# KEY POINT SUMMARY

## OBJECTIVES

To find if the level of staff-to-patient visibility (low or high) affects four possible moderating variables (noise, patient privacy, staff perceptions of the environment, and staff presence) that could enhance or detract from patient

## To see or not to see: Investigating the links between patient visibility and potential moderators affecting the patient experience

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### Key Concepts/Context

The amount of visibility between patients and nursing staff contributes significantly to the balance between feelings of security and autonomy. Hospitals in which patients are in constant view of the staff can create a sense of restricted freedom, but high visibility can also be associated with higher levels of patient safety. There has been ongoing debate within the medical community as to how a perfect balance between security and autonomy can be implemented. This study took place at a hospital with a radial nursing unit. The hospital's orthopedic medical-surgical unit had recently changed locations from the fifth floor to the sixth floor in order to add more patient beds. Floors one through five had high levels of visibility, which hospital staff believed was associated with low patient satisfaction scores. It was decided that floor six would have a slightly reduced amount of patient visibility to see if satisfaction scores would improve.

### Methods

The authors took note of the level of patient visibility on floors one through six within the hospital. Various forms of data from before and after the renovation of the sixth floor were collected, such as noise levels and recorded patient falls. The researchers passed by each patient room on the sixth floor every 15 minutes and noted whether or not a staff member was present. Staff members were surveyed to understand their perceptions of patient privacy, noise, safety, and care quality. Patient fall data were gathered from hospital records as a way to assess security levels and quality of care on each floor.
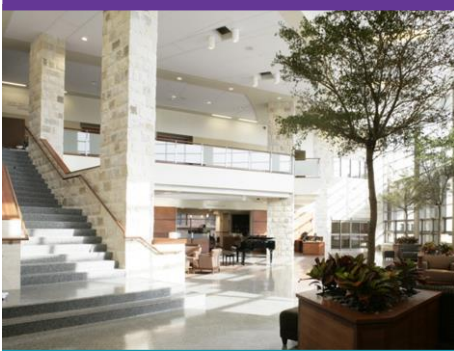
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## Findings

The renovated sixth floor, which was redesigned to increase patient privacy, produced positive overall ratings in patient satisfaction and perceptions of privacy, staff perceptions of the environment, and reduced noise levels reaching patients.

## Design Implications

Overall, this study claims to build on the dialectic of autonomy and security, advocating for a reasonable balance between both. Designers could work within multidisciplinary teams to create healing environments that don't impede upon caregivers' ability to provide exceptional care, while also giving patients a sense of privacy and autonomy. This was accomplished in the current study by simply making the heads of patients obstructed from a central nurse station. Noise levels from intercom systems should be considered as well; adequate distances from patient rooms and volume levels could help reduce noise pollution and increase patient satisfaction.

## Limitations

This investigation was conducted within one floor of one hospital. Nine months of pre- and post-renovation data were gathered for use in the study; however, the authors state that a longer time period could have strengthened the study's findings. Staff and policy changes were not accounted for.