



Public attitudes on  
accommodation for in-patients  
within the NHS Estate in Scotland

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for in-patients within the NHS Estate in Scotland

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**It should be noted that since this research was commissioned a new Scottish government has been formed, which means that the report reflects commitments and strategic objectives conceived under the previous administration. The policies, strategies, objectives and commitments referred to in this report should not therefore be treated as current Government policy.**

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## **EXECUTIVE SUMMARY**

### **Background, objectives and methodology**

1. The Scottish Government (formally known as the Scottish Executive) Health Property and Capital Planning Division conducted a review of the provision of single room accommodation for in-patients within the NHS estate in Scotland. This has highlighted a lack of information about the needs and wants of the Scottish population in relation to single room accommodation, and consequently this survey was commissioned to explore the issue.
2. The specific research objectives were to:
  - assess people's accommodation preferences;
  - explore people's opinions on where different groups should stay;
  - examine perceived benefits and risks;
  - examine awareness of current hospital accommodation.
3. Research was conducted by TNS System Three using the Scottish Opinion Survey (SOS) with fieldwork taking place between 23rd and 28th November 2006. In total, 990 interviews were achieved in 43 constituencies throughout Scotland - the sample being representative of the adult population of Scotland both demographically and geographically. The SOS was conducted using Computer Aided Personal Interviewing (CAPI).

### **Key findings**

4. The majority of respondents had some experience of hospitals in the last five years – either as in-patients (37%), visiting friends or relatives (76%), or in the course of their work (8%). In total, almost a quarter (24%) had personally stayed in a smaller multi bed ward (up to six people) as an in-patient, 13% in a single room, and 7% in a large ward (7+ people). Regarding visiting in-patients, 50% had visited friends or relatives in a smaller multi-bed ward, 27% in a single room, and 17% in a larger multi-bed ward. Linked to this, the majority of the sample (60%) felt that the smaller multi-bed wards were most common, followed by larger multi-bed wards (32%) and single rooms (5%).
5. If admitted as an in-patient, the most frequently preferred type of accommodation would be a single room (41%), followed by people saying that they didn't mind (27%). Smaller multi-bed wards (22%) and larger multi-bed wards (3%) were considered less desirable. Looking at the sample based on their preferences, patterns of response by those who 'don't mind' and those who prefer smaller multi-bedded wards were similar throughout.
6. Previous experience of types of hospital accommodation makes little difference to future preferences, although those who have stayed in or visited a smaller multi-bed ward are slightly more likely to prefer to stay in one should they be an in-patient in the future. Preference for single room accommodation increased with social grade (30% of those in the DE group increasing to 58% of ABs), and the younger age

groups were also more likely to prefer this type of accommodation. (49% of those aged 16-34 falling to 28% of those aged 65 and over).

7. The perceived advantages of staying in a single room were more privacy (75%) and that it would be less noisy (34%) – both more likely to be cited by those who would prefer to stay in a single room. The major disadvantage given was that you would feel isolated or lack company (69%) – in particular from those who would prefer to stay in a multi-bed ward. In conjunction with this, the major advantage of a multi-bed ward given was that you feel less isolated and have more company (78%), and the stated disadvantages were that you have less privacy (56%) and it is more noisy (48%). Those who preferred single rooms were more likely to see disadvantages of multi-bed rooms, and those who preferred multi-bed rooms were more likely to see disadvantages of single rooms.
8. The main groups that the sample felt should stay in a single room were those who are seriously ill (57%), those who are dying (27%), and people who have an infectious disease (24%). Only 11% felt that everyone should stay in a single room. The main groups that the sample felt should stay in a multi-bed room were people who were in hospital for a routine procedure (27%) and everyone (26%).
9. Despite the fact that the largest proportion of respondents would prefer to stay in single room accommodation, there was an acceptance that resources would not allow everybody to do so. There was little agreement overall about what sorts of groups should stay in single versus multiple accommodation, suggesting that people do not have very strong feelings on this topic. Although they tend to feel that the judgement should be made based on severity of illness, this could reflect the pattern of allocation they have personally observed in the NHS today.

## CHAPTER ONE BACKGROUND AND METHOD

- 1.1 A review of the provision of single room accommodation for in-patients within the NHS Estate in Scotland was carried out by the Scottish Government Health Property and Capital Planning Division. As part of this process a peer review of a report commissioned by NHS Estates in England, which concerned single room accommodation, was undertaken.
- 1.2 One of the conclusions from the peer review was that there was a lack of information about the needs and wants of the Scottish population in relation to this issue, and that research was required to address this.
- 1.3 In order to tackle this requirement, the Scottish Government commissioned TNS System Three to conduct this research with Scotland's general population to gather information about the Scottish population in terms of their attitudes to and knowledge about single versus multiple occupancy accommodation in hospitals. The intention is that, as part of a wider process, this will help to inform guidance on the provision of single room accommodation for in-patients within the NHS Scotland.
- 1.4 The specific research objectives were:
  - To assess people's preference to be accommodated in single versus multiple occupancy hospital accommodation;
  - To explore people's opinions on which groups should/should not be accommodated in single occupancy hospital accommodation;
  - To examine the perceived benefits and risks associated with accommodating people in single or multiple occupancy accommodation;
  - To examine the degree to which people are aware of the nature of hospital accommodation currently provided by NHS Scotland.
- 1.5 The TNS System Three CAPI (Computer Assisted Personal Interviewing) omnibus, Scottish Opinion Survey (SOS), was used to collect quantitative data.
- 1.6 A sample of 990 adults aged 16 and over was interviewed in-home in 43 sampling points throughout Scotland over the period 23<sup>rd</sup> – 28<sup>th</sup> November 2006. To ensure that the sample was representative of Scotland's adult population in terms of age, sex and socio-economic group (SEG)<sup>1</sup>, it was weighted<sup>2</sup> to match population estimates from the National Readership Survey of January – December 2004. The sample profile, both unweighted and weighted, is shown in Table 1.1.

---

<sup>1</sup> The standard six social grades, commonly used in research, are based on the current or previous occupation of the chief income earner in the household. AB includes higher and intermediate managerial, administrative and professional occupations, C1 includes supervisory or clerical, and junior managerial, administrative or professional occupations, C2 includes skilled manual workers whilst DE includes semi and unskilled occupations, state pensioners and the long-term unemployed.

<sup>2</sup> The results shown have been weighted to match Scotland's demographic profile. Weighting is often used in analysis of survey data to correct any under/over representations of particular groups that occur during sampling.

**Table 1.1 - Sample profile**

Base: 990 (%)

		<b>Unweighted</b>	<b>Weighted</b>
GENDER:	Male	43	48
	Female	57	52
AGE	16 – 24	14	15
	25 – 34	16	17
	35 – 44	17	18
	45 – 54	16	18
	55 – 64	13	14
	65+	22	19
SEG:	AB	12	20
	C1	29	28
	C2	19	21
	DE	40	31

**Notes on report**

- 1.7 This report presents the findings for the sample as a whole. Sub-groups of the sample, such as different age groups, social classes, and gender are commented on where relevant and are also separated out in the data tabulations.
- 1.8 The main findings are summarised in the next chapter. Throughout the report, the figures referred to are weighted figures.
- 1.9 Where “\*” appears in the report and data tables, this represents a percentage greater than zero but less than 0.5%. Within the tables in the report, the term ‘N’ refers to the unweighted base sample size.

## CHAPTER TWO MAIN FINDINGS

2.1 The main findings from the research are summarised below.

### Sample background

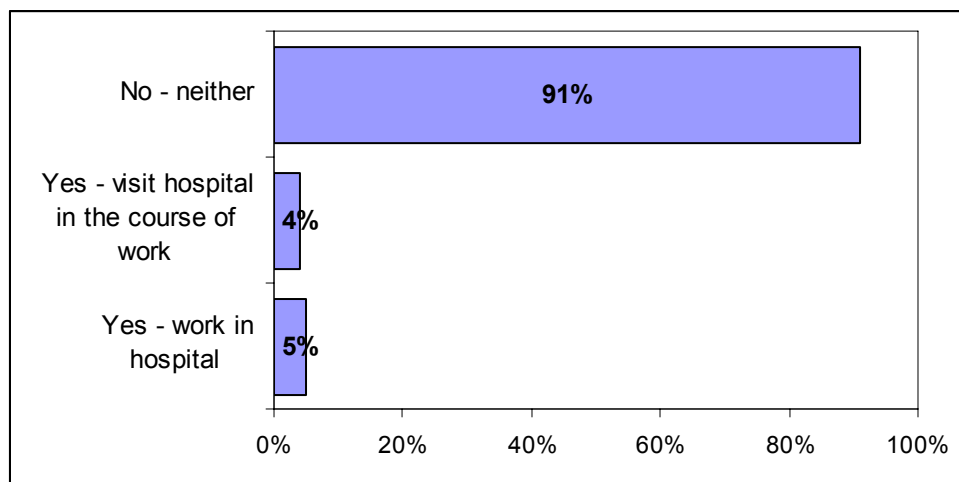
2.2 A key influence on people's knowledge about and attitudes to hospital accommodation, more specifically in relation to single rooms versus multiple occupancy wards, is the extent of their experience of hospitals and hospital accommodation generally. While it is important to recognise that people's perceptions can be influenced by many sources such as television, other media and word of mouth, we also wanted to establish the level of first hand experience of hospital accommodation in the sample.

2.3 We identified three main ways in which people would gain experience of and knowledge about hospital accommodation: working in a hospital or visiting one in the course of one's work; staying in hospital as an in-patient; or visiting another person in hospital.

2.4 Respondents were asked whether they worked in a hospital or regularly visited hospitals in the course of their work. The results are shown in Figure 2.1.

**Figure 2.1 Experience of hospitals through work**

Base: All respondents (990)

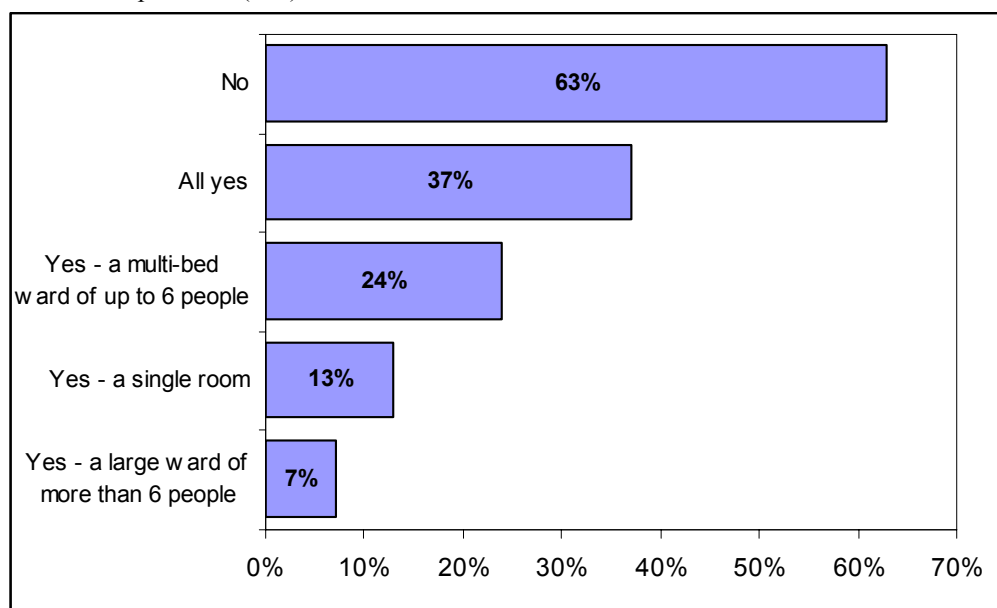


2.5 It can be seen that the vast majority of the sample did not have experience of hospital accommodation due to work related reasons. Although this varied a little by demographic group as one might expect with, for example, greater numbers of women and fewer of those above retirement age falling into this category, these differences were small and unlikely to have any effect on the views of this group as a whole.

2.6 Respondents were also asked whether they had, in the last five years, been an in-patient in hospital. It was important to limit this to the last five years to ensure that those that fell into this category had experience of relatively modern hospitals. The results are shown in Figure 2.2.

**Figure 2.2 Experience of staying in hospital as an in-patient in the past five years**

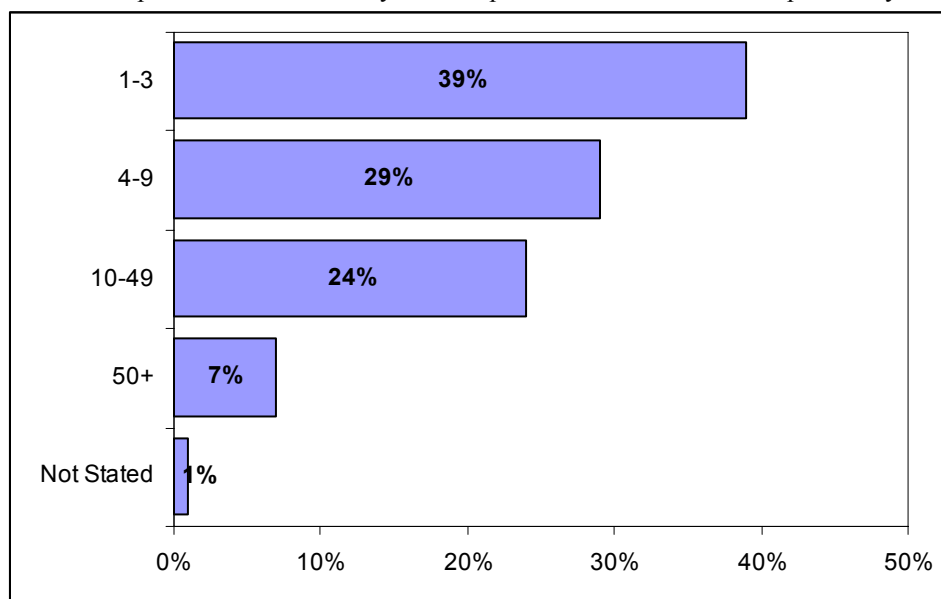
Base: All respondents (990)



- 2.7 Nearly two thirds of the sample had not stayed in hospital as an in-patient in the past five years. For those who had stayed in hospital, the most common type of accommodation was a multi-bedded ward of up to six people, in which 24% of respondents had stayed, followed by a single room (13% of respondents had stayed in this type of accommodation). Respondents were less likely to have stayed in a large ward with more than six people with only 7% of the sample having done so.
- 2.8 Women were more likely than men to have stayed in hospital, however, there were no real differences in the types of accommodation experienced by women compared to men. Perhaps surprisingly, there was very little difference by age. Those aged 25 to 44 were slightly more likely to have been an in-patient in hospital in the last five years, and those aged 45 to 54 were slightly less likely to have stayed in hospital. Once again, there was little difference in the types of accommodation experienced by different age groups.
- 2.9 Those in social group DE were more likely than any other social group to have stayed in hospital in the past five years, with nearly half of DEs having done so compared to around one third of those in other social groups. Those in the AB group (the highest social group) were more likely than those in other social groups to have stayed in a single room while in hospital, with over half of those who had been in hospital staying in single room accommodation. This may reflect a greater tendency to use private hospitals where single rooms are more prevalent, but it is important to remember that this is based on a small number of patients (N=35 staying in single rooms).
- 2.10 There was no difference in experience of staying in hospital accommodation by location.
- 2.11 Those respondents who had stayed in hospital accommodation in the past five years were asked how many nights in total they estimated that they had spent there.

**Figure 2.3 Number of nights spent as an in-patient in the past five years**

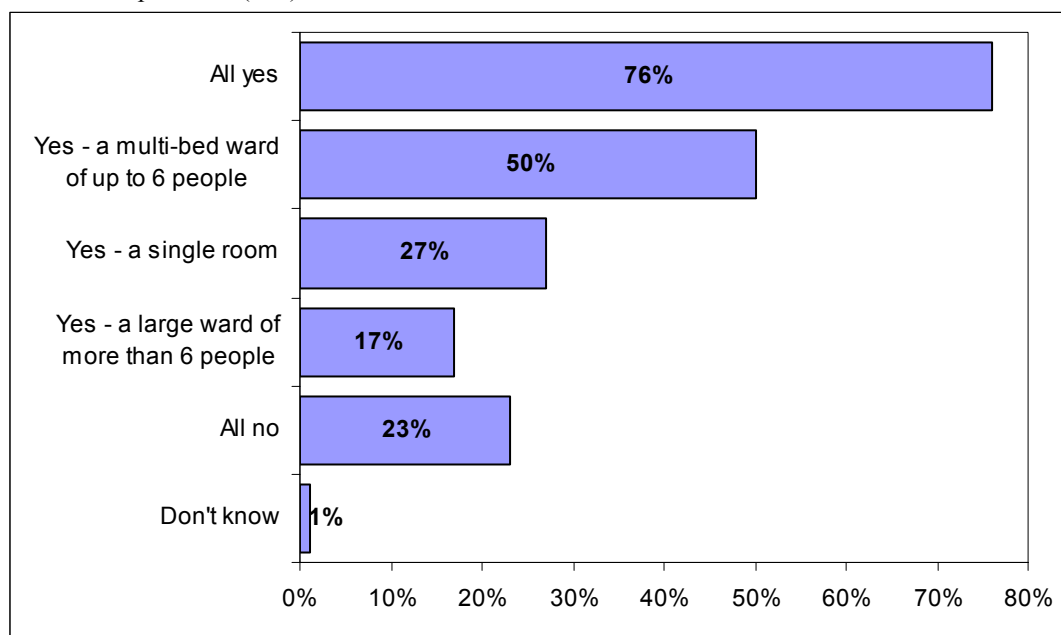
Base: All respondents who have stayed in hospital accommodation in the past five years (363)



- 2.12 It is important to remember that the number of nights reported by each respondent is a cumulative total of all the occasions they have been in hospital. The graph shows that, as we would expect, it was most common for people to stay in hospital for short periods of time.
- 2.13 There was no real variation by gender and, as expected, there was a tendency for those aged 55 and over to be more likely to have spent longer in hospital compared to those in younger age groups. Almost half of those in this age group who had stayed in hospital had spent 10 or more nights. Those in the lowest social grade, DE, were more likely to have spent 10 or more nights in hospital (40% had done so) than those in other social grades (around one quarter of people in all other social grades had done so). These figures reflect previously established patterns relating to health, age and social grade.
- 2.14 We also wanted to establish how much experience respondents had of hospital accommodation as visitors. We first asked those respondents who had children aged under 16 (N=296, 29% of the sample) if they had been to visit their child in hospital in the past five years. Only 29% of this sub-group had done so. As this is only 85 respondents in total, it is not possible to break these results down further, although the type of accommodation in which the children stayed follows the same pattern as adults. The largest number of children had stayed in a multi-bedded ward of six or less, followed by a single room and fewer had stayed in a large ward of more than six.
- 2.15 Respondents were then asked if they had visited someone staying as an in-patient in hospital in the past five years. Please note that, of the respondents who had visited their child in hospital, 91% had also responded yes to this question and we are confident that they would draw on both experiences when completing the survey. The results of this question are shown in Figure 2.4.

**Figure 2.4 Experience of visiting someone staying in hospital in the past five years**

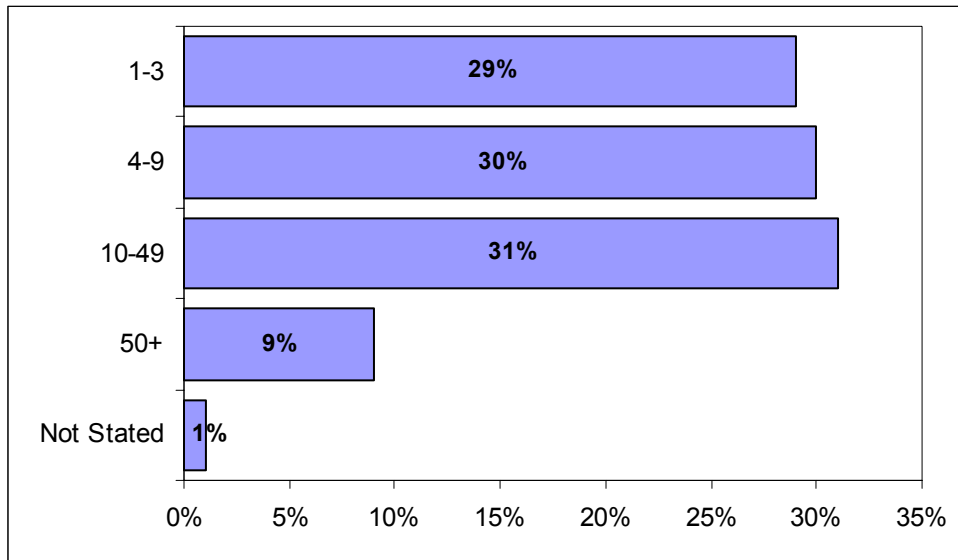
Base: All respondents (990)



- 2.16 Three quarters of the sample had visited someone in hospital in the past five years. Half of the sample had experience of visiting someone staying in a multi-bedded ward of up to six people, around one quarter had visited someone staying in a single room and just less than one fifth of respondents had visited someone staying in a large ward of more than six people.
- 2.17 There were no differences in terms of gender. There was little variation in terms of age, although those aged 16 to 24 were less likely to have visited someone in hospital than those in other age groups (68% had done so).
- 2.18 Those who lived in the East/South of Scotland were slightly less likely to have visited someone in hospital in the past five years than those in other areas of the country, with 69% having done so compared to 79% of those living in both the North and the West.
- 2.19 Those respondents who had visited someone (either their child or someone else) staying in hospital as an in-patient in the past five years were also asked on how many different days they estimated they had visited. The results are shown in Figure 2.5.
- 2.20 Around one in three people had visited someone in hospital on between one and three different days. Similarly one in three had visited on between four and nine different days and on between 10 and 49 different days. It was much less common to have visited on more occasions than this, with only 9% having done so. It is important to remember that this is a cumulative number of visits and could include visiting more than one person or visiting the same person on multiple occasions. As an indication of how much experience the sample has of current hospital accommodation, this would suggest that the majority of respondents have a reasonable amount of experience and some have much experience.

### Figure 2.5 Number of different days on which respondents visited someone staying in hospital

Base: All who have visited their child or another person staying in hospital in the past five years (759)

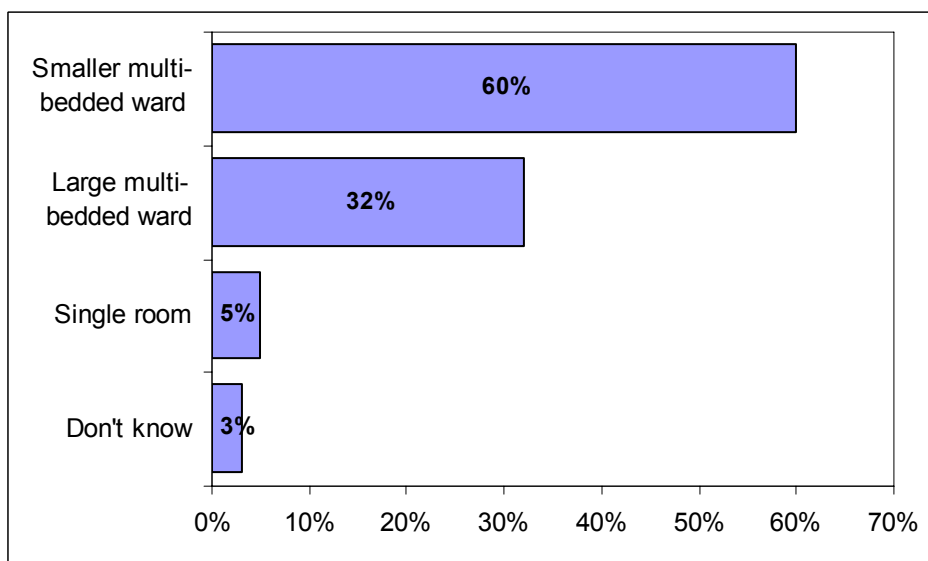


### Perceptions of what NHS hospitals look like today

2.21 A related issue was the degree to which people are aware of the nature of hospital accommodation currently provided by NHS Scotland. To assess this, respondents were shown pictures of three types of hospital ward and asked which one they thought was most common in hospitals nowadays. The pictures showed a smaller multi-bedded ward, a larger multi-bedded ward and a single room. The pictures are shown in Appendix 3. Figure 2.6 shows the responses to this question.

### Figure 2.6 Perceptions of which type of accommodation is most common

Base: All respondents (990)



- 2.22 Respondents are aware that there are different types of hospital accommodation available. As we have noted, the majority of the sample had recent experience of hospital accommodation with the largest proportion of people who had stayed in hospital or visited hospital having experience of multi-bedded wards of up to six people. This was reflected in responses when asked about the type of accommodation they thought was most common. The majority of respondents (60%) said that smaller multi-bedded wards were the most common type of ward. However, despite the fact that people had greater experience of staying in and visiting single rooms compared with large multi-bedded wards, they did not believe that single rooms were more common. Thirty two percent of respondents thought that large multi-bedded wards were the most common type of accommodation, while very few respondents thought that single rooms were the most common (5%).
- 2.23 There was no difference by age, and though the youngest and oldest age groups thought the balance between large and small wards was more even, there was no difference in the proportion saying that single rooms were the most common type of accommodation. While in all areas the majority believed smaller multi-bedded wards were most common, a greater proportion of those living in the west of Scotland thought that larger multi-bedded wards were the most common (38%) compared with those in the south/east (24%) and the north (32%).
- 2.24 Those in the AB group were considerably more likely to believe that smaller multi-bedded wards were the most common type of accommodation (73% gave this response) and, despite the fact that a higher proportion of people in this social group had stayed in single rooms compared to other social groups, only 1% of ABs thought that single room accommodation was the most common.
- 2.25 There were no differences in the responses of those who worked in or visited hospitals in the course of their work compared with those who did not. This may suggest that the sample, as a whole, had a relatively accurate perception of what type of hospital accommodation is most common. There were also no differences between those who had and had not stayed in hospital.
- 2.26 Those who had visited someone staying in hospital were more likely than those who had not to think that smaller multi-bedded wards were the most common type of accommodation (63% of those who had compared with 50% of those who hadn't) no matter what sort of accommodation they had actually visited.

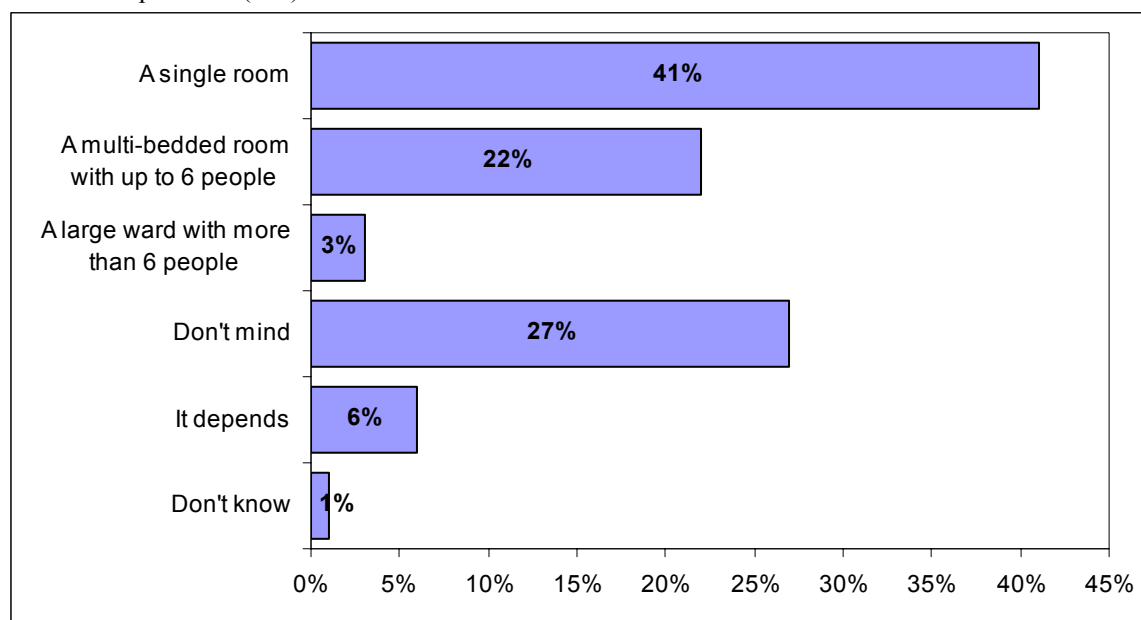
### **Preferences for different types of hospital accommodation**

- 2.27 One of our objectives was to assess people's preferences in terms of which type of accommodation they would like to stay in, were they admitted to hospital. The responses to this question are shown in Figure 2.6.
- 2.28 By far the most preferred option was to be accommodated in a single room, with 41% of the sample saying they would prefer to stay in this type of accommodation. However, it must be remembered that this still accounts for less than half the sample. Twenty two percent of respondents would prefer to stay in a multi-bedded ward of up

to six people, while very few would prefer to stay in a large ward of more than six people. Twenty seven percent said they would not mind what sort of accommodation they stayed in.

**Figure 2.6 Type of accommodation preferred if admitted to hospital**

Base: All respondents (990)

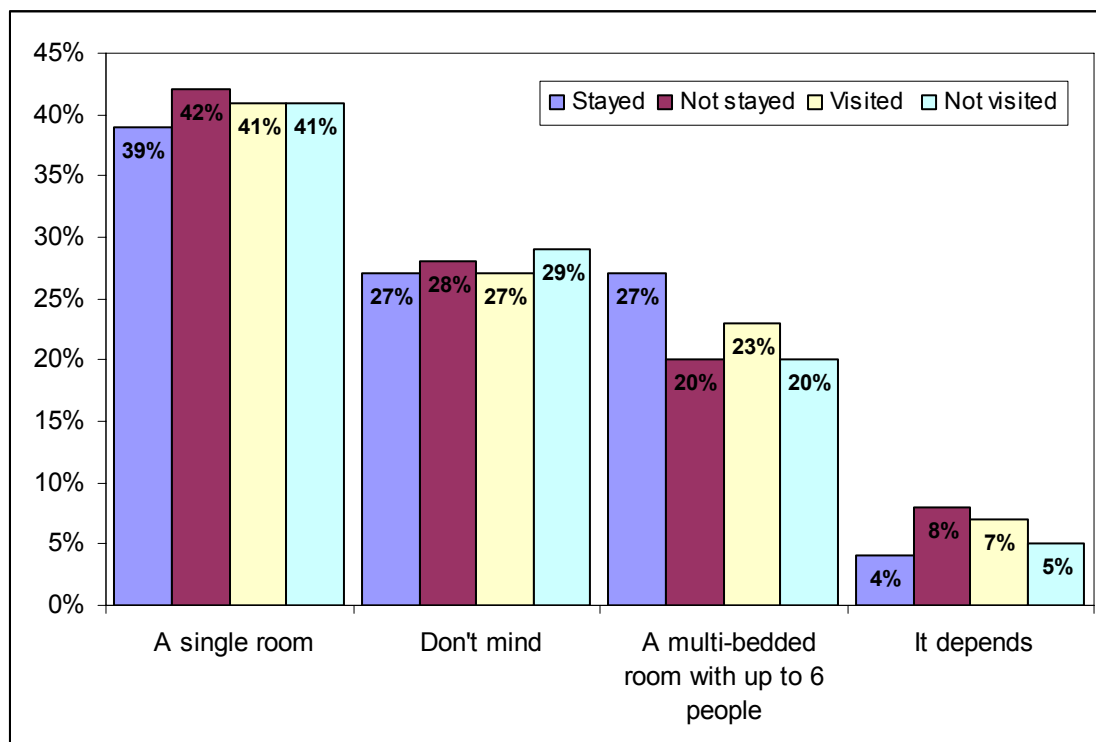


- 2.29 Men were much more likely to say that they didn't mind what sort of accommodation they stayed in (34% of men compared with 21% of women). Those in the younger age groups were the most likely to want to stay in a single room, with nearly half of those aged 16 to 34 saying they would prefer this type of accommodation. In contrast fewer of those in older age groups (37% of those aged 55 to 64 and 28% of those aged 65 and over) would like to stay in a single room, but were more likely than other groups to report a preference for multi-bedded wards of up to six people (preferred by 30% of those aged 55 to 64 and 36% of those aged 65 and over).
- 2.30 Preference for single room accommodation increased with social grade (30% of those in the DE group would prefer this type of accommodation compared to 36% of C2s, 41% of C1s and 58% of ABs). ABC1s were much less likely to want to stay in a multi-bedded ward of up to six people. Less than one in five respondents in these groups expressed a preference for this type of accommodation compared with over one quarter of C2DEs. There was no real difference in preference by area.
- 2.31 Figure 2.7 shows respondents' accommodation preferences by whether they had stayed in or visited someone staying in hospital in the past five years. As very few respondents said they would prefer to stay in a large ward of more than six people or that they did not know what type of accommodation they would prefer, these categories are not shown on the chart.
- 2.32 As can be seen from Figure 2.7, experience of hospital accommodation makes little difference to accommodation preference. For example, there does not appear to be any difference in preference of staying in a single room by experience of hospital accommodation. However, there is a greater tendency for both those who have stayed

in hospital and those who have visited hospital to express a preference for staying in a multi-bedded ward of up to six, though these differences are not great.

**Figure 2.7 Preferred type of accommodation by experience of hospital accommodation**

Base: All respondents (990)



2.33 Respondents were also asked to give their reasons for their stated accommodation preference. This was an open-ended question so respondents spontaneously gave any reason they chose and were allowed to give more than one reason. We are therefore confident that the responses to this question represent the immediate rather than considered factors that are important to people when they think about staying in hospital.

2.34 The main reason given by those respondents who said they would prefer to stay in single room accommodation was privacy, with having or enjoying privacy mentioned by 79% of those who would prefer this type of accommodation. Eight percent of respondents mentioned not liking noise or noisy people and a further 8% mentioned that peace and quiet was important when one was ill. Smaller proportions of respondents mentioned other reasons including less risk of infection in a single room, that they didn't mix well with others or that a better standard of care would be available in a single room.

2.35 For those respondents who would prefer to stay in a multi-bedded ward of up to six people, the most common reason for this preference was having company or someone to talk to, which was mentioned by 81% of these respondents. All other reasons were mentioned by fewer than 5% of respondents and included it being boring in a single room, that you would get more attention in a multi-bedded ward and that it would stimulate well-being.

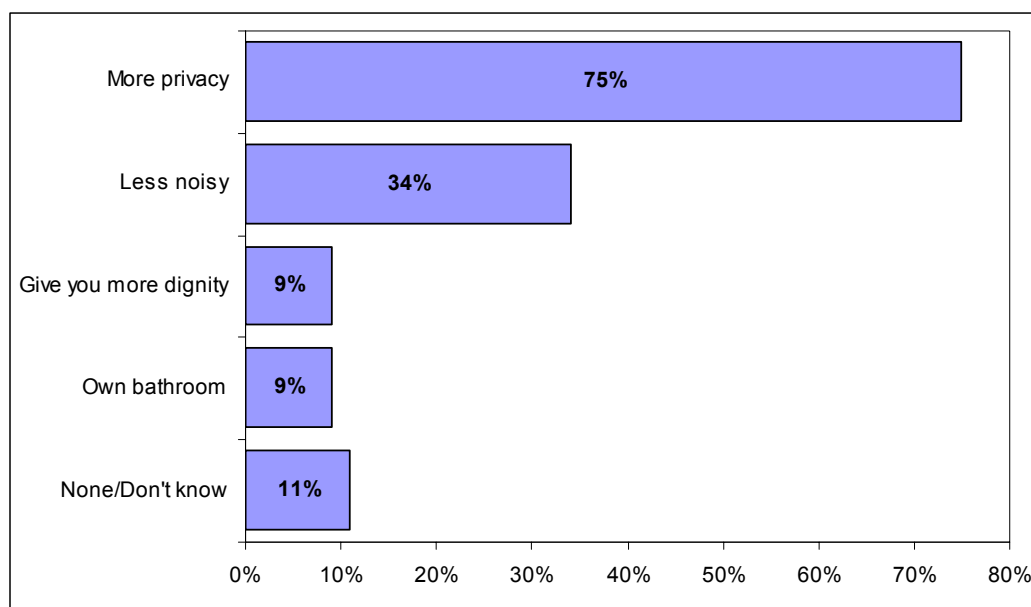
- 2.36 As previously mentioned, very few people would prefer to stay in a large ward of more than six people but for the 3% of the sample who expressed this preference the reasons given were very similar to those given by respondents who would prefer to stay in a small multi-bedded ward.
- 2.37 The most common reasons given by those who didn't mind what sort of accommodation they would stay in (27% of the sample) were that they didn't mind as long as they got good care (40%) or that they were not fussy/not bothered (24%). Despite saying that they didn't mind, 18% of this group said that they liked company or someone to talk to, suggesting that although they say they don't mind they would prefer not to be accommodated in a single room. All other reasons were given by less than 5% of this group and included that 'you should be glad to get a bed', that they 'don't mind as long as it's not a mixed ward' and that it would depend on the illness.
- 2.38 Finally, for the few respondents (6%) who said that 'It depends', the primary factor that they thought would be important was the type of illness for which they were being admitted. Other factors mentioned were that: respondents believed that if they were seriously or terminally ill they would prefer a single room; that it depended on what was available at the time; and that they would not want a mixed ward.

### **Perceived advantages and disadvantages of different types of accommodation**

- 2.39 Another objective of the research was to examine the perceived benefits and risks associated with accommodating people in single or multiple occupancy accommodation. Asking respondents to give reasons for their preferred type of accommodation allowed us to probe the spontaneous 'top line' advantages of different types of hospital accommodation. We then asked respondents more directly to consider the advantages and disadvantages of different types of accommodation, without prompting.
- 2.40 Firstly, we asked what respondents thought were the advantages for in-patients staying for one or more nights in a single room in hospital. Respondents were allowed to give as many benefits as they wanted and were encouraged to answer as fully as possible, however, they were not prompted. Figure 2.8 shows the most common responses to this question.
- 2.41 The most commonly mentioned advantage was more privacy, which was perceived as a benefit by three quarters of the sample. Just over one third of the sample mentioned less noise as a benefit of staying in a single room. Other perceived benefits, mentioned by less than 10% of the sample, included single rooms giving you more dignity, and having your own bathroom. These benefits also, to an extent, relate to privacy.
- 2.42 Fewer people mentioned advantages like single rooms making it easier to talk about your condition or other confidential matters, the fact that you would not disturb others and being able to choose whether to watch and what to watch on television. A full list of responses to this question is given in Appendix 2.

## Figure 2.8 Advantages of staying in a single room

Base: All respondents (990)



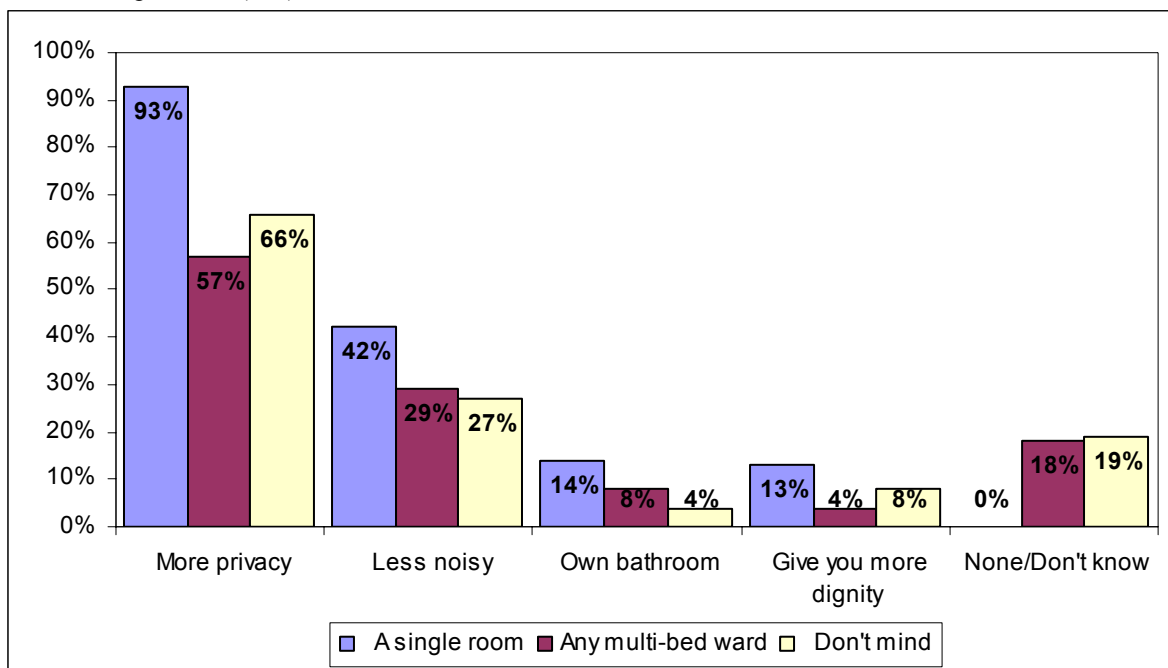
- 2.43 There was a slight tendency for women to mention each of the top three advantages compared to men: privacy was mentioned by 77% of women compared with 73% of men; noise by 37% of women compared with 31% of men; and dignity by 12% of women compared with 6% of men. This is consistent with a greater percentage of men saying that they did not mind what sort of accommodation they stayed in.
- 2.44 Those aged 65 and over were less likely to mention privacy (mentioned by 59%) and noise (mentioned by 28%) than any other age group. This age group was also most likely to say that there were no advantages or they did not know of any advantages, with 20% doing so. This is consistent with older age groups more frequently expressing a preference for multi-bedded wards – although we will explore the effect of preference in greater detail below.
- 2.45 There were very few differences in terms of other demographic variables, although those who worked in hospitals or visited hospitals in the course of their work were more inclined to say that privacy was an advantage (85%) than those who did not (74%) and indeed more likely to mention this than any other single group.
- 2.46 There was very little consistent difference by area, although those in the East/South were slightly less likely to consider less noise to be an advantage (27%) compared to those in the North (35%) or West (40%) of Scotland.
- 2.47 There was very little difference in responses from those who have stayed in hospital in any type of accommodation in the past five years versus those who have not. However, less noise was mentioned by more than 41% of those who had stayed in hospital as an in-patient compared with 35% of those who had not. Due to the small numbers involved it is difficult to comment on any differences by the type of accommodation stayed in with any confidence.

2.48 There were a few differences between those who had visited someone staying in hospital in the past five years and those who had not. Those who had were slightly more likely to mention privacy which was mentioned by 77% of visitors compared with 69% of non-visitors. Although, due to small numbers we cannot comment with confidence on differences by the type of accommodation that was visited, there appears to be a trend that less noise was more often mentioned as an advantage by those who had visited someone in a single room compared with those who had visited someone in another type of accommodation or who had not visited at all.

2.49 When we look at perceived advantages of single rooms broken down by the type of accommodation that people would prefer to stay in, there is a clear pattern. Those who would prefer to be accommodated in a single room were more likely to mention almost every advantage than those who expressed another preference. Figure 2.9 shows the top four advantages by preferred accommodation. As so few respondents (3%) said that they would prefer to stay in a large ward with more than 6 beds, these responses have been combined with those saying they would prefer to stay in a multi-bedded ward of up to six people.

**Figure 2.9 Perceived advantages of single room accommodation by preferred type of accommodation**

Base: All respondents (990)

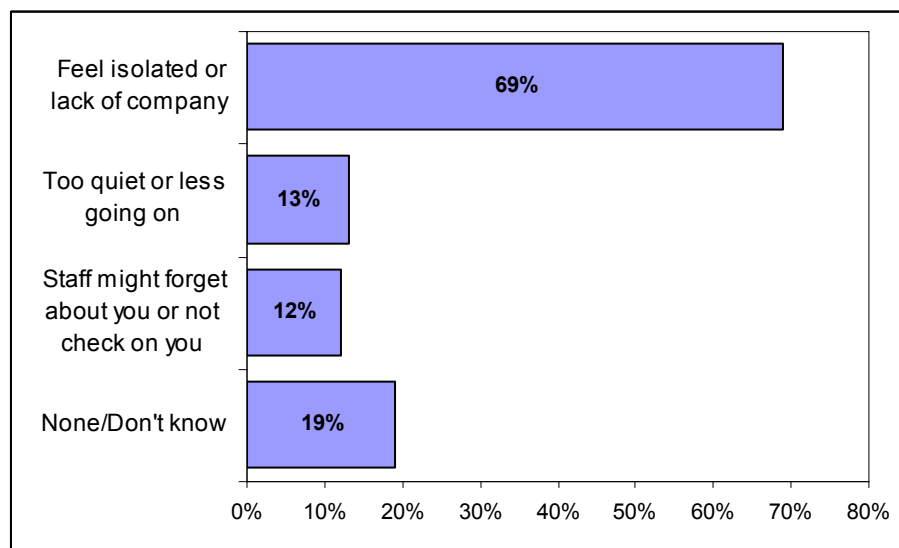


2.50 Some of the key things shown in the chart are the fact that those who would prefer to stay in single room accommodation see greater advantages than those expressing a different preference. Every person who expressed a preference for single room accommodation named at least one advantage of this type of accommodation whereas nearly one in five of those who would prefer to stay in a multi-bedded ward or who didn't mind which type of accommodation they stayed in said there were no advantages to single room accommodation.

- 2.51 Here, we continue to see the pattern of those who say they do not mind in what sort of accommodation they stay giving similar responses to those who say they would prefer to stay in multi-bedded wards. This suggests that these two groups may be similar.
- 2.52 We also asked respondents what they thought were the disadvantages to in-patients staying in single room accommodation. As with advantages, a small number of categories come through strongly and we will concentrate on these as small numbers prevent detailed analysis of the other categories. A full list is available in Appendix 2. Figure 2.10 shows the most common responses.
- 2.53 The two disadvantages most commonly mentioned - isolation or lack of company which was mentioned by 69% of respondents and too quiet which was mentioned by 13% - are, in a sense, mirror images of the advantages, privacy and less noise. Twelve percent of respondents mentioned a concern that staff might forget about you or not check on you as much if you were in a single room. Nearly one fifth of the sample did not mention any disadvantages relating to single rooms. No more than 2% of respondents mentioned any other disadvantage.

**Figure 2.10 Disadvantages of staying in a single room**

Base: All respondents (990)

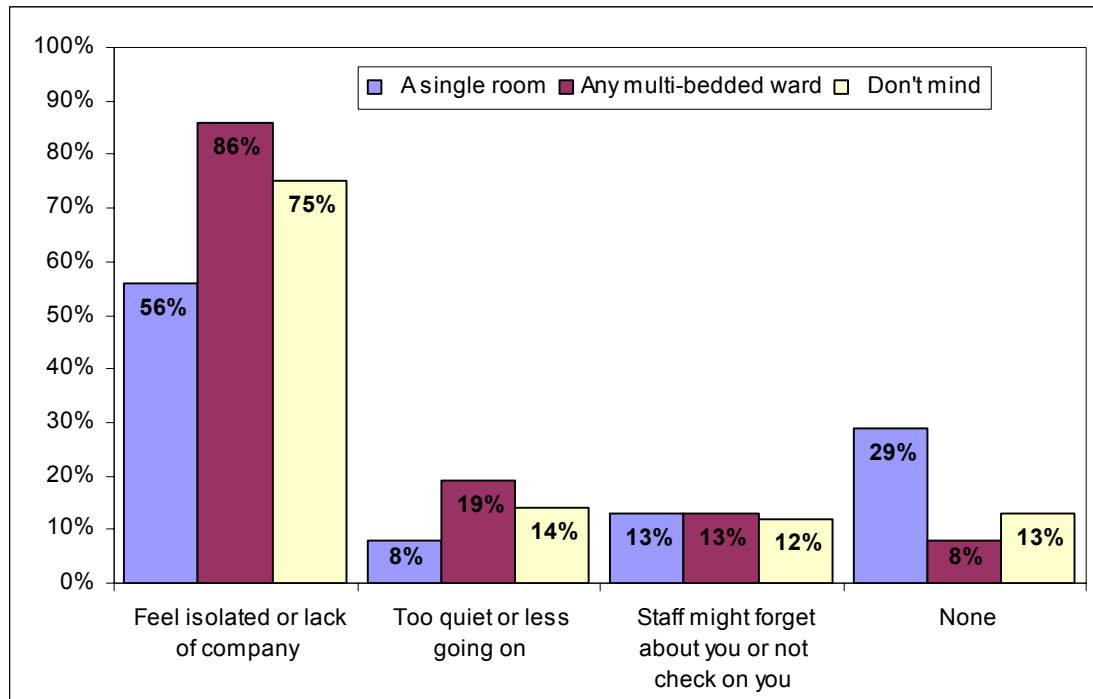


- 2.54 There were no real differences by gender or social class, though there was some variation by age. For example, those aged 16 to 24 and those aged 65 and over were slightly less likely to mention feeling isolated (mentioned by around 65%) compared to those aged 25 to 34 and 55 to 64 (mentioned by around 75% of these groups).
- 2.55 There was some variation by geographic area. Those in the West of Scotland were most likely to see a lack of company as a disadvantage (73%), followed by those in the North (69%), and those in the East/South (65%). Additionally, those in the East/South were more likely to mention single rooms being too quiet or having less going on as a disadvantage (17%) compared to both those in the West and those in the North (11% in each area mentioned this).

- 2.56 Those who worked in a hospital or visited a hospital in the course of their work were more likely to mention any disadvantage, with 88% doing so. This was particularly evidenced by 81% saying that people in single rooms could feel isolated. As this group were also more likely to mention advantages of single room accommodation, this may reflect a more in depth knowledge of the different aspects of hospital accommodation.
- 2.57 Having stayed in different types of hospital accommodation in the past five years also appeared to affect responses. Sixty nine percent of those who had not stayed in hospital thought that being isolated would be a disadvantage of staying in a single room. However, only 62% of those who had actually stayed in a single room saw this as a disadvantage compared with around 75% of those who had stayed in any type of multi-bedded room. Those who had stayed in a single room were also less likely to mention any disadvantage (around a quarter said there were no disadvantages) compared with those who had not stayed in hospital (20% saw no disadvantage) or those who had stayed in a multi-bedded ward (around 15% saw no disadvantage).
- 2.58 This pattern was not evident for those who had visited a person staying in hospital in the past five years. Those who had not visited were less likely to see disadvantages of staying in single room accommodation (23% saw no disadvantage) compared with those who had visited someone (19% of those visiting a person in a single room and around 17% of those visiting a person in a multi-bedded room saw no disadvantage). Those who had not visited someone were also less likely to say that isolation was a disadvantage (63%), compared with those who had visited (71% visitors to a single room and around 73% visitors to a multi-bedded room).
- 2.59 These results suggest that the patient experience of single rooms is more positive than it is perceived to be by those who either visit people in hospital or who work in or visit hospitals during the course of their work. However, it is important to remember that, of those who have stayed in a single room in the past five years, three quarters did see disadvantages in this type of accommodation and their primary concern was isolation or a lack of company. However, as we did not ask about advantages and disadvantages for respondents personally, this finding could relate to how they objectively saw this type of accommodation for people in general, rather than concerns they had for themselves specifically.
- 2.60 Figure 2.11 shows disadvantages of single rooms by preferred accommodation. Once again, it is evident that those who would prefer to stay in a single room are more likely to say there are no disadvantages with this type of accommodation (29%) compared with those who expressed any other preference and in particular those who would prefer to be accommodated in a multi-bedded ward (only 8% of these respondents saw no disadvantages). Those who would prefer to stay in a single room were also less likely to say that isolation or a lack of company (56%) or single rooms being too quiet (8%) were disadvantages compared with other respondents.

**Figure 2.11 Perceived disadvantages of single room accommodation by preferred type of accommodation**

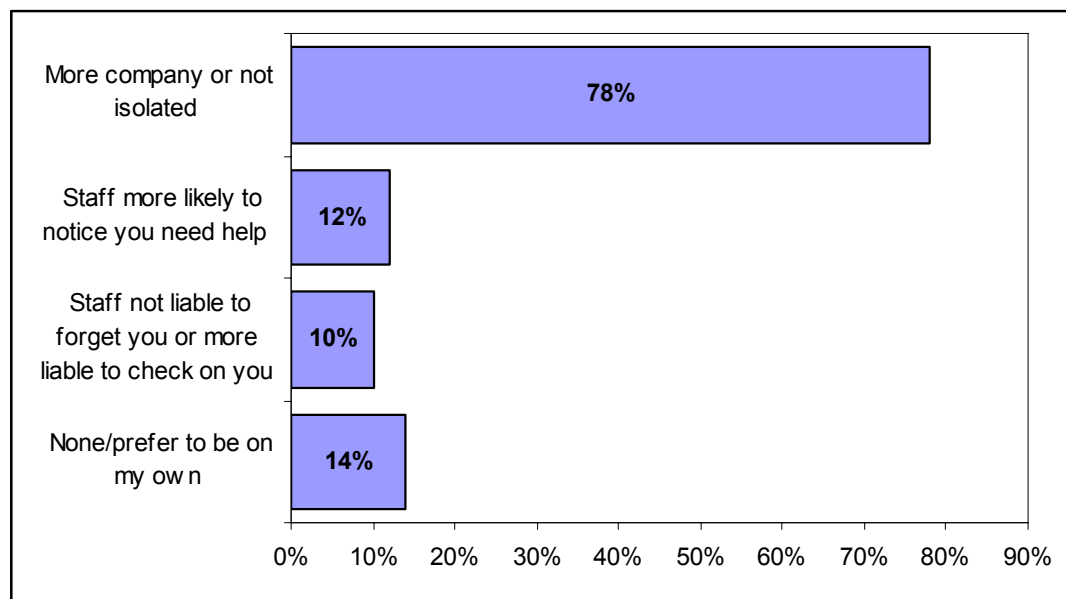
Base: All respondents (990)



2.61 We then asked respondents what they would say were the advantages for in-patients staying one or more nights in a multi-bedded ward of up to six people or a large ward with others. Again respondents were allowed to give more than one advantage and were not prompted in their answers. The main advantages are shown in Figure 2.12.

**Figure 2.12 Advantages of staying in a multi-bedded ward**

Base: All respondents (990)

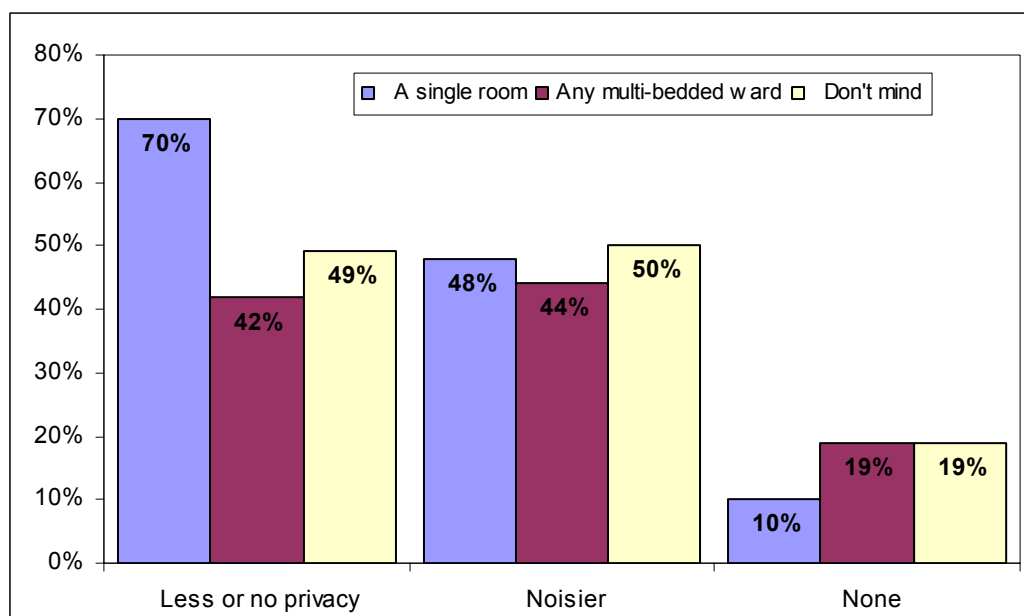


- 2.62 The biggest perceived advantage of staying in a multi-bedded ward was having more company and not feeling isolated and this was mentioned by 78% of the sample. Twelve percent of respondents said that they thought that staff were more likely to notice that you need help and 10% said that staff were not liable to forget you or more liable to check on you. No more than 2% of respondents mentioned any other advantage (a full list is given in Appendix 2). Fourteen percent of respondents said that there were no advantages to staying in a multi-bedded ward or that they would prefer to be on their own.
- 2.63 There were no differences in the responses by gender or social class. There was some variation by age, but this did not relate to the main advantage (more company and lack of isolation) and the differences are unlikely to be significant. There were no differences in terms of working in a hospital or visiting one in the course of one's work.
- 2.64 There was some variation by geographic area in relation to the main disadvantages. Those in the West of Scotland were most likely to see having more company and not feeling isolated as an advantage (82%), followed by those in the North (77%) and those in the East/South (73%). This follows the previous responses in relation to perceiving a lack of company as a disadvantage of single room accommodation. Those in the North were more likely to mention staff being more likely to notice you need help as an advantage (17%) compared to those in the East/South (13%) or West (9%).
- 2.65 There were no real differences in perceived advantages by those who had stayed in hospital in the past five years compared with those who had not. However, if we look at this by type of accommodation stayed in, those who had stayed in a single room were less likely to say that more company was an advantage (mentioned by 72%) compared with those who had stayed in a multi-bedded room (around 85%).
- 2.66 Those who had visited someone in hospital in the past five years showed the same pattern of results as those who had stayed in hospital in the past five years, whereas those who had not visited were less likely to mention any of the advantages and more likely to say there were no advantages.
- 2.67 If we look at perceived advantages of a multi-bedded ward by preferred type of accommodation, we see a similar pattern as for single room accommodation. Those who would prefer to stay in a multi-bedded ward saw greater advantages overall compared with those who would prefer to stay in a single room. Only 6% of those who would prefer to stay in a multi-bedded ward said there were no advantages to this type of accommodation compared with nearly one quarter of those who would prefer to stay in a single room.
- 2.68 Those who would prefer single room accommodation were also far less likely to say that having more company or someone to talk to is an advantage - 67% of this group gave this response compared with 89% of those who would prefer to stay in a multi-bedded room. There were no other differences between these groups in terms of which advantages were mentioned.

- 2.69 It is interesting to note that those who said they did not mind what sort of accommodation they stayed in again gave similar responses to those who would like to stay in multi-bedded accommodation adding weight to the argument that these groups are similar.
- 2.70 Finally, we asked about the disadvantages of staying in a multi-bedded ward. Only two disadvantages were mentioned by more than 8% of the sample. Fifty six percent of respondents said that less or no privacy would be a disadvantage and 48% that multi-bedded wards being noisier would be a disadvantage. This indicates that, while people are just as likely to see disadvantages of multi-bedded accommodation compared with single room accommodation, there is less agreement about what the disadvantages actually are.
- 2.71 There was no variation by gender. Those aged 35 to 44 were more likely than average to mention that a lack of privacy was a disadvantage (mentioned by 68% of this age group), particularly in comparison with those aged 65 and over who were much less likely than average to see this as a disadvantage (only 42% mentioned this). There was also no real variation by age in terms of seeing noise as a disadvantage.
- 2.72 Concern about privacy varied considerably by social class. Those in the AB group were particularly likely to mention this disadvantage (mentioned by 69%) compared with those in the C1C2 groups (mentioned by 56%) and those in the DE group (mentioned by 48%).
- 2.73 In terms of geographic area, those in the East/South were slightly less likely to mention either of these disadvantages compared to other areas. A lack of privacy was mentioned by 52% of those in the East/South compared to 57% of those in the West and 60% of those in the North, while noise was mentioned by 42% of those in the East/South compared to 52% of those in the West and 48% of those in the North.
- 2.74 Those who worked in or visited hospitals during the course of their work were more likely to see lack of privacy as a disadvantage, with 69% of this group mentioning it compared to 55% of those who did not work in or visit hospitals for work. Again this could reflect greater objective consideration of different types of accommodation.
- 2.75 There were no differences between the disadvantages perceived by those who had stayed in hospital at all compared with those who had not stayed in hospital at all although those who had stayed in a single room were more likely to mention lack of privacy as a disadvantage (mentioned by 62%) compared with those who had stayed in multi-bedded wards (mentioned by around 50%).
- 2.76 There were no real differences between the disadvantages perceived by those who had visited someone in hospital in the past five years compared with those who had not; neither did this vary by the type of accommodation they had visited.
- 2.77 As with the previous questions, preferred type of accommodation had an effect on the perceived disadvantages of multi-bedded wards. The results are shown in Figure 2.13.

**Figure 2.13 Perceived disadvantages of multi-bedded wards by preferred type of accommodation**

Base: All respondents (990)



- 2.78 Those who preferred to stay in a single room were less likely to say that there were no disadvantages of multi-bedded accommodation, with 10% of this group saying so, compared with 19% of those who would prefer to stay in a multi-bedded ward or who did not mind what accommodation they stayed in.
- 2.79 Privacy was a big concern for those who would prefer to stay in a single room (mentioned by 70%) compared with those of those who would prefer to stay in a multi-bedded ward (42%) or who did not mind what accommodation they stayed in (49%). However, there was little difference in the perception of noise as a disadvantage.
- 2.80 Once again, those who said that they did not mind what type of accommodation they stayed in responded in a similar way to those who would prefer to stay in multi-bedded accommodation. We would speculate that this pattern could be connected to the fact that, as people believe multi-bedded wards to be the most common type of hospital accommodation, they expect to be accommodated in this type of ward. They therefore look for advantages and disadvantages that complement their expectations.

### **Who should stay in single versus multiple occupancy accommodation?**

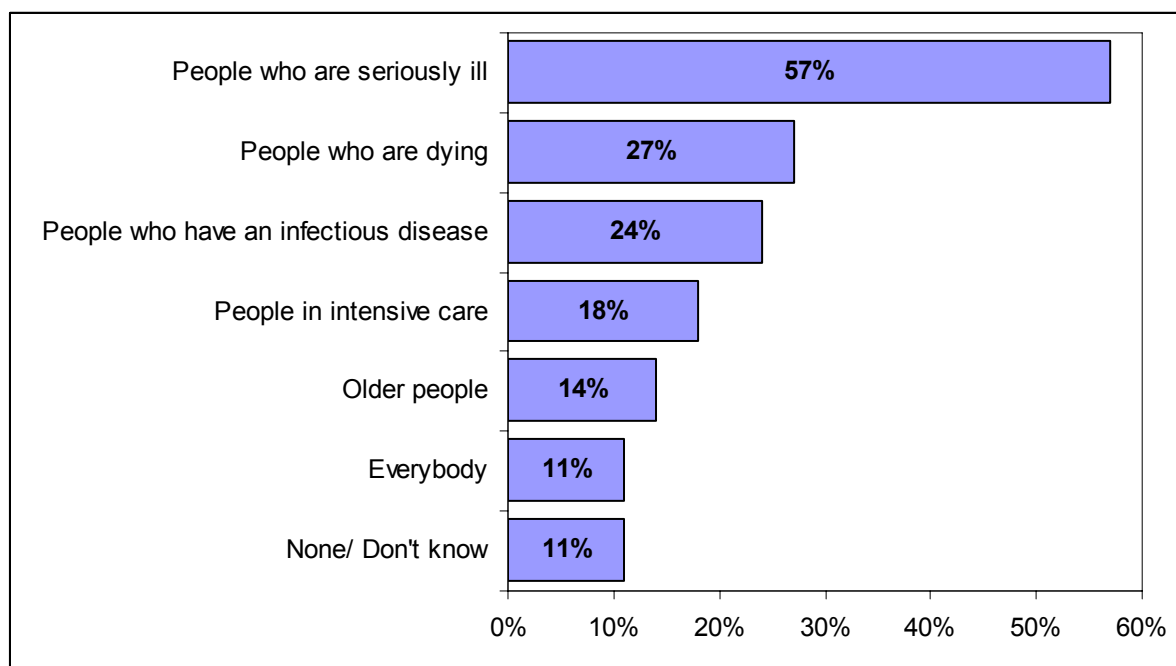
- 2.81 A further objective of the research was to explore people's opinions on who should be accommodated in single occupancy hospital accommodation. Respondents were told that not all hospitals had single rooms for every patient. They were then asked, without prompting, firstly, who they thought should generally stay in a single room

and secondly, who they thought should generally stay in a multi-bedded room or large ward. They could give more than one answer if they chose.

2.82 The most common responses to these questions are discussed below. Figure 2.14 shows the groups that people thought should be accommodated in a single room.

**Figure 2.14 Who should stay in a single room?**

Base: All respondents (990)



2.83 At first glance, there does not seem to be much agreement about which groups should be accommodated in a single room. However, closer inspection suggests that severity of illness has been used as a criteria to make this judgement, with this being reflected in each of the four most common responses (and possibly with older people also being equated with having more serious illness).

2.84 The groups that most people thought should stay in single room accommodation were those who are seriously ill (mentioned by 57% of the sample) followed by those who are dying (27%). One quarter of the sample thought that those who had an infectious disease should be accommodated in a single room and 18% thought that people in intensive care should stay in a single room. Older people were mentioned by 14% of respondents while 11% said that they either didn't know who should stay in a single room or that no one should.

2.85 Despite the fact that around four in ten respondents expressed a preference to stay in a single room, only around one in ten of the whole sample thought that everyone should stay in single room accommodation. This may indicate that there was an acceptance that not everybody could or should stay in this type of accommodation, regardless of their preference.

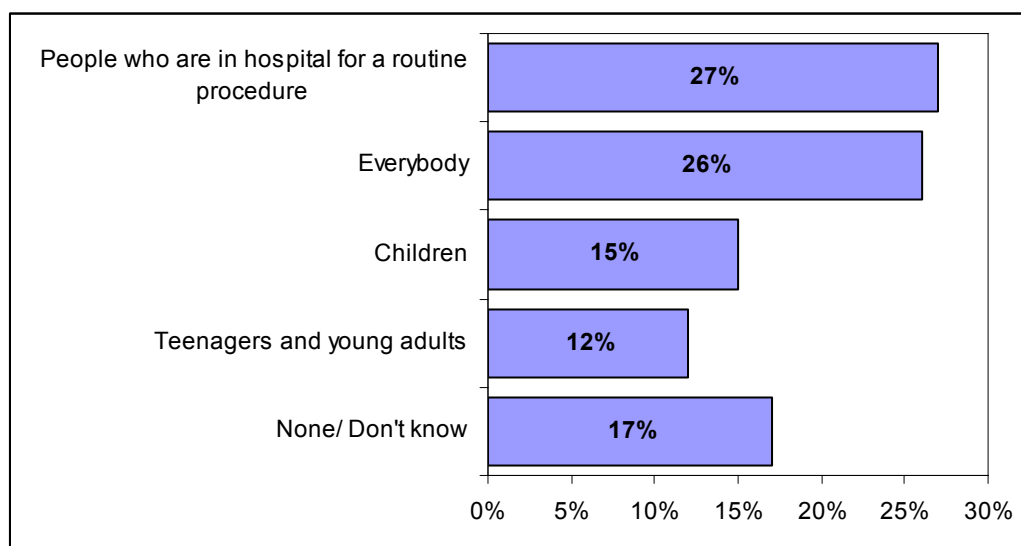
2.86 There were no differences by gender, and while there were some fluctuations with age, all age groups placed the different groups in the same order of who should stay in

a single room. Those in the AB groups were much less likely than other groups, particularly those in the DE group, to say that those who were seriously ill should stay in single rooms (47% of ABs compared with 64% of DEs). However, as this was an unprompted question, this does not necessarily mean that they thought that people in these groups should *not* stay in single rooms.

- 2.87 There was some variation by area. Respondents in the West were considerably less likely to say that everybody should stay in a single room (5%) compared to those in the East/South and North (17% and 15% respectively). Respondents in the East/South were less likely to say that those who were seriously ill (40%) and those who were dying (19%) should stay in a single room compared to other areas (those who were seriously ill were mentioned by 69% of respondents in the West and 57% in the North and those who were dying by 33% in the West and 27% in the North).
- 2.88 Although there is no definitive explanation for these results without further research, we could speculate that they could reflect the fact that those in the East/South (as mentioned above) had slightly less experience of visiting people in hospital and therefore of which groups generally stay in different types of accommodation.
- 2.89 There were no real differences in the results of those who had stayed in or visited someone staying in hospital in the past five years and those who had not. However, those who had visited their children in hospital in the past years were more likely to say that children should stay in a single room compared to those who had not (12% of those who had compared with 3% of those who had not).
- 2.90 Figure 2.15 shows the groups that people thought should be accommodated in a multi-bedded ward or large ward.

**Figure 2.15 Who should stay in a multi-bedded ward?**

Base: All respondents (990)



- 2.91 Again, despite the immediate appearance of little agreement on which groups should stay in multi-bedded accommodation, severity of illness seems to have been used as a criteria to make this judgement. Twenty seven percent of the sample mentioned that people who are in hospital for a routine procedure should stay in this type of

accommodation. Fifteen percent of the sample thought that children should stay in multi-bedded wards and 12% mentioned teenagers and young adults. This could also be linked to severity of illness as people tend to think of these groups as 'healthy'. Seventeen percent said that either no one should stay in this type of accommodation or that they did not know who should.

- 2.92 Twenty six percent of respondents thought that everybody should stay in multiple occupancy hospital accommodation. This is more than double the 11% of respondents who thought everybody should stay in single room accommodation.
- 2.93 It is worth noting that, as people believe that multi-bedded rooms are the most common type of hospital accommodation, it may be difficult for them to consider which groups *should* stay in this type of accommodation. In a sense, it is the default option. This could explain the low proportion of the sample mentioning each individual group, and the relatively high proportion saying that they don't know who should stay in this type of accommodation.
- 2.94 Again, there were no differences by gender. Although there was some variation by age, all age groups placed the different groups in the same order of who should stay in a multi-bedded ward. The exception to this was those aged 65 and over who were more likely to say that everybody should stay in multi-bedded wards (mentioned by 31%).
- 2.95 Respondents in the North were more likely to say that everybody should stay in a multi-bedded ward (37%) compared to those in the East/South (25%) or those in the West (22%). Conversely those in the North were less likely to mention children (10%) or teenagers and young adults (5%) compared to those in other areas (children were mentioned by 15% in the West and 18% in the East/South; teenagers were mentioned by 12% in the West and 18% in the East/South). Respondents in the West were considerably more likely to say that those who were in hospital for a routine procedure should stay in a multi-bedded ward (37%) compared to those in the East/South (16%) or North (23%). This could be seen as complementary to the fact that respondents in the West, as described above, were most likely to think that single rooms should be reserved for those who are seriously ill or dying.
- 2.96 There were no real differences between the results of those who had stayed in or visited someone staying in hospital in the past five years and those who had not. However, those who had visited their children in hospital in the past five years were less likely to say that children should stay in a multi-bedded ward (14% of those who had visited their children compared with 22% of those who had not) and less likely to mention teenagers and young adults (9% compared with 15%).

## CHAPTER THREE CONCLUSIONS

- 3.1 There was a high level of experience of hospitals as either a visitor or a patient. Thirty seven percent of the sample had spent at least one night as an in-patient in hospital in the past five years and 76% had visited someone staying in hospital in the past five years. Fewer respondents (9%) worked in or visited a hospital in the course of their work. Thus, the majority of the sample had some recent experience of hospital accommodation which would inform their responses to the survey.
- 3.2 This knowledge was reflected in responses when respondents were asked which type of accommodation was most common. The majority of respondents (60%) said that a smaller multi-bedded ward was the most common type, consistent with their greater experience of this type of accommodation. However, despite the fact that people had more experience of staying in and visiting single rooms compared with large multi-bedded wards, they did not believe that single rooms were more common. Thirty two percent of respondents thought that large multi-bedded wards were most common, while very few respondents thought that single rooms were the most common type of accommodation (5%).
- 3.3 When respondents were asked what type of accommodation they would prefer to stay in, the most common answer was a single room (41%) followed by a multi-bedded ward of up to six people (22%) and a large ward of more than six people (3%). It is important to note that those who expressed a preference for single room accommodation nevertheless represent less than half the sample. A further 27% said that they did not mind what sort of accommodation they stayed in, though their subsequent responses resembled those who preferred multi-bedded wards. Six percent of the sample said that their accommodation preference would depend on various factors, most commonly on what type of illness they were admitted with.
- 3.4 Preference was mediated by social class with the percentage of those expressing a preference for single room accommodation increasing with social grade (30% of those in the DE group would prefer this type of accommodation compared to 36% of C2s, 41% of C1s and 58% of ABs). ABC1s were much less likely to want to stay in a multi-bedded ward of up to six people. Less than one in five respondents in these groups preferred this type of accommodation compared with over one quarter of C2DEs.
- 3.5 Age also had some effect on preference, with those aged 34 and below being more likely to express a preference for staying in a single room and those aged 55 and above being more likely to express a preference for staying in a multi-bedded room.
- 3.6 Experience of staying in or visiting different types of hospital accommodation did not appear to have a large effect on what type of accommodation people would prefer to stay in. However, we must assume that these preferences are, in most cases, determined by people's experience of hospital accommodation overall.
- 3.7 The most common reason given for preferring to stay in a single room was having or enjoying privacy (mentioned by 79% of those who expressed this preference). Of those who wished to stay in multi-bedded accommodation, having company or someone to talk to was the most important reason (mentioned by 81%).

- 3.8 In some ways opposite advantages and disadvantages exist for single and multi-occupancy accommodation and it may be hard to find a balance between these. The two main advantages of staying in a single room were considered to be having more privacy (mentioned by 75% of the sample) and less noise (34%). People thought that the main disadvantage would be feeling isolated or having less company (69%). The main perceived advantage of multi-bedded accommodation was having more company or not feeling isolated (78%). Two main disadvantages were mentioned: having less or no privacy (56%) or greater noise (46%).
- 3.9 The main factor in determining respondents' opinions of the advantages and disadvantages of single and multiple occupancy accommodation was the type of accommodation they would personally prefer to stay in. Those who would prefer to stay in a single room saw greater advantages in this type of accommodation and greater disadvantages in multi-bedded accommodation. The opposite was true of those who expressed a preference for staying in a multi-bedded ward. Preference, as mentioned previously, was in turn linked to social class and age and as a result may change as an individual's circumstances change.
- 3.10 As previously mentioned, those who said they did not mind what sort of accommodation they stayed in had a tendency to respond in a similar way to those who would prefer to stay in multi-bedded ward. We would speculate that this pattern could be connected to the fact that, as people believe multi-bedded wards to be the most common type of hospital accommodation, they expect to be accommodated in this type of ward and they therefore look for advantages and disadvantages that complement their expectations.
- 3.11 Despite the fact that the most commonly preferred type of accommodation was a single room (a preference expressed by 41% of the sample), there appeared to be acceptance of the fact that not everybody could stay in this type of accommodation, with only 11% of the sample saying that everyone should stay in single room accommodation. In comparison, 26% of respondents thought that everyone should stay in a multi-bedded ward. There were very few demographic differences related to this question, although those aged 65 and over were slightly more likely to think that everyone should stay in a multi-bedded ward (31%).
- 3.12 At first glance, there appeared to be little agreement overall on what sort of people should stay in single or multiple occupancy accommodation, suggesting that, in general, people have not given much consideration to this issue or do not have strong feelings about this topic. On closer inspection, severity of illness seems to be the criteria that people most commonly use in making a judgement about the type of accommodation that a person should stay in, with respondents tending to say that those who are more seriously ill should stay in a single room. This could also reflect a public perception of what actually *does* happen in hospitals today, rather than necessarily what they think should be the case.
- 3.13 In terms of single room accommodation, 57% thought that those who were seriously ill should stay in a single room, 27% mentioned that those who were dying, 24% mentioned those with an infectious disease and 18% said that people in intensive care should stay in a single room. In terms of multiple occupancy accommodation, 27% of

the sample thought that those who were in hospital for a routine procedure should stay in this type of accommodation, 15% mentioned children and 12% thought that teenagers and young adults should stay in multiple occupancy accommodation.

## APPENDIX 1 QUESTIONNAIRE

As part of some research being undertaken by the Scottish Executive and the NHS we would now like you to think about in-patient accommodation in hospital. By in-patient accommodation we mean where you would stay if you spent one or more night in hospital. This survey does not include residential/nursing home care.

*Section 1 – to establish respondents' experiences.*

Q1) Do you work in, or in the course of your work do you regularly visit, one or more hospitals?

Yes work in hospital/Yes visit hospital in the course of work/No neither

Q2) In the past 5 years, have you ever been an in-patient in hospital either in:  
READ OUT a single room/a multi-bed ward of up to 6 people/a large ward of more than 6 people /Not in past 5 years/Never/ Don't know (ALLOW MULTICODE ON 1, 2, 3).

ASK ALL THOSE with CHILDREN UNDER 16 years of age

Q3) In the past 5 years, has your child or children been an in-patient in hospital either in:  
READ OUT a single room/a multi-bed ward of up to 6 people/a large ward of more than 6 people/Not in past five years/Never/Don't know (ALLOW MULTICODE ON 1, 2, 3).

Q4) In the past 5 years, have you visited someone staying as an in-patient in hospital either in:

READ OUT: a single room/a multi-bed ward of up to 6 people/a large ward of more than 6 people/Not in past 5 years/Never/Don't know (ALLOW MULTICODE on 1, 2, 3)

ASK Q5 OF THOSE WHO HAVE STAYED IN HOSPITAL (CODES 1,2 OR 3 AT Q2)

Q5) Thinking about all the times you have stayed in hospital as an in-patient in the past five years, roughly how many nights would you say you had spent in hospital?

WRITE IN NUMBER

NOTE TO INTERVIEWERS ENCOURAGE RESPONDENT TO ESTIMATE EVEN IF THEY CAN'T GIVE AN ACCURATE ANSWER

ASK Q6 OF THOSE WHO HAVE VISITED THEIR CHILD(REN) OR OTHER PEOPLE IN HOSPITAL (CODES 1,2 OR 3 AT Q3 OR Q4)

Q6) Thinking about all the times you have visited someone who was staying hospital in the past five years, on how many different days would you say you had visited a person in hospital?

WRITE IN NUMBER

NOTE TO INTERVIEWERS ENCOURAGE RESPONDENT TO ESTIMATE EVEN IF THEY CAN'T GIVE AN ACCURATE ANSWER

*Section 2 – to assess people's preference to be accommodated in single versus multiple occupancy hospital accommodation*

Q7) If you were admitted to hospital in the future would you prefer to stay in:

READ OUT. SINGLE CODE ONLY a single room/a multi-bedded room with up to 6 people/a large ward with more than 6 people/don't mind/it depends/don't know

OPEN ENDED

Q8) Why do you say that?

PROBE Why else?

*Section 3 - to examine the perceived benefits and risks associated with accommodating people in single or multiple occupancy hospital accommodation*

Q9) What would you say are the advantages to in-patients staying for one or more nights in a single room in hospital?

DO NOT PROMPT ANSWER. ALLOW MULTICODE more privacy/give you more dignity/less noisy/easier to talk to staff or family about your condition or other confidential matters/ easier for people to visit/ don't disturb others/can choose what to watch on television/can choose whether to watch television /own bathroom/ staff can notice you more or have more time for you/better if patient is seriously ill or dying/single rooms cleaner or more modern

OTHER code & write in

DON'T KNOW/NONE

PROBE: What other advantages do single rooms have for patients?

Q10) And what would you say are the disadvantages to in-patients staying one or more nights in a single room in hospital?

DO NOT PROMPT. ALLOW MULTICODE feel isolated or lack of company/ too quiet or less going on/staff might forget about you or not check on you/would worry I was seriously ill or dying/there might be a delay in treatment/might not receive meals

OTHER code & write in

DON'T KNOW/NONE

PROBE: What other disadvantages do single rooms have for patients?

Q11) What would you say are the advantages for patients staying overnight in a multi-bedded room or large ward with others in hospital?

PRECODE. DO NOT PROMPT. ALLOW MULTICODE. more company or not isolated/ able to play with other children/staff not liable to forget you or more liable to check on you/staff more likely to notice you need help or possible delays in being treated/catering staff won't forget about you at meal times

OTHER code & write in

DON'T KNOW/NONE

PROBE: What other advantages do rooms with a number of beds have for patients?

Q12) What would you say are the disadvantages for patients staying overnight in a multi-bedded room or large ward with others in hospital?

PRECODE. DO NOT PROMPT. ALLOW MULTICODE. less or no privacy/don't allow you any dignity/noisier/not so easy to talk to staff or family about your condition or other confidential matters/ not so easy for (more) people to visit/ visitors might disturb others/can't choose what to watch on television/can't choose whether to watch television /sharing bathroom/not as clean/not as modern or more old-fashioned/ too many people/staff have too many people to deal with

OTHER code & write in

DON'T KNOW/NONE

PROBE: What other disadvantages do rooms with a number of beds have for patients?

*Section 4 - to explore people's opinions on which groups should/should not be accommodated in single occupancy hospital accommodation*

Q13) Not all hospitals have single rooms for every patient. Thinking about people staying overnight in hospital, who do you think should generally stay in a single room?

PRECODE. DO NOT PROMPT. ALLOW MULTICODE: Children/Teenagers and young adults/Adults/Older people/Men/Women/ People who are seriously ill/People who are in hospital for a routine procedure/people in intensive care/people admitted in an

emergency/people who are dying/people who have an infectious disease/ people who are mentally ill.

OTHER code & write in  
DON'T KNOW/NONE

Q14) And still thinking about other people staying overnight in hospital, who do you think should generally stay in a multi- bed room or large ward with others?

PRECODE. DO NOT PROMPT. ALLOW MULTICODE: Children/Teenagers and young adults/Adults/Older people/Men/Women/ People who are seriously ill/People who are in hospital for a routine procedure/people in intensive care/people admitted in an emergency/people who are dying/ people who are mentally ill.

OTHER code & write in  
DON'T KNOW/NONE

*Section 5 – to examine the degree to which people are aware of the nature of hospital accommodation currently provided by NHS Scotland*

Q15) I'm going to show you some pictures of different types of wards in NHS hospitals today  
SHOW PICTURES OF DIFFERENT TYPES OF HOSPITAL ACCOMMODATION

Which of these types of wards do you think is the most common in hospitals nowadays?  
SINGLE CODE ONLY A/B/C/don't know

## APPENDIX 2 ALL ADVANTAGES AND DISADVANTAGES

**Table A2.1 Advantages of single room accommodation**

Base: All respondents (990)

Advantage	%
More privacy	75%
Less noisy	34%
Own bathroom	9%
Give you more dignity	9%
Easier to talk to staff or family about your condition or other confidential matters	7%
Don't disturb others	7%
Easier for people to visit	6%
Can choose what to watch on television	6%
Better if patient is seriously ill or dying	5%
Can choose whether to watch television	4%
Staff can notice you more or have more time for you	3%
Single rooms cleaner or more modern	2%
More rest/more relaxing/ peace and quiet	2%
Less chance of infection	2%
Being able to sleep better	1%
Depends on illness/ person	1%
Speeds up recovery	*
Feel more secure	*
Others	1%
None/Don't know	11%

**Table A2.2 Disadvantages to single room accommodation**

Base: All respondents (990)

<b>Disadvantage</b>	<b>%</b>
Feel isolated or lack of company	69%
Too quiet or less going on	13%
Staff might forget about you or not check on you	12%
Would worry I was seriously ill or dying	2%
There might be a delay in treatment	2%
Might not receive meals	1%
Would get bored	1%
Costly/costs more to run	1%
More work for the staff/ nurses	1%
Depends what's wrong with the patient	*
Others	1%
None	19%

**Table A2.3 Advantages to multi-bedded ward accommodation**

Base: All respondents (990)

<b>Advantage</b>	<b>%</b>
More company or not isolated	78%
Staff more likely to notice you need help or possible delays in being treated	12%
Staff not liable to forget you or more liable to check on you	10%
Able to play with other children	2%
Catering staff won't forget about you at meal times	1%
You could support/help other people	1%
More activity/leveler	1%
Other patients could raise the alarm if you needed attention	1%
Easier for staff/help staff keep track of people	1%
More beds available	*
Cost/cheaper	*
Realise people are worse than yourself	*
Depends on how ill you are	*
Others	1%
None/Prefer to be on my own/Don't know	14%

**Table A2.4 Disadvantages to multi-bedded ward accommodation**

Base: All respondents (990)

<b>Disadvantage</b>	<b>%</b>
Less or no privacy	56%
Noisier	48%
Sharing bathroom	8%
Don't allow you any dignity	7%
Visitors might disturb others	7%
Not so easy to talk to staff or family about your condition or other confidential matters	4%
Not as clean	4%
Too many people	4%
Not so easy for (more) people to visit	3%
Can't choose whether to watch television	3%
Can't choose what to watch on television	2%
Staff have too many people to deal with	2%
Bigger chance of infection	1%
May not like the people you're sharing with i.e. junkies/violent people	1%
It's disturbing to see people ill/ die beside you	*
Not as modern or more old-fashioned	*
Depends if it's a mixed ward/wouldn't want to stay in a mixed ward	*
Others	*
None	15%

## APPENDIX 3 PHOTO PROMPTS

Figure A3.1 A smaller multi-bedded ward



Figure A3.2 A larger multi-bedded ward



**Figure A3.3 A single room**



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