From the nurses’ station to the health team hub: How can design promote interprofessional collaboration?


OBJECTIVES
To explore the influence of nurses’ station design on interprofessional working and collaboration among healthcare professionals.

DESIGN IMPLICATIONS
Ample desk space as well as “offstage” areas where staff can speak outside of public view could help promote effective communication and collaboration. The design of nurses’ stations should work to balance the necessities of privacy and effective communication with the ability to provide optimal care to patients.

Key Concepts/Context
The nurses’ station serves a diverse array of purposes, one being that it acts as a space for communication and interprofessional collaboration. Previous studies have shown that the design of the nurses’ station alone can impact aspects of patient and staff privacy, walking distance, and access to resources. But no known studies prior to this paper have examined specifically the influence of nurse station design on the frequency and quality of interprofessional practice.

Methods
A three-phase experiment was implemented in this study. During the first phase, three rural Australian hospitals were observed by researchers in order to understand the collaborative cultures that were already present within each institution. The second phase introduced an intervention that involved interprofessional education sessions with the nursing staff at each hospital. The third phase entailed a follow-up interview with the nursing staff of each hospital five to six months after the education sessions. All interviews were transcribed and researchers took field notes regarding the physical makeup of all nursing stations.

Findings
Regardless of the differing physical makeup of each hospital’s nursing stations, each station was centrally positioned near the location of patients. The structure of each station seemed directly related to how conversations took place, and acted as either a barrier or enabler to effective communication among nursing staff. Stations that were more open or lacking in space incited issues with privacy. In some cases, nurses had to find separate areas to speak, or had to resort to constantly speaking in lowered voices.
Limitations

No quantitative data were gathered in this study; all conclusions were drawn from field observations and interviews over a relatively short period of time. The nature of the interprofessional education sessions or follow-up interviews was not explicitly described.