Innovation Nursing Practice

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Privacy and dignity

Patient safety

Before the work to eradicate mixed sex bays on the AMU was undertaken, the prac-
tice of closing curtains around beds to segregate women and men was widespread. This was based on the assumption that it eliminated privacy issues and adequately segregated male and female patients (Burden, 1998). Paradoxically, hospitals are unable in the context of care and undoubtedly heighten patients’ anxieties in the context of mixed sex bays.

Action plan

The audit was presented to nursing staff at away days, and circulated by email. We drew up an action plan with three main aspects warranting immediate improvement on the AMU and submitted them to audit governance (Table 2).

Re-audit cycle

In March 2010, five months after the first audit cycle, a re-audit of 100 patients took

Patients in the survey who felt their dignity and privacy were compromised by being nursed in a mixed sex bay (n=39 of 100)


case of mixed sex bays.

Privacy and dignity

The comments indicate not only privacy but also dignity was being affected. Dignity is present when people feel in control, valued or comfortable (Baillie, 2007). Maintaining patient privacy is a pivotal part of the nurse’s role and is inextricably linked to the care environment. The environment is much more than the building and unit layout; it also encompasses the culture among the staff and practices (Maxwell and Sigsworth, 2009). Privacy and dignity are inseparable in the context of care and undoubtedly heighten patients’ anxieties in the context of mixed sex bays.

Patient safety

Before the work to eradicate mixed sex bays on the AMU was undertaken, the practice of closing curtains around beds to segregate women and men was widespread. This was based on the assumption that it eliminated privacy issues and adequately segregated male and female patients (Burden, 1998). Paradoxically, hospitals are designed to provide optimal layouts for patient visibility, so this is poor practice – particularly since patients in an AMU need to be observed (Carayon et al, 2006). Single sex bays eliminate the need to have screening to offer privacy from the opposite sex.

Action plan

The audit was presented to nursing staff at away days, and circulated by email. We drew up an action plan with three main aspects warranting immediate improvement on the AMU and submitted them to audit governance (Table 2).

Re-audit cycle

In March 2010, five months after the first audit cycle, a re-audit of 100 patients took place, using the same survey instrument. Over the one-month survey period, 96 out of a sample of 100 patients surveyed had been nursed in a single sex bay during assessment or admission, compared with the first audit, where the figure was 100 out of 108 patients. We had not expected such a vast improvement.

Nurses on the AMU have indicated that hospital policy and deciding the organisational process of how male and female patients could be segregated and nursed in single sex bays had the greatest impact in ensuring the standard was met. Before this, it had been thought that it would be impossible to change practice. The results of the audit and the comments about privacy were also considered in terms of changing the way patients are nursed. It is a matter of thinking ahead – being proactive and organised.

Conclusion

Patients’ comments revealed in the first audit cycle were communicated to the team through meetings and in an audit report. Gradually, this feedback has had an impact upon care and raised awareness about patients’ perspectives on privacy and dignity if they are nursed in a mixed sex bay.

The audit showed that mixed sex bays do lead to dignity and privacy issues. We will continue to revisit the issue through surveys so that care can be improved.

This work shows that it is possible to introduce single sex bays on an AMU.

Setting out staff responsibilities and expectations, supported by a “zero tolerance” trust policy has led to a huge change in the way patients are placed and nursed on the unit (DH, 2006b).

The multidisciplinary team responded positively to the change and the nurse coordinators (predominantly sisters) work hard to maintain single sex bays.

Acute medicine is a notoriously challenging area in which to introduce single sex accommodation, and will be subject to variances according to hospital capacity. That said, in the words of one sister: “It has made our life a lot easier and it is so much better for the patients.” If staff feel happier, this should promote the single sex standard and make mixed sex bays, for the most part, a thing of the past.

The survey instrument and the local AMU guidelines are available on request: liz.lees@heartofengland.nhs.uk

References


Burden BJ (1998) Privacy or help? The use of curtain positioning strategies within the maternity ward environment as a means of achieving and maintaining privacy, or as a form of signalling to peers and professionals in an attempt to seek information or support. Journal of Advanced Nursing; 27: 1, 15-23.


