Why Shared Hospital Rooms Are Becoming Obsolete

A cushy, new private room at Massachusetts General Hospital


All in all, happier, healthier patients. That’s why the private, single-occupancy hospital room has become the gold standard in new hospital construction — from Boston to Bolivia — and why having a roommate in the hospital is going the way of the house call.

Health care has changed a lot since the late 1850s, when Florence Nightingale advocated for large, 30-plus patient wards over private rooms. The world’s best-known nurse argued that the spacious, multi-occupancy wards improved the work environment for nurses by making patient supervision easier and therefore, care better.

In the U.S. these days, with patients rebranded as consumers, expectations have changed. “When was the last time you spent the night in a hotel with someone you don’t know?” is how Jeanette Clough, the CEO of Mt. Auburn Hospital in Cambridge, which is in the midst of converting to an all-private 220-room facility, framed the issue.

The trend toward all-private rooms has been building for some time, says Karen Reno, RN, Ph.D, a managing consultant for Joint Commission Resources, the consulting arm of the Joint Commission, the panel that accredits hospitals. But recently, she’s seen the phenomenon take hold in places as diverse as Vietnam and Bolivia, and across the U.S. in hospitals with money to spend. Though some patients still prefer a roommate — to alleviate loneliness, or for backup help — “the majority of hospitals being built are trying to make private spaces,” Reno says. “There are so just so many compelling reasons to do it.”

1. Contagion

The number one argument for private rooms is infection control. Around 2 million hospital-acquired infections kill about 100,000 people each year, health officials report. Multiple sick people in a room increase the bad odds. Think about it: a nurse or doctor enters a double-room to check a patient, and before they are able to wash their hands, there’s a moan on the other side of the curtain. The providers rush in to help, and all of the germs they carry come with them. Indeed,
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Single rooms reduce bathroom sharing (enough said), reduce the risk of family members coming into contact with potential infections and make rooms easier to clean and decontaminate.

2. Privacy

Hospital stays generally involve frank discussions about body parts and deeply personal issues, which some people find difficult and stressful. Studies have found some patients actually withhold critical medical information if they think a stranger can hear them. Clough, the Mt. Auburn CEO says: “It becomes noticeably uncomfortable when you talk about a personal issue with just a piece of cloth between you [and your neighbor].” She added that when patients have their own room, they can make middle-of-the-night phone calls or let visitors chatter without worrying about disturbing others.

3. Sleep

It’s not just about the fluffy pillows. Good sleep is critical to healing, and anyone who has spent the night in a hospital knows how elusive it can be. A 2008 white paper by The Center for Health Design and The Georgia Institute of Technology found that “single-bed rooms can reduce noise disturbance from roommates, visitors and healthcare staff and thereby improve patient sleep.” Sleep begets healing which can lead to shorter hospital stays, the thinking goes.

4. Happy Patients, Happy Families

The move toward “patient-centered care” is all about compassion and listening and intuiting everyone’s needs and concerns. Given that hospital stays are by nature unpleasant, what can hospitals do to lighten the mood, and make patients happier? Surveys show most (though not all) patients prefer single rooms due to the reasons already mentioned, (privacy, sleep, less embarrassment, more opportunity for family members to stay, etc.) according to a 2003 review article by researchers at Simon Fraser University. If you don’t have to share a bathroom with three other patients, things tend to look brighter, and you feel more in control.

But to really enhance the experience, says Jeannette Ives Ericson, Senior Vice President for Patient Care and Chief Nurse at Massachusetts General Hospital, you need a “total healing environment.”

That’s the goal at MGH’s newest facility — the 530,000-square-foot, $687 million Lunder Building, which just got the last of its patients moved in this week. All of the 150 inpatient rooms are private, spacious and cushy, with flat screen TVs and fold-out leather couches for family members. There are tasteful floral curtains and huge windows bursting with natural light. If you squint, the rooms almost seem more boutique hotel than hospital. (Indeed, one of the operations associates who tagged along on my recent tour is a former bartender at the Mandarin Oriental — he’s about to start nursing school. But that’s another story.) The urban garden-themed atrium is landscaped with cascading ivy, a bamboo garden and serene paintings.

With the new building complete, MGH’s 947 rooms are evenly split between private and semi-privates. For a random comparison, the 150-bed Faulkner Hospital in Jamaica Plain has all-private rooms, and Boston Medical Center downtown has 189 single-bed rooms and 109 doubles. (I didn’t poll every hospital in the state; and neither the state nor the national hospital associations keep this kind of data.)

Of course, there’s the cost of building all these private rooms, but some argue those costs are mitigated by savings from factors like decreased infections, fewer medical errors, shorter stays, reduced use of drugs and less staff turnover due to better morale.

The Other Side of The Story

The one thing I keep thinking about, though, is loneliness. The patients without streams of visitors and attentive family members, the ones who might benefit from a kind gesture from a stranger in the next bed.
So, before the double-occupancy hospital room fades into oblivion, I’d like to note a few upsides. Here are three:

1. **My Father**

Dad’s been in and out of the hospital ever since I can remember: knee operations, tumors removed, bleeding ulcers, debilitating infections, an emergency airlift from Fire Island. In the early 1980s, while he was still teaching philosophy to undergrads, my father spent time in a New York hospital recovering from back surgery. He still remembers his roommate:

> “The young man was interested in rock and roll, I think he was a drummer. We talked a lot — he asked me questions as if he thought being older was being wiser. He told me his worries about his surgery, and he wanted to learn more about philosophy. We talked about Sartre, Che Guevera, Marx, Heidegger, and I would try to translate them into ordinary language. He was all fired up, and got someone to buy him “The Birth of Tragedy” (Nietzsche). For me, he was a very good distraction.”

2. **My close mom-friend**

She found herself in a two-bed room on an obstetric ward when she went into premature labor a full nine weeks before her due date. She had to remain hospitalized in hopes the pregnancy would last as long as possible. On her first night, still shocked at the sudden turn of events and frightened for her baby, she made the mistake of wishing her late mother were still alive and there to give her comfort, and found herself quietly crying into her pillow. Her roommate, in for a kidney infection, heard the snuffling and offered some comfort. “I cried my first night in here too,” she said. “You have to remember that the chances are overwhelming that everything’s going to be all right.”

And on a more frivolous note…

3. **Seinfeld**

Without two-in-a-room, one of the most memorable scenes from Seinfeld wouldn’t have been. It’s the one where George goes to visit his mother in the hospital so he can enjoy her voluptuous young roommate getting a sponge bath on the other side of the flimsy curtain.

Readers, please add your hospital room stories here. Did you bond with a roommate, or did a private room vastly improve your medical experience?