



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

**Rosie Kelly**

**3rd year PhD student, Ulster University, Northern Ireland**

Supervisors: Dr Donna Brown, Prof Tanya McCance

Critical Companion: Ms Christine Boomer

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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 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

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REVIEW

WILEY *Journal of Clinical Nursing*

## The experience of person-centred practice in a 100% single-room environment in acute care settings—A narrative literature review

Rosemary Kelly<sup>1</sup> | Donna Brown<sup>2</sup> | Tanya McCance<sup>3</sup> | Christine Boomer<sup>4</sup>

<sup>1</sup>Ulster University, Newtownabbey, Northern Ireland  
<sup>2</sup>Institute of Nursing and Health Sciences, Ulster University, Newtownabbey, Northern Ireland  
<sup>3</sup>Nursing and Health Sciences, Ulster University, Newtownabbey, Northern Ireland  
<sup>4</sup>Nursing Research and Practice Development, Ulster University and South Eastern Health and Social Care Trust, Dundonald, Northern Ireland

Correspondence  
Rosemary Kelly, Ulster University, Newtownabbey Northern Ireland.  
Email: kellyr55@ulster.ac.uk

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### Abstract

**Aims and objectives:** To review published research into the staff and adult patient experience of person-centred practice in a 100% single-room environment in acute care.

**Background:** There has been a significant move towards the 100% single-room environment within healthcare systems. Furthermore, there has been a global move for developing person-centred practice in a range of healthcare settings. Some studies have linked the role of the physical environment to patient outcomes and improved patient satisfaction; however, these are limited. Overall, there is little evidence in the international literature of the experience of care in single rooms in adult, acute care settings.

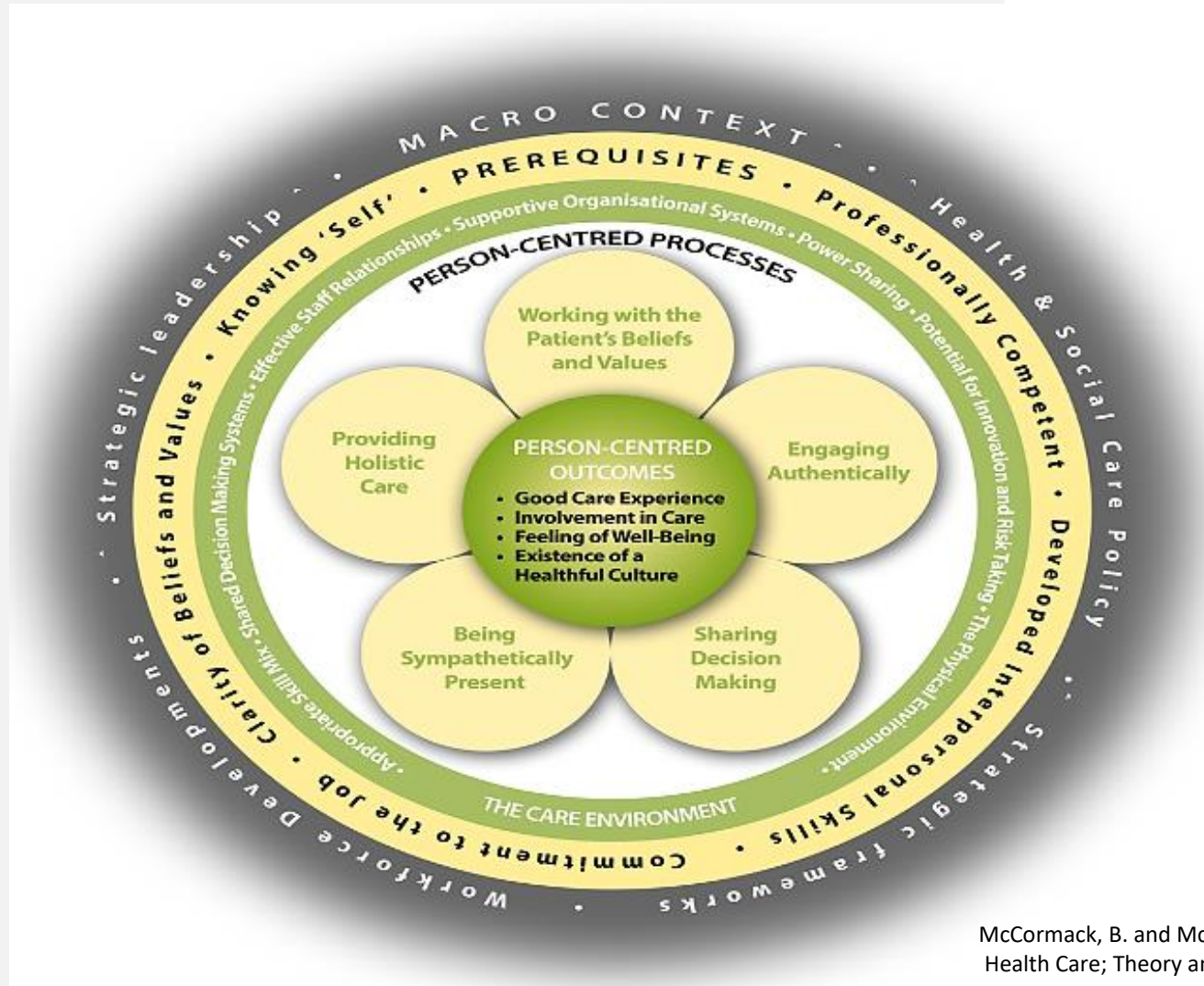
**Design:** A narrative description was developed using the major constructs of the person-centred practice framework (PcPF). The PRISMA checklist provided additional rigour.

**Method:** Problems, Exposure, Outcomes (PEO) refined the search terms to: person-centred, adult acute care, single room, staff experience and patient experience. CINAHL, Medline Ovid, Psycinfo, Embase, Web of Science and Scopus were searched for full-text English language papers of empirical studies published between 2012–2017. PRISMA illustrated final paper determination, and the CASP/EPHPP frameworks were used for a critical appraisal of the 12 selected papers.

**Results:** The literature recognises the increasing complexity of health care in the acute care environment globally. The international literature available identifies staffs' desire to practice person-centredness, but much of the evidence is focused on care delivery. The impact of the single-room environment on person-centred practice links mainly to the constructs of the care environment and person-centred processes within the PcPF.

**Conclusion:** This review focuses on empirical studies relating to person-centred practice in the single-room environment published in the last 5 years. While there is a significant body of work relating to person-centredness and the delivery of person-centred practice, and the impact of the environment on care delivery, there appears to be limited evidence linking person-centred practice, staff and patient experience and the single-room environment.

# Person-centred Practice Framework



McCormack, B. and McCance, T. (2017) Person-Centred Practice in Nursing and Health Care; Theory and Practice. (2nd edition). Wiley-Blackwell

# Setting

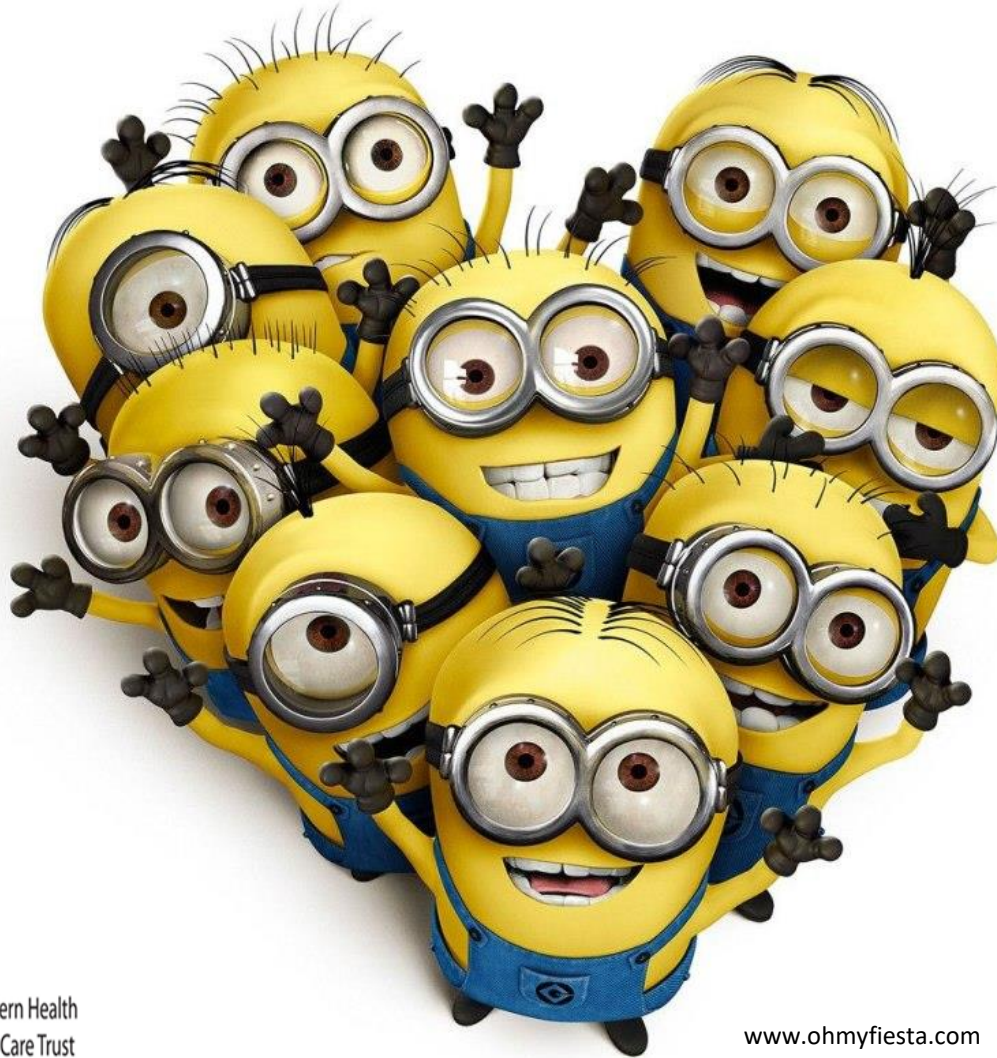
- 12 adult wards
- 'L' shape layout
- In-hospital patients with surgical and medical healthcare needs.
- 288 single bedrooms, with en-suite bathroom facilities
- New day surgery department with 4 state-of-the-art operating theatres and an endoscopy suite
- New pharmacy department and café



# Ethnography

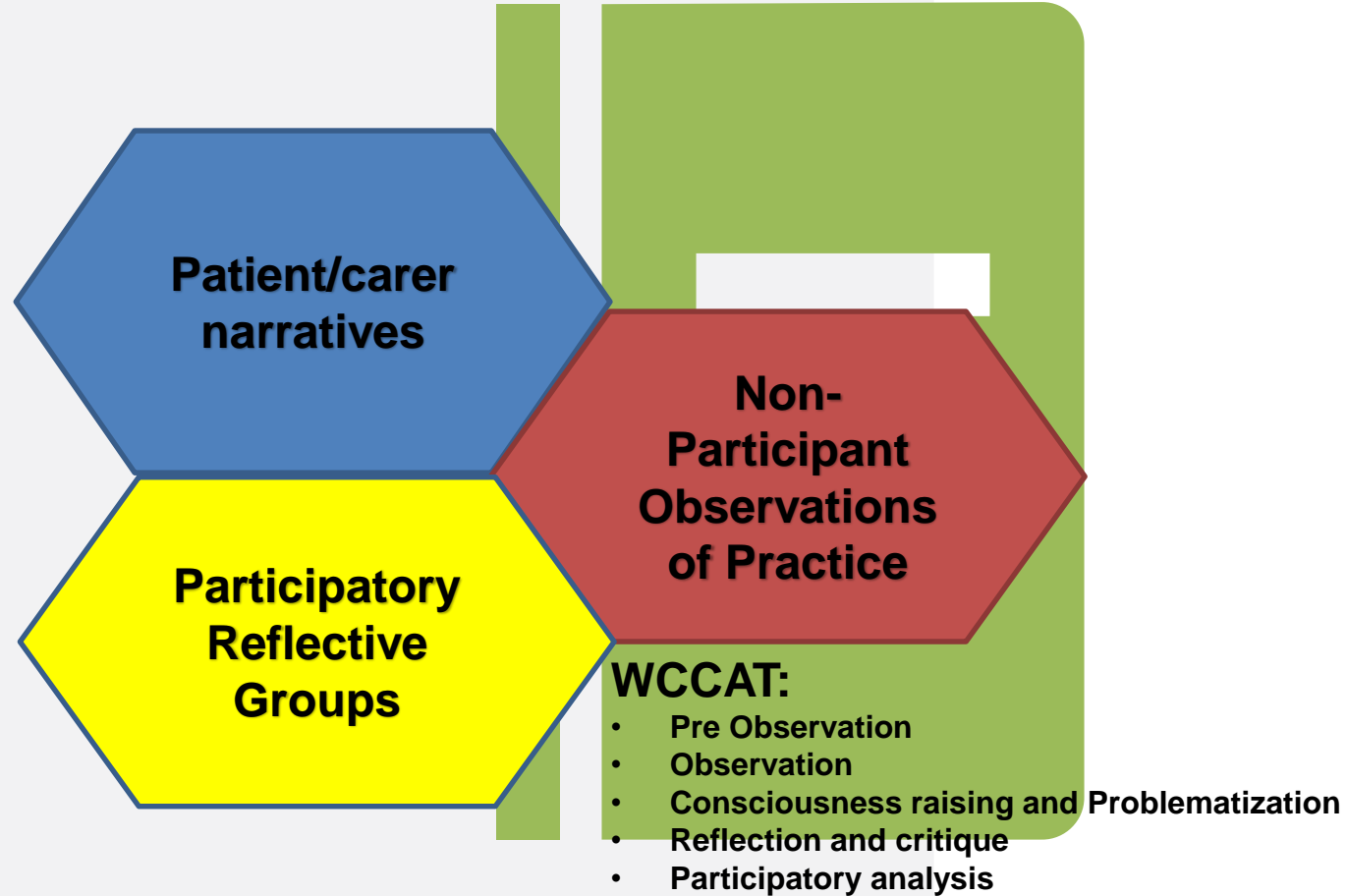
To study the impact of an environment on the everyday reality of a defined population within a social organisation and culture

(Pereira de Melo et al 2014).





# Data Collection methods



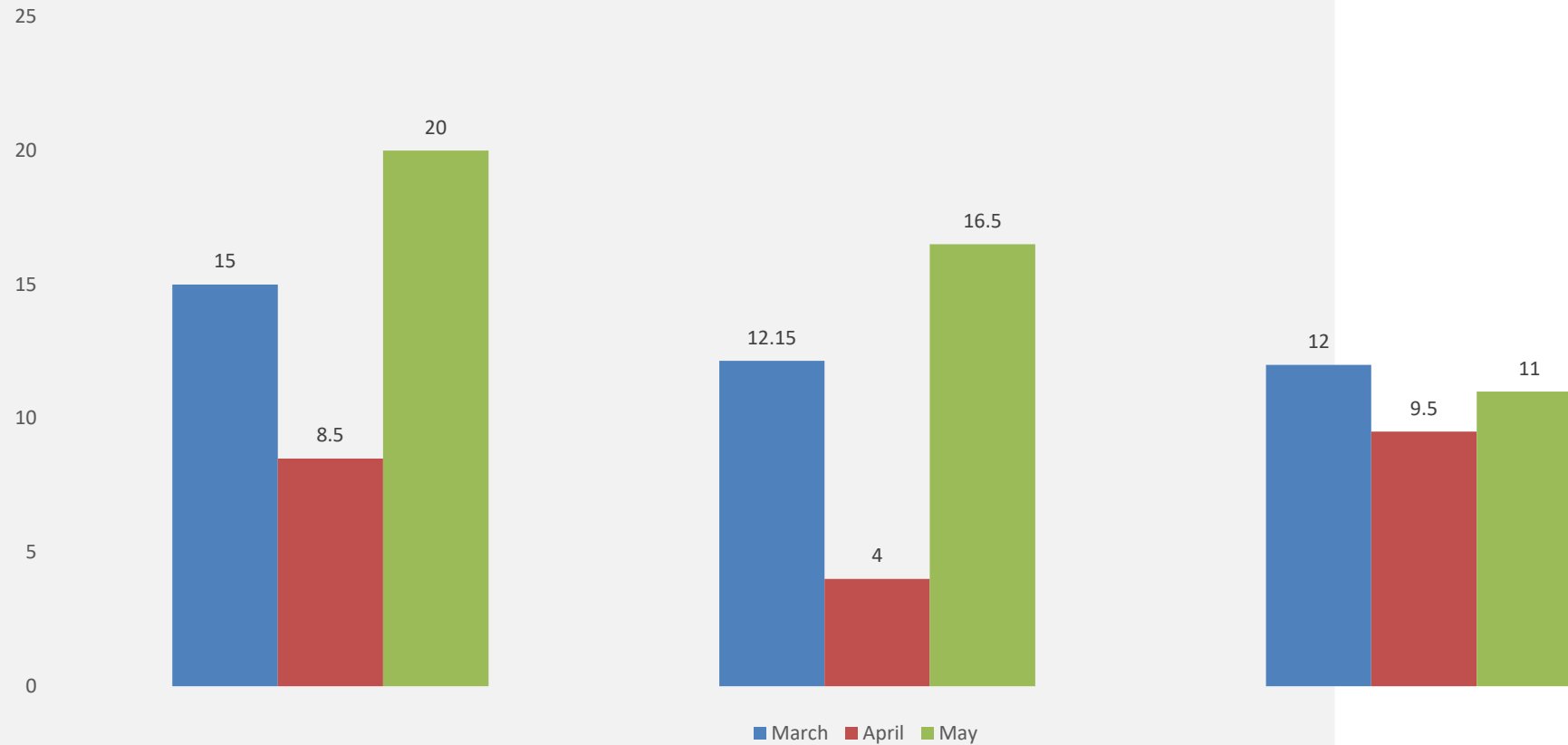
# Workplace Culture Critical Analysis Tool

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

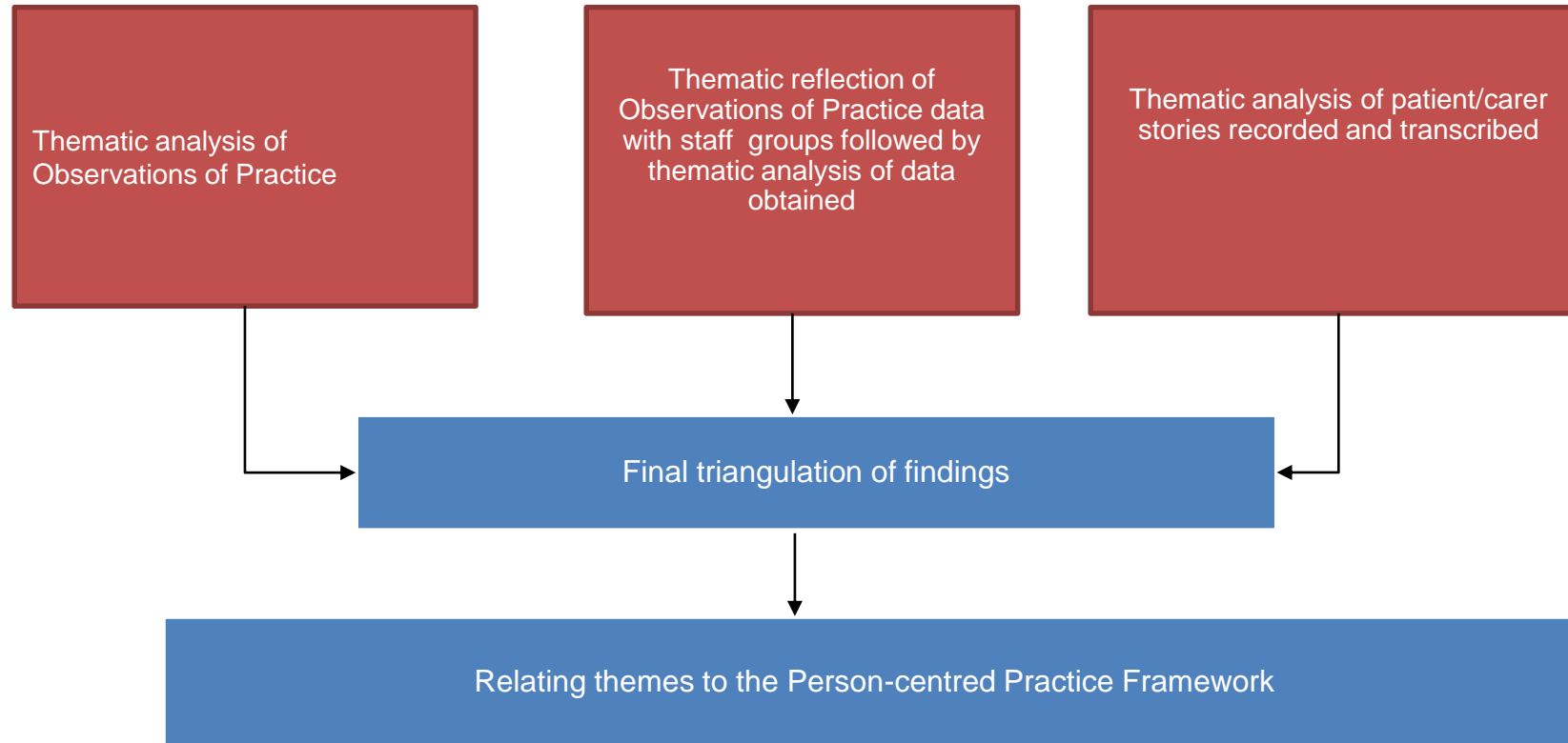


| No of patients | Gender split | Age Range    | LoS               |
|----------------|--------------|--------------|-------------------|
| 9              | 4M/5F        | 19 - >100yrs | 7 days – 3 months |

| Ward | Duration   | Attendance       |
|------|------------|------------------|
| 1    | 90 minutes | RN x 4<br>NA x 3 |
| 2    | 88 minutes | RN x4            |
| 3    | 76 minutes | RN x 2<br>NA x 1 |



# Data Analysis



Braun, V. and Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), pp. 77–101.

# 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 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).

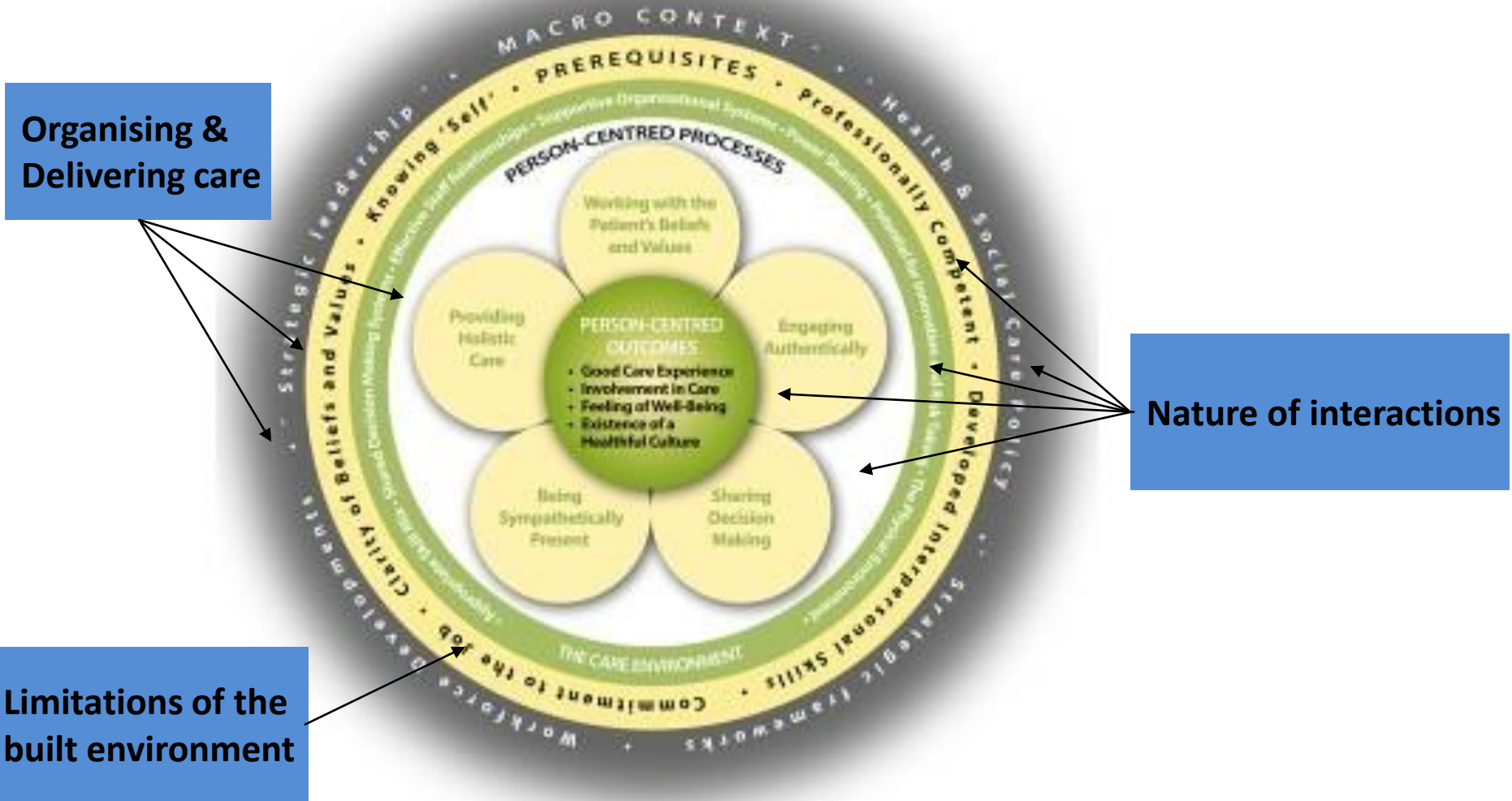
## Engaging in meaningful conversations

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



# 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



**TO YOU**

HSC South Eastern Health and Social Care Trust

**WELCOME TO WARD**

I am the ward sister  
My name is

**While you are on my ward, my staff and I will do everything we can to make sure you are comfortable and well cared for.**

Here are the seven commitments we make to you:

|   |  |
|---|--|
| 1 | You will receive individual, safe, uninterrupted and high-quality care that meets your personal needs and is given by competent members of staff.  |
| 2 | We will treat you with dignity, respect and compassion on a ward that is clean and safe.   |
| 3 | We will behave with courtesy and consideration to your visitors.   |
| 4 | You will know who you are speaking to. We will communicate with you confidentially and in a way that best suits you and your needs.  |
| 5 | You will feel respected and listened to. You will have the opportunity to share your opinions about the care we provide.   |
| 6 | Our decisions about you and your care will be made with you and with the people you wish to include. You will receive the information you need to make informal choices about your care. |
| 7 | You will be cared for by a team who are inspired by these commitments and have the authority to fulfil them.   |



Kelly-R55@ulster.ac.uk



@Rosiekelly 2307

