To investigate how the overall atmosphere and physical layout of a psychiatric ward influences patient health outcomes and treatment processes.

Does the redesign of a psychiatric inpatient unit change the treatment process and outcomes?

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**Key Concepts/Context**

The overall “atmosphere” of a psychiatric treatment facility could be defined through the availability of patient autonomy and support from peers, the presence of aggressive behavior within the ward, and the general sense of ward organization and rule enforcement. These conceptual elements might coincide with the physical design of a given psychiatric ward, in that the architecture of the ward might work to promote or suppress certain aspects of an ideal atmosphere. Relatively little research has explored the interplay between this framework of a ward’s “atmosphere” and its physical design. The mental health facility examined in this study housed a relatively large patient population, and was scheduled to undergo significant physical renovations aimed towards potentially improving patient and staff experiences.

**Methods**

Data were collected from a population of 290 patients occupying a large Canadian mental health facility over a two-year period. The intended length of stay for each patient was 28 days. This data collection period encompassed one full year before the facility was redesigned, as well as one year following the facility’s redesign. The original facility held 16 patient beds, while the newly designed facility held 24. The new facility also featured private patient rooms equipped with desks and telephones, and private bathrooms equipped with showers. All patient perceptions of the facility’s general atmosphere, both before and after the renovation, were gathered using surveys administered upon their discharge from the facility. Satisfaction with the facility’s treatment process was similarly rated using a separate questionnaire, also completed upon discharge.
Findings

Survey scores gauging patient perceptions of the facility’s overall atmosphere changed significantly following renovations, indicating higher quality of life and a generally improved atmosphere. Satisfaction with treatment processes saw a statistical decline, however, and the authors note that this required further investigation. Staff members also noted that the new facility design contributed to challenges in care delivery due to new challenges with preserving patient autonomy while ensuring safety. Nonetheless, the findings support the authors’ hypothesis that changes in the facility’s physical design would contribute to a shift in the overall perception of the facility’s atmosphere.

Limitations

The authors note that patients recruited after the facility’s redesign had generally better mental condition than those recruited before the redesign, which may have influenced statistical survey results in the study’s findings. The authors also noted that study attrition (32%) was a limitation, and that randomization of participants between the old and new facility designs would have been ideal.

Design Implications

Providing patients with private rooms, bathrooms, and amenities such as telephones, desks, and communal kitchens can help promote positive perceptions of a psychiatric facility’s overall atmosphere. However, this level of autonomy could be balanced with staff perceptions of treatment processes so that the staff does not feel that important workflows are disrupted. Accounting equally for patient and staff needs prior to redesigning a facility could be an important step towards improving healthcare outcomes overall.