



KEY POINT SUMMARY

OBJECTIVES

The objective of this paper is to explore the meanings of space and place in acute psychiatric settings and discuss how these meanings affect patients' perceptions of care and employee perceptions of the work environment.

An exploration of the meanings of space and place in acute psychiatric care

Andes, M., & Shattell, M. M. 2006 | *Issues in Mental Health Nursing* Volume 27, Issue 6, Pages 699-707

Key Concepts/Context

The effectiveness of acute psychiatric care (or short-term psychiatric care) owes much to the design of the physical space inhabited by both patients and mental health professionals. The structure of psychiatric care centers and the barriers they either create or remove between patients and healthcare practitioners can potentially influence patient recovery and employee well-being. Some argue that private, physically exclusionary spaces designed specifically for nurses are necessary in order to protect sensitive information and provide psychological solace for the nurses themselves. Others argue that these exclusive spaces create boundaries of power, subtly enforcing the notion that psychiatric patients aren't capable of making socially appropriate decisions, such as respecting personal boundaries or controlling negative impulses.

Methods

No original quantitative or qualitative data were gathered for this study. Instead, relevant statements and observations were pulled from previous publications to help reinforce the different theoretical frameworks and situations through which the authors describe the role of physical space in acute psychiatric care. The authors describe different common designs of acute psychiatric care centers, namely those with closed-off nursing stations and those with stations that are more accessible to patients, and discuss their potential effects using speculation, hypothetical situations, and references to relevant literature.

Findings

A study from 2002 cited in the paper found a dramatic increase in positive nurse-patient interactions after a psychiatric unit was redesigned to include more exclusive spaces for nurses. Nurses grew more satisfied with their work



environment, while becoming more receptive to patient needs and providing better care overall. Conversely, a study from 1999 argued that patients are deliberately placed in psychiatric units to learn how to control negative impulses and make decisions that are socially appropriate, and when patients are physically fenced off from caregivers, they are unable to prove their degrees of self-control, understandings of boundaries, or understandings of social norms. A study from 2004 showed that paperwork consumes 13-28% of nurses' work time, and while the remainder should theoretically be used for patient care activities and interactions with other nurses relevant to patient care, it was discovered that nurses had few 'meaningful interactions' with patients due to interpersonal barriers. This seems to suggest that private nursing stations may help create psychological barriers between nurses and patients, thereby diminishing the overall quality of care.

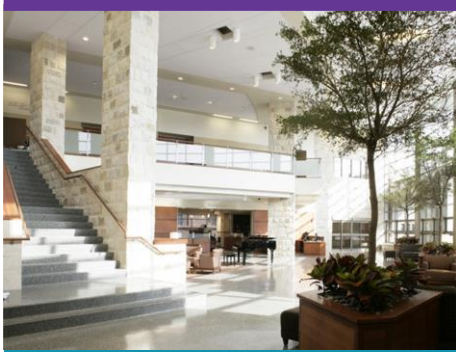
A different study from 2002 found that patients found great therapeutic value in smoking rooms unofficially reserved for patients by allowing them to speak freely away from the 'watchful eyes' of nurses. This implies that an unofficial space that is lightly monitored by nurses could greatly improve patient

Design Implications

Private nursing stations can provide psychological relief and an effective forum of safe communication for nurses. Plexiglas walls would help provide this space while allowing both patients and nurses to remain in visual contact. This would ensure that nurses could monitor patients even as they communicate sensitive information or simply take a break. A separate patient-designated space that is lightly monitored by nursing staff could also improve the patient experience; although the example of a smoking room was used in this study, a small garden or other communal enclosure could be just as effective.

Limitations

This study presents its theories through speculation, hypothetical situations, and statements from relevant literature. It fully acknowledges that there is a need for more in-depth research on the meaning of places and spaces for nurses and patients in acute psychiatric care units; without studies gathering quantitative or qualitative data from nurses and patients in these settings, notions on the implications of physical spaces within psychiatric care units will remain purely speculative. The authors acknowledge that there are several questions that could be asked in future studies to gain further insight into the implications of space, such as: how does a completely enclosed nursing station impact the development of therapeutic



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relationships? How is the quality of care affected by nurses' use of the station? How do patients view nursing space and patient space? etc.

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