



KEY POINT SUMMARY

OBJECTIVES

To investigate the role, function, and development of Family Rooms within four different inpatient mental health units.

Developing family rooms in mental health inpatient units: An exploratory descriptive study.

Isobel, S., Foster, K., & Edwards, C. 2015 | *BMC Health Services Research*. Volume 15, Issue 1, Pages 238

Key Concepts/Context

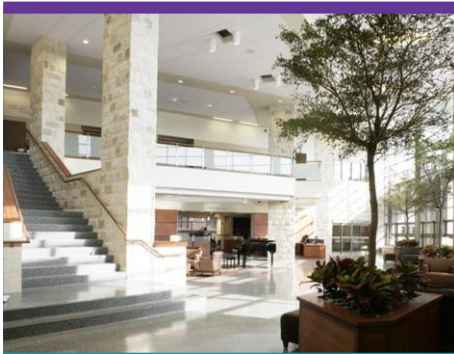
Adult inpatients receiving treatment at mental health facilities often wish to visit with family members. Indeed, previous research indicates that caregivers, consumers, and medical professionals agree that children of parents with mental illness (COPMI) should be able to spend time with their parents for the mutual benefit of both patients and families. International mental health guidelines also recommend that mental health wards with adult inpatients should allocate specific spaces for familial visits. The authors of this paper suggest that there is a lack of “family-friendly” spaces (or Family Rooms) that allow families to spend quality time together in a hospital setting. For the purposes of this study, Family Rooms are defined as spaces outfitted with child-friendly resources and furniture.

Methods

Data were gathered from four different mental health units over a period of 12 weeks. Descriptions of Family Room usage (who was using them, when they used them, and why they were used) were documented. Nurses in these units completed a questionnaire featuring seven open-ended questions investigating how the rooms were developed, obstacles impeding developments, and general descriptions of the rooms. Lastly, hour-long in-person interviews were conducted between the researchers and nursing staff from all four units. All data were analyzed, and recurring themes from all qualitative responses were grouped into categories.

Findings

Participants noted that prior to the existence of Family Rooms, families often visited patients in their unit, a foyer, or an outdoor space, and further added that designated visiting spaces for families may have increased comfort levels among patients and visitors. Participants were unable to say whether visitation rates



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increased after the implementation of Family Rooms. Motivated staff members, patient population, luck, and timing were all cited as factors leading to the development of Family Rooms. Construction of the rooms was funded by grants or existing capital. Family Room developments were impeded by occasional resource shortages as well as the need to maintain a multi-purpose space within the ward. All Family Rooms in this study featured similar family-friendly aesthetics with comfortable furniture and toys. The overall challenges in managing Family Rooms included the need for additional staff time, difficulty with upkeep, and safety concerns when the rooms were out of staff view.

Limitations

This study uses qualitative data from relatively small sample sizes over a period of three months. The data collected emphasizes the perspectives of hospital nursing staff rather than those of consumers or designers.

Design Implications

Designated Family Rooms can create a welcoming, enjoyable environment for people visiting hospital patients. This study suggests that these rooms should be equipped with comfortable furniture, entertainment for children, and a generally welcoming aesthetic (paintings, plants, natural lighting, etc.) Family Rooms could be located near nursing stations for added safety, and could also function as multi-purpose spaces in some instances.

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