KEY POINT SUMMARY

OBJECTIVES

The objective of this study was to identify and discuss the impact of the hospital environment on interaction among hospitalized cancer patients.

A companionship between strangers – the hospital environment as a challenge in patient–patient interaction in oncology wards

Key Concepts/Context

The authors allude to existing literature indicating the healing and therapeutic effect of hospital environments and the increasing evidence between healthcare environments and patient outcomes. In this study the authors explore through observations and interviews of patients how the hospital environment impacts the interaction between hospitalized cancer patients. Patients were not happy with the lack of privacy and confidentiality associated with their multiple-bed rooms, yet they preferred them over single-bed rooms.

Methods

This was an ethnographic study involving participant observation and semi-structured interviews. The sample consisted of 85 cancer patients hospitalized in two wards - one in a university hospital (UH) and the other in a regional hospital (RH), both in Denmark. Of these, 10 female and 10 male patients were interviewed. Patients were aged 18 years and older and were Danish speaking. Patients with dementia, severe mental or physical illness were excluded from participation. Data was collected for six months between 2010 and 2011. Observations took place in the patients' rooms, corridors, dining areas, and lounges. The data was analyzed using inductive thematic approaches.

Findings

The findings were categorized under five themes:

Healing and non-healing accommodation:

- The design of the multiple-bed room was conducive for patients to meet and interact.

- Some patients considered conversations with roommates as important for interpersonal interaction and to the atmosphere in the room.

- Some patients considered being accommodated in multiple-bed rooms entailed feelings of stress and uncertainty because of non-interactive or negative roommates.

- Patients considered the hospital environment to be stressful and non-healing.

- Patients considered multiple-bed rooms meant a lack of privacy when one did not wish to interact.

Withholding information due to enforced public privacy:

- Sharing a room, to the patients, entailed giving up privacy and confidentiality.

    o Some patients mentioned that they refrained from sharing information with care providers because they did not want their roommate to overhear.

    o Some patients found it stressful to listen to their roommate's information.

    o Patients who had been hospitalized before were more distressed about the lack of scope for confidentiality.

- For some patients, multiple-bed rooms provided them opportunity to learn more about cancer.

- New patients did not find the breach of privacy and confidentiality to be stressful. They considered the conversations between their roommates and care providers as educational.

Seeking refuge from fellow patients:

- In the RH, male patients sought refuge from their roommates by leaving their room.

- In the UH, patients had access to two lounges and a garden area, but they were disturbed by conversations between visitors, other patients, and healthcare professionals.

- In the UH, patients did not go alone into the lounge; the presence of a visitor deterred a fellow patient from initiating interaction.

- In the RH, patients interacted in the dining room during and after meals especially with patients who were not roommates.

Single-bed room or multiple-bed room:

- Despite concerns about privacy and confidentiality, 18 of the 20 interviewees preferred to be in a multiple-bed room.

- Patients felt that a multiple-bed room was favorable because:

  o Someone to talk to and spend time with

  o Not feel alone, isolated or bored

  o Appreciate being with like-minded people

  o Ability to share knowledge about hospitalization and disease

  o Being of use to someone

- Patients felt that a multiple-bed room was not favorable because:

  o Loss of privacy and personal control

  o Noise

  o Enforced company of strangers

  o Withholding of information

  o Being too ill to interact

- Patients preferred two-bed rooms over three/four-bed rooms because:

  o Easier to interact with one person at a time

  o Reduced noise level

  o More interpersonal interaction

- The bed and bedside table were considered private territory.

- The bedside table was used as a boundary marker by being placed between their and the roommate's bed, in addition to the curtain.

Acceptance of and resignation to the hospital environment:

- The patients generally accepted the lack of privacy because of the multiple-beds.

- Some rebelled by leaving their room and walking in the lounge.
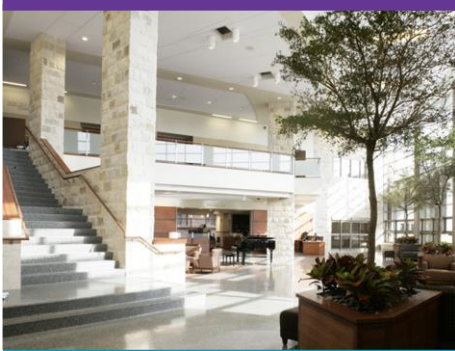
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Limitations

The authors considered the sample size of the interviewees as inadequate for generalizations. They add that including patients occupying single-bed rooms would have provided a better understanding of the data.

Design Implications

This article touches upon the single room versus multi-bed room dilemma in the context of privacy and loss of social interaction in the former and loss of privacy with the scope to interact in the latter. The study indicates that lounges and other common areas outside the multi-bed rooms may offer patients a respite from social interaction with roommates. Designers may note that in multiple-bed rooms, patients seek their own space and use furniture to demarcate their private space. Rooms with two beds were preferred by patients over ones with three or more beds. Lounges and other common areas may also offer the scope for company for patients in single patient rooms.