The concept of the all private-room hospital is not a new one. The paper was initiated by a request from a Detroit area hospital to research and discuss the evidence that private-rooms promote a higher level of quality healthcare while increasing efficiency and providing financial benefits to a hospital facility. Issues concerning infection control demand for isolation rooms, environmental stress, privacy, flexibility of space, family-centered care, and patient preferences are examined. This report combines literature review and a study of current trends in hospital construction, with internal data and a patient preference survey conducted by William Beaumont Hospital, Royal Oak MI, in an attempt to illustrate that private rooms are an essential feature in today's competitive healthcare market.

Numerous benefits of private patient rooms have been realized for years. There is indication that justifiable in today's competitive healthcare market.

BIBLIOGRAPHIC INFORMATION

**Baldwin, S., Effects of Furniture rearrangement on the atmosphere of wards in a maximum-security hospital, Hospital and Community Psychiatry, Vol. 36, No. 5, May 1985, 525-528**

A time-limited low-cost intervention showed that group furniture arrangements doubled in frequency during the intervention phases; this statistically highly significant increase then decreased during the reversal phase. Dependent variable was the number of group furniture arrangements; other variables were medication rates, seclusion rates, causality incidents, points earned, perception of the ward and nursing reports. The findings also show that rehospitalization patterns differed between various sub-groups of the population. The study suggest that some individuals are more at risk than others which means administrators can use this to take precautions or implement program changes to reduce the risk.


This study investigated staff and patient preferences for outdoor behaviours and settings and the relationship between attributes of ideal settings and setting preferences at a 312-bed psychiatric hospital in Guelph, Ontario. 74 subjects (50% staff and 50% patients) ranked a number of preferred behaviours and ranked a range of environmental settings on the hospital's 48 acres of grounds. The study subjects responded to questionnaires presented using a proprietary interactive computer survey located in one of the secure hospital wards. Data collection and analyses were conducted automatically without the investigators being present. Images of outdoor settings were ordered along two dimensions from built to natural and open to enclosed. Frequencies of first choice settings were analysed by preferred behaviour.

Both staff and patients selected natural-open settings for passive behaviours such as sitting and viewing scenery, and natural-enclosed settings for active behaviours such as walking and talking with others. Few statistically significant differences were found between staff and patients for preferred settings and/or behaviours. The study results demonstrated a consistent preference among participants for certain setting dimensions, particularly when combined with certain preferred behaviours. The results of the study are somewhat consistent with previous research findings that indicate a general preference for natural settings. Previous literature suggests that behaviour can affect setting preference (Purcell et al 1994) although the degree of naturalness within stimuli plays an important role.


There are some theoretical reasons for predicting that nursing home size may influence directly (and independently) the resident's isolation and life satisfaction. Henley & Davis 1967 argue that a person's life satisfaction is "likely to be influenced by certain aspects of his or her current environment." This study examines the effects of nursing home size on resident isolation and life satisfaction. Two hundred Aid to the Aged recipients residing in 26 proprietary nursing homes from the same county in Ohio were interviewed. The results revealed that although the residents in the larger homes lived the most substantially more isolated residents from the smaller homes, nursing home size did not influence life satisfaction to any great extent. Some residents who were highly satisfied were also severely isolated, similarly there were residents who were dissatisfied but not isolated.

**Davies, A., D., and P., A., Smith, The social behaviour of geriatric patients at meal times: an observational and intervention study, Ageing, Vol. 9, 1980 93-99**

Social withdrawal is widely reported amongst elderly patients in institutions (Gottesman & Brody 1975) Two studies of the social behaviour of geriatric patients are reported. In the 1st lunchtime observations were made of 2 comparable wards in a continuing-care hospital and all episodes of social interaction recorded. There were twice as many interactions on one ward as on the other and their type and variety differed. A 2nd study concentrated on the ward with fewer interactions and attempted to increase the social interaction.

There was a significant increase in social interaction for all patients even though similar rates as isolated. Staff-patient interaction also increased. There were 127 discrete instances of social interactions (Ward A: 41, Ward B: 86). Although Ward B had fewer staff & 2 fewer patients there were over twice the total number of social interactions and variety of interactions was greater (Ward A: 7 categories, Ward B: 11 categories). The 2 studies show...
behaviour of 12 patients by altering the seating arrangement & by providing simple prompts to encourage patients to exercise more control over the way the meal is served. A count was made of all social interactions during lunchtime both before and after the change in serving arrangements.


Medication abuse is a frequently encountered complication of treating pain-related problems. Hospital records from 89 orthopedic inpatients with pain-related back disorders were reviewed for use of narcotic analgesics. Hospital records from 40 back pain patients in private rooms and 40 back pain patients in semi-private rooms were reviewed to determine a) if patients in private rooms used more narcotics than those in semi-private rooms and b) whether room type was a predictive variable for narcotic utilization. Patients in private rooms were found to be more likely to use intramuscular request-contingent narcotics than similar patients in semi-private rooms. No differences in the amount of narcotics were observed for other categories of narcotic analgesics.


Single Room Maternity Care is the provision of intrapartum and postpartum care in a single room. It promotes a philosophy of family centred care in which one-nurse cares for the family consistently throughout the intrapartum and postpartum periods. At B.C. Women's Hospital, a tertiary level obstetric teaching hospital in Vancouver, British Columbia, a seven-bed, single room maternity care unit was developed and opened as a demonstration project. As part of the evaluation of this unit, client satisfaction was compared between women enrolled in single room maternity care & those in traditional setting. The study group included 205 women who were admitted to the single room maternity care unit after meeting the low risk criteria. Their responses on a satisfaction survey were compared with those of a group of 221 women meeting the same eligibility criteria who were identified through chart audits 3 months before the single room maternity care unit was opened.

Kerr, J., A., C., Space Use, Privacy and Territoriality, Western Journal of Nursing Research, In summary this study was a beginning step in examining the relationship between use of space, territory and opportunities for privacy among hospital ward staff.

Vol. 7, No. 2, 1985, 199-199

It was not a direct test of this relationship, & no causal inferences can be made as a result. However, this exploration of the physical correlates of space and status or job function within the hospital environment suggests that hospital space allocation may have important implications for nurses as well as for other ward personnel. The instruments used in this study - namely the modified Behavioral Assessment tool (Fairbanks et al 1977) and Altman's (1975) orientation to the concept of privacy - may be useful tools not only in assessing spatial environments, but in indicating areas for change and monitoring effects of these changes. Several researchable questions regarding the relationship between spatial needs and behavioral outcomes for nurses were given. It was also suggested that hospital nurses need to inform hospital administrators and designers of their spatial needs. This information should be based upon nursing research designed to determine the spatial needs of hospital ward personnel. Nurses can then suggest changes to meet these needs and to evaluate their efforts in terms of positive work-related outcomes. Needless to say improvements in nurses' environments will be translated ultimately into the improved care they can give to their patients.


The study examines the effects of the architectural environment on the lives of patients and to some extent staff in two NHS hospitals, one each in the general medical and the mental health sectors. Examining two sets of wards, one each in acute general medicine (Poole) and in mental health (Brighton), the study looked at cohorts of patients before and after the building of new accommodation. In both cases patients were referred in similar ways and underwent similar treatment regimes often by the same staff in both new and old wards. Findings indicate patients are sensitive to and articulate about their architectural environment. They are able to discriminate between poor and good environments and say clearly what they like and dislike about them. Patients appear to make significantly better progress in the new purpose-designed buildings than in their counter

The results may be conservative. Patients feel very strongly about the issue of community versus privacy and have very strong preferences for either single- or multiple-bed accommodation. Patients in the kind of accommodation they prefer appear to do significantly better than those who are not. Cleanliness and tidiness are given a priority by patients. Neither of the new ward designs was ideal in terms of the architectural features. Noise remained a significant problem at both Poole and Brighton. Views could have been improved at both Poole and Brighton. Costs do not appear to be significantly higher in the new accommodation.
There is considerable evidence that an overall improved atmosphere and quality of life may be one of the benefits of better places. In the mental health sector patient treatment times were reduced by 14%. In the general medical sector by about 21%. Patients rate both their treatment and staff caring for them highly. Most of the architectural features apparently responsible for these benefits appear to be generic place-making features rather than hospital-specific factors.


Several aspects of ward routine were changed to study the effects of environmental manipulation on the behaviour of 21 psychogeriatric patients. Furniture was rearranged to be more conducive to conversation (i.e. chairs around tables instead of along corridor walls) and mealtime routines were changed to allow patients more time to eat, more freedom in choosing the composition of the meal and more pleasant surroundings. Patients were divided into experimental and control groups and data were collected on the frequency of verbal and tactile communication and degree of skill in eating behavior. Following baseline, environmental changes were introduced across behaviors.

Results show that the frequency of communication increased in the experimental group as compared to both the baseline and the control group. Eating behavior also improved significantly for the environmental group. The study shows that even low-cost, minor changes in the physical environment (in this case ward structure) can promote therapeutic change in the behaviour of patients diagnosed as senile dementia.


To manage the care of the increasing number of residents with dementia, many long-term care facilities have developed special care units (SCUs) to accommodate the unique needs of this group. Although private rooms have been recommended for SCUs, little is known about the effects of private versus multiple bedrooms. The opening of 2 new SCUs provided the opportunity to study the effect of multiple occupancy versus private rooms on the behavioral health of elderly with dementia. This article reports on quantitative and qualitative findings related to the change in bedroom type with improved sleep on the new units.

Following the move to the new SCUs with private bedrooms, residents with advanced Alzheimer’s disease and other dementias spent more time in their rooms during the day, [F (1,45) = 16.07, p< 0.001 14.6% of the observation time] and required fewer interventions (including medications) to promote sleep at night. This article also includes observations and family caregivers on perceptions of other advantages and disadvantages of the private rooms.

Newell, P., B., Perspectives on Privacy, Journal of Environmental Psychology Vol. 15, 1995 87-104

The nature of privacy is an interesting and complex question, which has been addressed in several disciplines. Perspectives on privacy are thus varied, occasionally conflicting and generally difficult to evaluate in a coherent fashion. There is not in fact agreement on what privacy actually is. Is privacy a behavior, attitude, process, goal, phenomenal state or what? In this article studies of privacy from anthropology, ethology, political science, psychology, sociology and philosophy are presented. A broader concept of privacy results from viewing the different perspectives under a wider umbrella than that of the more individual viewpoints. At the same time the richness of interpretation surface which contribute to the depth and clarity of the concept. Across all different perspectives there is a strong sense of the facilitative nature of privacy. Philosophers view privacy as a state of being that involves accountability & freedom. In the empirical literature the recurring theme is the value of privacy to ongoing processes of adjustment and personal development. However, people do not have to use privacy but they should know what it entails and how to get it if they should require it.


The effects of different arrangements of furniture on the behavior of a group of hospitalized geriatric patients were studied over a 19-week period. Of the 14 behaviors observed, only talking changed systematically across all experimental conditions. The study was conducted on a geriatric ward of a state mental health institution. The number of patients involved in each observation session ranged from 20 to 34 with a mean of 28. Data was collected on 14 different behaviors using a time sampling procedure. At a regular hour, 1 to 3 times a week, an observer would count the occurrence of the behaviors. On 7 occasions a second observer scored the behavior to check for inter-observer agreement. The results suggest that particular arrangements of furniture influence the verbalizations of geriatric patients (Sommer & Ross 1958).


This article describes the interactions between patients and between patients and staff in 4 psychiatric wards of a large metropolitan psychiatric hospital in Adelaide, South Australia. Two of the wards are acute admission units and 2 are long-stay chronic units. The hospital is diagnosed as being small but that not only does the average length of stay vary from between wards but so, for one ward, does the predominant diagnostic group. Patient interactions were analysed in terms of 5 major interactional categories: individual verbal, individual nonverbal, group verbal, group nonverbal and physical. The results show that although there was little change in the overall level of verbal interaction as a function of chronicity there were large shifts in patient-patient and staff-patient interaction rates.


VARIATIONS BETWEEN THE 4 WARDS ON THE 4 OTHER INTERACTIONAL CATEGORIES ARE EXPLAINED IN TERMS OF THE KNOWN DIAGNOSTIC CHARACTERISTICS OF THE PATIENTS. PATIENTS IN ALL 4 WARDS SPENT OVER THREE QUARTERS OF THEIR TIME IN ACTIVITIES NOT INVOLVED EITHER OTHER PATIENTS OR STAFF. THERE WERE SIGNIFICANT DIFFERENCES BETWEEN THE 2 ACUTE UNITS IN BOTH STAFF-PATIENT AND PATIENT-PATIENT INTERACTION RATES. 3 OF THE WARDS HAD ALMOST IDENTICAL TOTAL INTERACTION RATES DESPITE CONSIDERABLE INTERWARD VARIATIONS IN THE AVERAGE LENGTH OF STAY. THE PRACTICE OF DIAGNOSTIC STREAMING IS THE LIKELY EXPLANATION FOR THIS. TWO (AS & SC) ARE UNITS FOR SCHIZOPHRENIA AND SCHIZOPHRENIC ADMISSION UNITS, TAKING SHORT-TERM PATIENTS WHO ARE THEN SENT TO THE SECOND (SC) IF THEY APPEAR TO REQUIRE PROLONGED HOSPITALIZATION.
This study of 70 employees using questionnaires concerns satisfaction with privacy and communication afforded by the office environment after a relocation from a conventional to an open-plan office. The open-plan office is a popular alternative to the conventional office arrangement, which consists of 'pool' areas and private offices with fixed walls and doors. The open plan was introduced in the US in the 1960s. One common variation incorporates modular workstations defined by freestanding panels and storage units about 5 ft high. The hypothesis was that perceptions of privacy in workspaces would be correlated with the degree of physical enclosure.

The authors conclude that the results of the study indicate a clear parallel between physical enclosure of workspaces and satisfaction with privacy. The most important component of privacy was the ability to hold conversation, which apparently declined in managerial employees after relocation to an open-plan office. Practical implications of this study concern acoustics with even the combination of a masking sound system, carpeting and semi-sound absorbing panels being not enough to create speech privacy for people in managerial jobs.