OBJECTIVES

The objective of this research was threefold:

1. To build an objective means of measuring the built environment in psychiatric wards.
2. To present a description of several inpatient psychiatric wards.
3. To identify aspects of the physical environment associated with staff evaluations of the wards.

Evaluating the Built Environment in Inpatient Psychiatric Wards


Key Concepts/Context

The authors allude to the dearth of research on the built environment in psychiatric wards and emphasize that the significance of the impact of the physical environment on the mental health and well-being of patients cannot be overlooked. This research involved examining the physical aspects of 98 psychiatric wards in urban and rural England and identifying those aspects associated with staff satisfaction. The study found that aspects of the physical environment did affect staff satisfaction.

Methods

The methodology involved: 1. Collection of information about the built environment using the Ward Design Checklist, and 2. A paper-based staff satisfaction survey. Data was collected from 98 wards in 19 mental health providers in urban and rural England between 2007 and 2009. These wards included 49 general adult psychiatric wards, 11 forensic units (for treatment of patients ordered by court), 11 rehabilitation units, nine psychiatric intensive care units, nine for adults older than 65 years, and nine for children and adolescents. Questionnaires were distributed to 2655 staff, of which 1540 complete surveys were received. The respondents included nurses (>50% of the sample), nursing assistants, psychiatrists, occupational therapists, social workers, and psychologists. The data was analyzed statistically.

Findings

The following were the findings of the study:

- Satisfaction with overall design of the wards was rated as average by 41% and either good or very good by 34% of the staff.
- On satisfaction with the fitness of purpose, the wards were rated as average by 40% and either good or very good by 37% of the staff. However,
nurses rated satisfaction with fitness of purpose lower than other staff (p=0.012).

- Satisfaction with ensuring safety of the wards was rated as average by 37% and either good or very good by 43% of the staff. However, nurses rated satisfaction with safety lower than other staff (p=0.036).

- Description of the physical environment of the wards:
  - There was a wide variance in the size of the wards – from 307 to 2789 m².
  - The L-shaped, cruciform, or V-shaped layouts were more common than the corridor layout.
  - Single-patient rooms were the most common with:
    - Roughly 25% of them having personal bathrooms.
    - Over 50% of their doors were observable from a central point.
  - All wards were connected to an outside space.
  - Most wards had nurses’ stations that were spaces with glass walls or enclosed with a window.
  - Half of the wards had views of only buildings while others had views of gardens, green areas, or courtyards.
  - Patient rooms and all common areas had neutral or pastel colors and carpeted floors.
  - More than 50% of the wards had the following facilities for the staff: areas for sitting, eating, food and drinks, storage for personal belongings, and dedicated toilets.
  - More than 40% of the wards had the following facilities for patients and visitors: dining area, kitchen, TV or day room, and rooms for activities, interviews, and quiet time. About 30% had a visitor’s lounge.

Built environment features and staff satisfaction:

- Lower staff satisfaction was associated with working in wards with a corridor layout than in those with other layouts (p<0.05).

- Higher staff satisfaction was associated with working in wards that had personal bathrooms for patients versus those that did not have one (p<0.05).
Limitations

The authors indicate that their study had the following limitations:

- The possibility of selection bias in the recruitment of survey respondents
- The survey did not examine all environmental aspects of the wards that were possibly relevant to staff satisfaction.
- Patient experience was not examined.