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

• Background
• Aims and Objectives
• Key findings from the literature
• Theoretical framework
• Methodology
• Findings
• Contribution to knowledge
• Implications for theory and practice
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


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


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 environment.
2. To explore, from the perspective of staff, the experiences of working within a single room, acute hospital environment.
3. To determine the factors that influence the delivery of person-centred practice in a single room, acute hospital environment.
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
Person-centred Practice Framework

Setting

- 12 adult wards
- ‘L’ shape layout
- 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-art operating theatres and an endoscopy suite
- New pharmacy department and café
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

- Patient/carer narratives
- Non-Participant Observations of Practice
- Participatory Reflective Groups

WCCAT:
- Pre Observation
- Observation
- Consciousness raising and Problematization
- Reflection and critique
- Participatory analysis

Practice Development in Healthcare, 8(1), 28-43. Doi: 10.1002/pdh.273
Observer prompts | Observation Notes | Questions Arising
--- | --- | ---
What impression do you get from looking at the setting? |  |  
What do you see, hear and smell? |  |  
Are call bells answered promptly? |  |  
Who does the environment privilege? |  |  
How is the space used/furniture arranged/layout? |  |  
Who takes responsibility for the environment? |  |  

Observations of Practice

OoP Activity (n= 108.45hours)
## Data collection

<table>
<thead>
<tr>
<th>No of patients</th>
<th>Gender split</th>
<th>Age Range</th>
<th>LoS</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>4M/5F</td>
<td>19 - &gt;100yrs</td>
<td>7 days – 3 months</td>
</tr>
</tbody>
</table>

### Ward Duration Attendance

<table>
<thead>
<tr>
<th>Ward</th>
<th>Duration</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>90 minutes</td>
<td>RN x 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NA x 3</td>
</tr>
<tr>
<td>2</td>
<td>88 minutes</td>
<td>RN x4</td>
</tr>
<tr>
<td>3</td>
<td>76 minutes</td>
<td>RN x 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NA x 1</td>
</tr>
</tbody>
</table>
Data Analysis

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

Final triangulation of findings

Relating themes to the Person-centred Practice Framework

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, Pg35)

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. (OoP0302, 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 very isolated in those rooms all day and I think a big thing missing here which I’ve noticed would’ve been a common area. Where there would have been a tv or a radio or nice pictures on the wall you know, it would engage in conversation you know. A lot of the elderly people have asked is there anywhere where I can go to sit?” (P6, PRG1, Pg25).

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).

Sometimes the staff just stand at the door (Pt1, P26)
Relating themes to the PcPF

Organising & Delivering care

Nature of interactions

Limitations of the built environment
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
  - A sense of unease about who ‘owns’ the space, creating an additional barrier to delivering person-centred care – psychological shift.
Implications for theory and practice
Thank you

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