

# Nurses' Experience of Patient Care in Multibed Hospital Rooms. Results From In-Depth Interviews With Nurses After Further Education in Anesthesia

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**Purpose:** *The purpose of this study was to investigate and explore nurse's previous experiences of patient care in MBRs before their further education in anesthesia.*

**Design:** *Qualitative research.*

**Methods:** *Data were collected through three focus group interviews using content data analysis.*

**Findings:** *Maintaining patient privacy, providing conditions for communication between health care professionals and patients, and undertaking daily practical care were stated as the main problems in MBR care. Inferior conditions for providing sensitive information and communication with proxies, especially in association with language problems, were frequently encountered. Patient's proxies could facilitate several problematic issues in MBR care.*

**Conclusions:** *The present study characterized well-defined and easily recognizable clinical problems experienced in the care of patients in an MBR setting from a nurse's perspective. The opinion shared by most nurses was that the inability to implement privacy, dignity, and sound communication with patients should be taken into account in future hospital designs. General dissatisfaction with work environment, increased stress, and the risk of errors in care may otherwise follow.*

**Keywords:** *anesthesia nurses, experiences, patients, multibed rooms', qualitative research.*

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**HOSPITAL ARCHITECTURE INFLUENCES** the healing process and has a direct influence on the patient's well-being.<sup>1,2</sup> In Sweden, health care is frequently provided in multibed hospital rooms (MBRs) rather than single-bed hospital rooms (SBRs). Several hospitals in Sweden have four-bed rooms, which occasionally host even patients with mixed sex.<sup>3</sup> In recent years, the number of hospitals deciding to care for patients in SBRs is growing.<sup>4</sup> The ambiance, fresh air, green nature, and staying in a room with a view of the outside world, for example, may aid recovery from surgery.<sup>5</sup> Even bodily measurements, such as blood pressure, seem to depend on the environment and design of the hospital.<sup>5</sup> Music also reduces patients' levels of anxiety, stress, and pain.<sup>6,7</sup> Although some patients may in fact benefit from care in MBRs, the benefits of single rooms have been demonstrated in previous studies, and they are usually preferred by the patients.<sup>8</sup> Positive effects include the quality of sleep, reduced hospital infection rates, and reduced hospital length of stay.<sup>9-12</sup> The benefits of patient care in SBR also seem to be highlighted by some health care professionals, especially in acute care.<sup>12</sup> The main positive features, according to health care professionals, were better flexibility in care, improved comfort for the patients, better communication with patients and proxies, the ease of clinical examination, and fewer errors made in medication.<sup>13-15</sup> Several previous studies on the topic have reported the advantages, both for patients and health care professionals, in building more SBRs instead of MBRs; however, the issues with MBRs still exist. There is no previous study in Sweden that has reported the difficulties with MBRs for both patients and health care professionals in MBRs.

### Person-Centered Care

Person-centered care is an often-used term to describe a specific form of approaching patients' unique health concerns. The idea is to reach a consensus between health care professionals and the patient on the illness and how to manage it.<sup>16</sup> The focus is the relationship between the health care professionals and their patient's needs, values, and priorities.<sup>17-19</sup> This holistic approach is key to person-centered care, as each patient has needs that are both medical and nonmedical.<sup>20</sup>

Person-centered care relies on a sound conversation in which both the patient and the health care professionals are able to express their unique points of view, build mutual trust and confidence, shed light on symptoms and their worries, bring up any ideas and suggestions regarding the physical and emotional aspects of the illness, and build a basis of real trust for a long-lasting relationship.<sup>19</sup>

A physician who seeks to provide person-centered care must possess the fundamental knowledge, standpoint, and skills needed. Patients and health care professionals need to conduct a conversation together in which both the patient and the health care professionals are able to express their unique points of view, build mutual trust and confidence, shed light on symptoms and their worries, bring up any ideas and suggestions regarding the physical and emotional aspects of the illness, and build a basis of real trust for a long-lasting relationship.<sup>19,20</sup> Previous studies have pointed out the importance of person-centered care. In one study, it was mentioned that the authors compared two groups of patients after hip replacement surgery. The group treated with person-centered care was more satisfied than the other group.<sup>21</sup> Patient-centered versus nurse-centered approaches were discussed by Bensing<sup>22</sup> in an article dealing with the vast differences between evidence-based medicine and patient-centered medicine, where the idea of patient centeredness was contrasted with disease-centered and physician-centered (or nurse-centered) approaches. The basic idea of the patient-centered concept is to treat the whole patient rather than the disease, and to use the health dialogue to deal with several aspects, on the basis of what the patient needs and expects. Bensing<sup>22</sup> notes that working from both the perspective of evidence-based and patient-centered medicines is possible when the patient's complete situation is taken into consideration and not just the current disease, and the needs of the patient are looked at on a comprehensive biopsychosocial basis. In this way, the psychological, spiritual, and social aspects are considered to be as important as the narrow biomedical ones.<sup>22</sup>

### Aim

The aim of this study was to describe anesthesia nurses' previous experiences of patient care in MBRs at a university hospital in Sweden.

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