The increasing number of single-patient rooms in healthcare facilities around the world indicates a heightened focus on person-centered practice (PcP). This practice considers how the workflows and physical designs within healthcare environments influence the overall experiences of patients and staff alike. Single-patient rooms have grown in popularity due in part to their ability to help reduce infection and provide patients with added privacy. Adult acute care facilities are healthcare environments that often operate with highly variable staff occupancy rates. It remains unclear whether adult acute care facilities designed with 100% single-patient rooms offer ideal levels of the patient-staff interactions that help promote PcP.

Objectives

To analyze previous research regarding adult patient and healthcare staff experiences of person-centered practices in 100% single-room acute care environments.

Key Concepts/Context

The increasing number of single-patient rooms in healthcare facilities around the world indicates a heightened focus on person-centered practice (PcP). This practice considers how the workflows and physical designs within healthcare environments influence the overall experiences of patients and staff alike. Single-patient rooms have grown in popularity due in part to their ability to help reduce infection and provide patients with added privacy. Adult acute care facilities are healthcare environments that often operate with highly variable staff occupancy rates. It remains unclear whether adult acute care facilities designed with 100% single-patient rooms offer ideal levels of the patient-staff interactions that help promote PcP.

Methods

The authors used a “Problems, Exposure, Outcomes” (PEO) protocol to develop research questions and search strategies. A total of 12 papers were selected for analysis, all of which were empirical studies published in English between 2012 and 2017. Databases accessed for published literature included: CINAHL, Ovid MEDLINE, PsycINFO, Embase, Web of Science, and Scopus. All papers were further appraised using the CASP framework for qualitative papers as well as the EPHPP Quality Assessment Tool for Quantitative Studies.

Findings

All reviewed studies emphasized how the delivery of care is becoming increasingly more complex in acute care environments across the globe, and implied that there is limited evidence linking patient and staff experiences with PcP in 100% single-
patient room facilities. Often, staff members expressed desire to focus on PcP, but felt that emphasis instead was placed on other methods of care delivery.

Limitations

The authors note that some papers were lacking in detail, which may have been due to word limit requirements for certain science journals. In general, there were not many published resources available concerning the specific research questions put forward in this study, resulting in weak assessment scores for mixed-methods and quantitative studies.

Design Implications

While the potential benefits of single-patient rooms have been well documented, this study suggests that designers should consider how emphasis on private spaces might disrupt or even prevent patient-centered practices. Designers might consider how the benefits of private patient rooms could be balanced with designs that encourage patient-staff interaction.