

Older inpatients' room preference: single versus shared accommodation

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Abstract

Introduction: the Royal Victoria Hospital, a geriatric medicine assessment and rehabilitation hospital in Edinburgh, was re-provided into a new 130 bed purpose-built unit on the Western General Hospital site in June 2012. All patient rooms in the new unit are single occupancy with en-suite facilities.

Methods: we surveyed inpatients on their room preference in 2008 and repeated the survey with inpatients in the new unit in 2013. Patients were asked whether they would prefer to be in a shared room or a single room and to explain the reason behind their choice. They were also asked whether they would prefer to eat their meals in a day/dining room or by their bed. The patients in the 2013 survey were also questioned as to whether they felt lonely in their single room. Forty-three inpatients agreed to participate in the 2008 survey and 46 in the 2013 survey. All had an abbreviated mental test score $\geq 8/10$. In 2008, those surveyed had a mean age of 78. In 2013, the mean age was 83.

Results: in 2008, 37.2% of patients expressed a preference for single room accommodation, whereas in 2013, 84.8% said that they preferred a single room. The majority of patients, 60.5% in 2008 and 76.1% in 2013, preferred to eat their meal at their bedside. Only 8.7% of patients in 2013 would consider eating in a day/dining room compared with 34.9% in 2008. In the 2013 survey, 60.9% of patients reported that they never felt lonely in a single room.

Discussion: the benefits of single room versus multi-occupancy room hospital accommodation has been recently debated. The results from our survey indicate a marked difference in the preference for a single room between 2008 and 2013. The introduction of open visiting and care rounding has reduced the risk of isolation in single rooms. Our survey introduces new discussion about social isolation, privacy, noise levels and patient well-being and recovery.

Keywords: *single occupancy room, loneliness, isolation, room preference, well-being, older people*

Introduction

The Royal Victoria Hospital, a geriatric medicine assessment and rehabilitation hospital in Edinburgh, was re-provided into a new 130 bed purpose-built unit on the Western General Hospital site in June 2012. All patient rooms in the new unit are single occupancy with en-suite facilities. Eighty-seven per cent of the beds in the Royal Victoria Hospital (RVH) in 2008 were in six-bedded shared accommodation bays. In January 2008, we surveyed inpatients in the RVH on their room preference and repeated the survey in October 2013 with patients in the new single room accommodation.

Methods

Patients were asked whether they would prefer to be in a shared room or a single room and they were invited to explain the reason behind their choice. The patients in both surveys were also asked whether they would prefer to eat their meals in a day/dining room or by their bed. The patients in the 2013 survey were also questioned as to whether they felt lonely in their single room.

Forty-three inpatients agreed to participate in the 2008 survey and 46 in the 2013 survey. All had an abbreviated mental test [1] score $\geq 8/10$. In 2008, those surveyed had a mean age of 78. In 2013, the mean age was 83.

Results

Question 1: do you prefer a hospital room to yourself or a hospital room shared with other people?

In 2008, only 37.2% of patients preferred to have single room accommodation, whereas in 2013, an overwhelming majority, 84.8%, preferred a single room. In 2008, 48.8% of those surveyed preferred a shared room, whereas in 2013 only 8.7% reported that they would prefer a shared room (Figure 1).

Question 2: would you prefer to eat your meal by your bed or with others in a dining/day room?

60.5% of patients in 2008 and 76.1% of patients in 2013 preferred to eat their meal at their bedside. In 2008, 34.9% of patients preferred to eat in the day room, compared with only 8.7% of patients in 2013 (Figure 2).

Question 3: do you feel lonely in a single room? (2013 questionnaire only)

60.9% of patients reported that they never felt lonely in a single room. 6.5 and 17.4% of patients reported that they felt

lonely rarely and occasionally, respectively. 15.2% of patients reported feeling lonely frequently.

Additional findings

In 2013, 100% of those surveyed preferred having their own bathroom and toilet. Patients commented that privacy was important, especially if they were unwell, and those with poor mobility commented that having their own bathroom in close proximity to their bed was excellent.

28.3% of patients noted in whitespace comments the importance of having a television in their room. A working television was important for many patients to provide company during the day.

One of the concerns among medical and nursing staff was that there would be an increase in the number of falls. Data from our unit recording falls incidence show that between April and February 2011/2012 there were 16.94 falls per 1000 occupied bed days and between April and February 2013/2014 there were 16.55 falls per 1000 occupied bed days. As such, the new single-bedded unit has not seen an increase in the number of falls. More recent data have indicated that there may be an increase in the number of more serious falls in the new environment; however, to confirm any link between fall severity and environment requires further data collection.

Discussion

The benefits of single room versus multi-occupancy room hospital accommodation have been recently debated [2]. The results from our survey indicate a marked difference in the preference for a single room between 2008 and 2013. This may be partly explained by patients' inherent satisfaction with the accommodation in which they are placed.

Contrary to the perception that patients may feel isolated in single occupancy rooms [3], in our most recent survey 60.9% of patients reported that they never felt lonely in a single room. One explanation for this may be that the new unit has a policy of 'open visiting hours', meaning patients can have visitors throughout the day. In addition, 'Care Rounding', a structured approach to deliver timely person-centred care was introduced in the new building, ensuring that nursing staff visit each patient on a regular basis.

Ulrich [4] demonstrates that noise levels are often found to be high in hospitals, 'producing widespread annoyance amongst patients and perceived stress in staff'. Patients surveyed in 2013 commented that they liked the peaceful environment and increased privacy offered by a single room. Ulrich [4] also describes the notable correlation between windowless health-care environments and poorer outcomes in

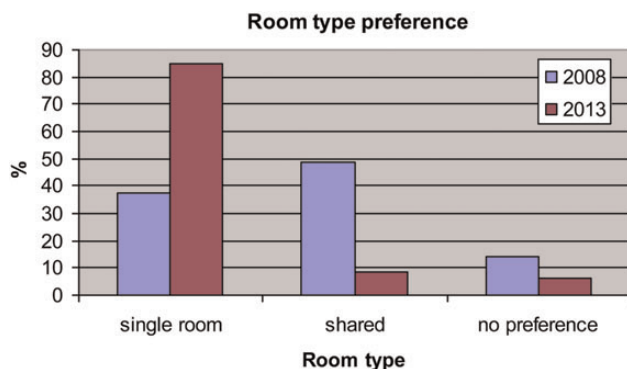


Figure 1. Single room or shared room preference.

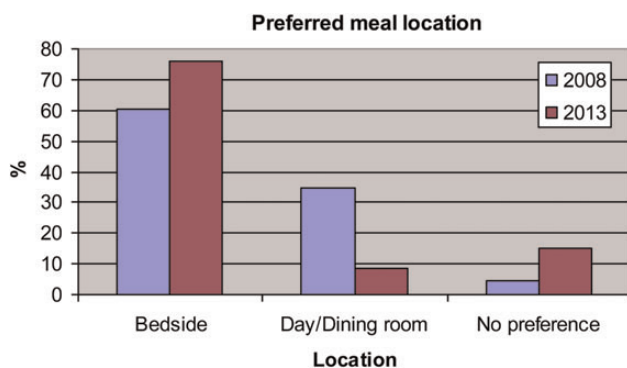


Figure 2. Preferred meal location.

critical care patients. In our 2013 survey, 13% of patients noted in whitespace comments that the window in their room was important to them. The rooms in the RVB have very large windows and patients commented that they enjoyed the views.

The location of single rooms on the ward affects the levels of patient satisfaction and loneliness. This was a finding in the 2013 survey. Patients in a room with frequent passers-by and a good outlook onto the main ward corridor did not feel as lonely. Patients in a room at the end of the ward, with fewer passers-by, described greater feelings of isolation.

The two large day rooms located on each ward in the new building are not frequently used. The main reasons given by patients who were surveyed for visiting the day rooms were to eat meals or if their bedroom was being cleaned. Wright *et al.* [5] found that supervised eating in a communal dining room can improve nutritional status and rehabilitation in elderly patients, compared with patients who eat by their bed. In our 2013 survey, 76.1% of patients surveyed preferred to eat by their bed.

The ability of patients to mobilise out of their bedroom was also a factor affecting how often individuals visited the day room. Bernhardt highlights the importance of activity in recovery [3]. A recurring view in the 2013 survey was that there was little to do and few organised activities in the ward day rooms. Many patients commented that they would like to visit the day room if activities were provided. Suggestions by patients for possible activities included: storytelling, games, music, baking, craft, lectures and visitors to chat with. One patient also made the suggestion for a ward befriending service to match up patients with similar cognitive levels and similar interests. Some patients also stated that they would like to be taken outside to the hospital garden in good weather.

Single rooms can offer increased privacy, dignity, improved sleep hygiene and confidentiality, as well as a reduction in hospital acquired infections [2]. It has also been shown that single rooms improve interaction with family members and contribute positively to physician–patient communication [6]. They may also present challenges, such as isolation, additional cost and fewer opportunities for surveillance of patients [7] leading to greater falls risk. Van de Glind *et al.* [8] highlight that there is an unclear evidence base behind the increasing move towards single-bedded rooms. They also found that some studies show that single rooms reduce the risk of hospital infections, but there are too few studies examining the impact of single rooms upon patient well-being and patient outcome. It is clear that the ward environment has an impact upon the patient's social well-being. More research is needed to examine the psychosocial impacts of multiple versus single occupancy rooms, but our survey indicates that a ward ratio of 80% single rooms: 20% multi-occupancy rooms would best accommodate the majority of patients' preferences.

Key points

- Older adult inpatients prefer single room accommodation.
- Patients do not feel lonely or isolated in single room accommodation.
- We have demonstrated no increase in falls incidence in single room hospital accommodation.
- Patients prefer to eat alone rather than in communal areas.

Acknowledgements

As this was a survey-based project, containing no clinical information and with no direct clinical impact on patients at the time of the survey, ethical approval was not required. However, ethical principles were followed. All patients gave verbal consent before answering the survey questions and patient confidentiality was upheld. The authors acknowledge Elaine Reid, Falls Coordinator, Royal Infirmary of Edinburgh, for her assistance with falls incidence data.

Conflicts of interest

None declared.

Authors' Contributions

J.R. and K.W. completed the patient surveys. All authors contributed to the data analysis and final write up.

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