Project Title:
Exploring person-centred practice within a one hundred percent single room acute-care hospital environment.

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Level: (PhD/MRes)
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Background to the project:
Historically patients in hospital have been nursed in multi-bedded ward environments. There has been a shift to one hundred percent single room (hereafter referred to as single room) accommodation in UK hospitals in recent years; this change in the care setting brings with it the necessity to alter patterns of working for teams, while still maintaining the focus on safety, quality and experience of care. There has been some research linked to the role of the physical environment and outcomes for patients and staff (Ulrich and Quan 2004) and on the moderate benefit of single rooms for patient satisfaction (van de Glind et al 2007), however this is limited. Recent research undertaken in the UK by Maben et al (2015) highlights the contrasting experiences for patients and staff relating to a new large single room hospital environment. While patients appreciated the privacy and reduced noise, staff expressed anxiety and the need to work differently relating to for example prioritisation and maintaining connection with both colleagues and patients.

The aspiration to deliver care that is person-centred is evident in global health and social care policy and strategy. Challenges in delivering person-centred care in acute settings are attributed to a number of factors, including: complexity of service, context, high expectations and resource constraints. Research highlights the somewhat transient nature of person-centredness in this sector; described as fragility by Laird et al (2015) and pockets of good practice alongside missed opportunities by Bolster and Manias (2010). However these studies were not undertaken in single room acute hospital environments. Maben et al (2015) is the only work that explores experiences from the perspective of patients and staff before and after a move to a new single room environment, while the findings can be mapped to the person-centred framework (McCormack and McCance 2010) the study does not explore this explicitly. South Eastern HSC Trust has person-centredness at the core of its business and has a track record associated with safety, quality and experience, therefore, it is keen to understand the care experience from the perspective of the receivers and providers of care in the new block at the Ulster Hospital site.

Two members of the supervisory team will undertake an initial exploratory ethnographic study of person-centredness in the existing acute care setting. This will provide an understanding of the perceptions of staff (i.e. espoused - through the person-centred practice inventory [PCPI]) and their practice (i.e. lived – through non-participant observations). This will provide an understanding of current practice.

Aim and objectives of the research:
The overall aim of the study is to explore the impact of a one hundred percent single room acute-care environment on the delivery of person-centred practice.

Objectives:
1. To understand, from the perspectives of key stakeholders, the experiences of care within a single room acute hospital environment.
2. To explore the challenges associated with delivering person-centred care in a single room acute hospital environment.
3. To highlight the enablers associated with delivering person-centred care in a single room acute hospital environment.
**Methods to be used:**
This study will examine person-centredness within a one hundred percent single room acute hospital environment using both qualitative and quantitative methods.

**Phase 1:**
Here the researcher will explore current practice within the single room care environment, through:
- Narratives/stories from patients – here patients will be asked to describe their experiences of care in the new environment but will also be encouraged to reflect on any previous experiences in for e.g. being cared for in a 6-bedded bay.
- Interviews and focus groups with MDT staff – care givers and key stakeholders will be asked to reflect on their experience of care in the new single room environment and also reflect back to previous experiences in different settings.
- Reflective field notes

**Phase 2:**
Building on the data and analysis from phase 1, the researcher will examine the lived reality of care in the single room environment. Data collected here will include:
- Non-participant observation
- PCPI will be administered to all staff 1 year post move
- Reflective field notes

**Data analysis:**
Analysis of phase 1 data will inform the foci for phase 2. An appropriate framework for data analysis will be developed to enable rigorous triangulation of the data sources to draw findings.

**Skills required of applicant:**
1. Experience of using qualitative research methods including interviews, narratives, focus groups and observation.
2. Experience of managing qualitative and quantitative data
3. Excellent computer literacy
4. Excellent oral and written communication skills
5. Applicants from health disciplines including nursing, midwifery and AHP would be particularly welcome

**References:**