

Splendid isolation? The pros and cons of single occupancy rooms for the NHS

Until the 1960's most patients entering NHS hospitals were cared for in 'Nightingale wards'. Since then new builds have experimented with "racetrack" wards and 4-6 bedded bays. More recently the case has been made for more single room accommodation in new hospital designs and some argue for the abolition of all shared accommodation; here we explore the evidence on the advantages and disadvantages of such a move.

Context

The proportion of single-occupancy rooms in NHS hospitals is on the rise. Currently single rooms account for 28% of NHS beds. Since 2001, Department of Health guidance has been that 'the proportion of single rooms in new hospital developments should aim to be 50% and must be higher than the facilities they are replacing'[1]. Thus increasingly new hospital design includes greater ratios of single bedded accommodation and in some cases all single rooms[2]. The National Patient Safety Agency (NPSA), is currently testing a single room pilot ward comprising 24 single-occupancy en suite bedrooms with three different bedroom designs for effects on staff and patients[2].

The likely increase in single bed hospital rooms in the NHS is in part a response to the perceived public desire for such personal accommodation and also a response to the problem of mixed sex wards and the potential for reducing healthcare acquired infections (HCAI)[3]. However there is little evidence from the UK on which to base such decision making, and little is known about likely impacts on staff and patients. Most evidence derives from studies in the USA and Scandinavia where a large proportion of hospital accommodation is single occupancy rooms[3-5] but is unlikely to directly translate to the UK owing to different financial, cultural and organisational systems.

Advantages and disadvantages of single room accommodation for patients

- Potential advantages for patients include: increased privacy, dignity and comfort and less disruption from other patients. Improved control over their environment, enhanced sleep, enhanced contact with families, increased patient comfort, privacy and safety, and increased patient satisfaction[3-5]. Potential outcome advantages include: reduced infection rates, fewer medical errors and faster patient recovery rates[3-5].
- Potential disadvantages include: reduced social interaction and thus patient isolation; less surveillance by staff, increased failure to rescue and increased rates of slips, trips and falls [2-5].
- An IPSOS Mori survey found that around 35% of the public would prefer single rooms, while around 40% preferred small (single-sex) bays[6]. However this was a survey of the perceived (and future) needs and desires of the general public not of recent hospital patients and thus these results must be treated with caution. In other studies patients rated privacy and personal space important but they also said that when ill they wanted nurses to be closer[7-9].

- Some authors suggest that single rooms improve infection control^[3]. However, others remain unconvinced. The European Health Property Network (EuHPN) which conducted a study on behalf of NHS estates remains sceptical of the evidence claiming single rooms help infection control^[10].

Advantages and disadvantages of single room patient accommodation for staff

- Perceived advantages for staff include: potential for more personalised patient contact; potentially fewer interruptions and with medical storage in rooms, a decreased chance of prescribing errors and less walking for nurses^[3].
- Perceived disadvantages conversely include an increase in staff travel distances; the potential need for an increase in staffing levels as a result of more single room occupancy and/or adjustments to staff skill mix ^[2, 4, 5].
- An NPSA study concluded that with good design (layout with observation points and large glazed windows and doors) single patient rooms do not reduce staff-to-patient observation or increase accidents or 'near miss' injuries' and also refuted the suggestion that single patient rooms require increased levels of staff to prevent patient alienation ^[5]. However, no patients were directly involved in the study suggesting this statement is based on the evidence from other countries.
- Some authors argue that bays can improve patient–nurse contact, but under-staffed wards, whatever the layout, lead to negative outcomes^[11-13]. Clearly, the situation is complex and trade-offs may be necessary^[12].

Conclusions and implications

As yet there are few wards or hospitals in the UK with all single room accommodation, and the opportunities for evaluation have been few.

- The international and UK evidence available is equivocal suggesting a range of potential benefits for patients and staff but also a range of potential disadvantages and limitations.
- Experts and nursing unions are concerned about the impact that a greater move to all single room accommodation will have on the workforce^[2, 4]. Currently most agree there is not yet 'sufficient' evidence available in the UK to be able to draw valid and reliable conclusions in terms of the impact on nursing workforce requirements, or indeed requirements of other staff groups.
- With rising numbers of Strategic Health Authorities and individual NHS trusts keen to explore higher proportions of single room accommodation in any new builds, the time is ripe for more research on the effects on patient outcomes, experiences, staff and organisations.

Key points for policy

- To date little empirical work on single occupancy rooms has been undertaken in the UK with most research emanating from the USA and Scandinavia
- Available evidence points to a range of potential advantages and disadvantages, a complex situation where trade offs are necessary
- Moves to increase single room hospital accommodation should be evaluated for impact on patients, staff and organisations

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