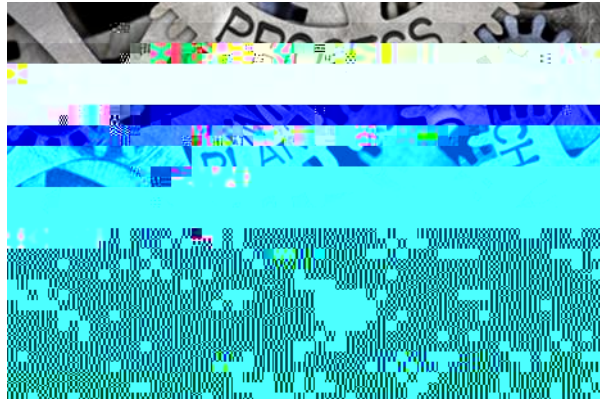


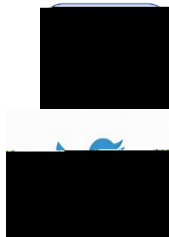
# Contribution to knowledge

Confirmation that the 100% single room environment has had an impact on person-centred practice through:

- ❖ A sharper focus on what constitutes a good experience of care
- ❖ Heightened public expectations about being treated as individuals
- ❖

# Implications for theory and practice





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