



KEY POINT SUMMARY

OBJECTIVES

To compare satisfaction among single room maternity care nurses to a baseline measure, and to nurses in the traditional delivery and postpartum settings.

DESIGN IMPLICATIONS

Single room maternity care provides benefits for both patients and nursing staff, and potentially a better quality of care.

Single Room Maternity Care: The Nursing Response

Janssen, P. A., Harris, S. J., Soolsma, J., Klein, M., Seymour, L. C.
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Key Concepts/Context

Single room maternity care focused on family-centered experience, has gained popularity in recent times. However, this model necessitates new demands on nursing which requires competence across the spectrum of labor, delivery, postpartum and newborn care. In another study authors of this paper have established client satisfaction with the new model of maternity care. This paper focuses on evaluating the nurses' responses to changes in health care delivery, which has important implications for both design and nursing education and practice.

Methods

A pilot program of 7 single room maternity care beds began in October 20, 1997, at the BC Women's Hospital in Vancouver, British Columbia. Single rooms were larger, had windows, bathtub and a shower and space for the family to stay. The traditional delivery suite had much smaller rooms, no windows, only a shower and limited space for family. In the postpartum rooms, rooms were also small, had showers and bathtubs, windows, and access to patios, about 14% of rooms were shared. Nurses satisfaction was assessed with a survey tool designed specifically for the study. The survey evaluated nurses' perception of the physical setting, quality of care, perceived competence, and nursing practice environment. Nurses were asked open-ended questions about what they liked and didn't like about their current working environment. The survey was distributed to all single room maternity care nurses (20), 26 delivery suite nurses and 26 postpartum nurses over a period of 2 days. Nurses who chose to work in the single room maternity care were surveyed twice- 6 months before the opening of the new unit and 3 months after. Before-after results for this group were compared. Additionally survey results across the three groups of nurses (collected simultaneously) were analyzed.



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Findings

- Single room maternity care nurses were significantly more satisfied with the physical setting, their ability to respond to patients' need, their opportunity for teaching families, the nursing practice environment, peer support, and their perceived level of competency.
- No difference was noted in terms of adequacy of lighting among the rooms for delivery and other procedures.
- Nurses in single room maternity care thought that equipment and supplies were more easily accessible compared to standard delivery rooms.
- Privacy was more easily maintained in private delivery rooms.
- Accommodation of water therapy choices was easier in single room maternity care since all of them were equipped with a bath tub.
- Single maternity care units better accommodated the family participating in delivery.
- Nurses in single room maternity care thought that they were better able to respond to the physical, emotional and spiritual need of women than in regards type units.
- Continuity and quality of care was rated higher in single room maternity care units.
- Nurses in single room maternity care felt more accountable for their decisions.
- Medical staff was less readily available in the single room maternity care possibly due to the fact that delivery and operation rooms were located on a different floor.
- Single room maternity care nurses who received special training felt more competent in all areas of caring for the mother and the baby than did nurses in traditional delivery room.
- All nurses who liked caring for single room maternity care liked continuity of care and ability of practicing family-centered care.
- Nurses liked the ease of working together in the single room maternity units because of increased communication in team work.
- Teamwork was instrumental to working the unit because of a small number of nurses, isolation of the unit and lack of hierarchy.

Limitations

Author identified limitations include:

- Small size sample limits generalizability.
- It is possible that education, previous experience is a factor why nurses choose to move to single room maternity care.