

Public Perceptions of Privacy and Dignity in Hospitals

**Research Study Conducted for the
Department of Health**



March 2007

Contents

Ipsos MORI foreword	1
Introduction	2
1. Executive Summary	5
2. Experiences of inpatient care	9
2.1 Quality of care	9
2.2 Staff numbers and attitudes	9
2.3 Hospital food	10
2.4 Cleanliness	10
2.5 Positive experiences	10
3. Perceptions of privacy and dignity	12
3.1 Expectations	12
3.2 Importance of privacy and dignity	13
3.3 Staff attitudes	17
3.4 Importance of mixed/single sex accommodation	18
3.5 Gowns / nightwear	20
4. Accommodation types	22
4.1 Expectations and preferences	22
4.2 Reactions to accommodation types	24
4.3 Noise	31
4.4 Toilets / washing facilities	32
5. Tipping points	35
5.1 Is it more important to have single sex accommodation in certain instances?	35
5.3 Nature of illness	38
5.4 Length of stay	39
5.5 Elective procedures	40
5.6 Reactions of friends and family	41
6. Looking to the future	42
6.1 Suggestions for improvements	42

Appendices

Topic guide

Statistical Reliability

Questionnaire

Guide to statistical reliability

Ipsos MORI foreword

Patients and the public rightly expect to be treated with the highest standards of privacy and dignity when in hospital. Healthcare Commission surveys consistently show that the NHS performs well in this area, with only 2% of patients saying they did not receive enough privacy when being examined or treated.

Eliminating mixed sex accommodation is an important part of this. Single sex accommodation should be the norm for all planned admissions, and remains the ideal even in an emergency. We have made this a key commitment of the NHS Operating Framework for 2008/09, asking Primary Care Trusts to set and implement challenging local plans for improvement.

But we know that in some cases, the need to treat and admit must take priority over full segregation of men and women. The NHS will not turn people away just because the “right sex” bed is not immediately available. The important work in this survey helps us to understand how patients feel about this, so that we can see what we need to do, in order to deliver the best possible experience when mixing does occur.

Acknowledging the difficulties associated with full segregation in all areas does not mean that we are no longer committed to eliminating mixed sex accommodation. Far from it. We expect to see tangible improvements, building on the achievements of the last ten years. But what the survey shows us is that privacy and dignity is about more than just mixed sex accommodation. There is a great deal trusts can do to improve their services, and this survey will help them take action. Our patients deserve no less.

Professor Christine Beasley

Chief Nursing officer (England)

Introduction

This report contains the findings of a study conducted by the Ipsos MORI Social Research Institute on behalf of the Department of Health.

The study consists of a quantitative and qualitative programme of research among the general public. It was designed to explore perceptions towards privacy and dignity in hospitals, in particular with regard to mixed sex and single sex accommodation.

1.1 Aims and objectives

The **ultimate objective** of this project was to gain an understanding of how patients and the public perceive privacy and dignity in hospitals – and in particular, the issue of mixed sex accommodation.

The particular aims were to examine:

- the incidences and circumstances where patients find mixing intolerable;
- what actions hospitals could take to minimise mixing, and to make unavoidable mixing more bearable;
- whether patients and the public recognise the tension between rapid admission and complete segregation;
- whether patients accept that this tension should affect admissions practice;
- explore what else NHS organisations can and should do to continually improve privacy, dignity and segregation.

1.2 Methodology

Ipsos MORI used qualitative and quantitative methods for this study. The research consisted of the following components:

Six discussion groups with members of the general public, as set out below:

Group 1: Male and female, AB, Leeds, 65+

Group 2: Male and female, DE, Leeds, 30-50

Group 3: Male and Female, AB, Coventry, 65+*

Group 4: Male and Female, DE, West Midlands (suburban / semi-rural), 30-50

Group 5: Male, C1,C2,D,E, London, 65+

Group 6: Female, C1, C2, D, E, London 65+

* In order to explore fully any differences of opinion between the sexes, after the introduction and initial discussion, this group was split into two separate mini-groups, one male and one female. Towards the end of the discussion, we brought both groups together again.

The topics covered in the discussion groups were:

- Experiences of inpatient care;
- Definitions of privacy, dignity and mixed/single sex accommodation;
- Perceptions of privacy, dignity and acceptable forms of segregation including toilets, reactions from friends and family, trade-offs and elective procedures;
- The acceptability of mixed sex accommodation in various scenarios; and
- Priorities for the future.

To view the topic guide please refer to the appendices.

The main stage of quantitative fieldwork took place between the 9th and 15th of March 2007 via the Ipsos MORI Social Issues Omnibus survey. Ipsos MORI interviewed 1,619 members of the general public, face-to-face using Computer Aided Personal Interviewing (CAPI). We then conducted a 'booster' sample of people aged 65 and over, which will allow a greater degree of subgroup analysis among older people. The 'booster' was conducted on the next wave of the Ipsos MORI Social Issues Omnibus survey and interviews took place from 23rd March to 2nd April 2007. A further 381 interviews took place with people aged 65 and over. In total we have conducted **2,000 interviews**.

To view the questionnaire please refer to the appendices.

1.3 Presentation and Interpretation of the Data

1.3.1 Qualitative Findings

It is important to note that **qualitative** research is designed to be *illustrative* rather than *statistically representative* and therefore provides insight into why people hold views, rather than conclusions from a robust, valid sample. In addition, it is

important to bear in mind that we are dealing with people's perceptions, rather than facts.

Throughout the report, use is made of verbatim comments from participants. Where this is the case, it is important to remember that the views expressed do not always represent the views of the group as a whole, although in each case the verbatim is representative of, at least, a minority.

1.3.2 Quantitative Data

Because a sample, not the entire population of England has been interviewed, all results are subject to sampling tolerances. This means that both are accurate to within certain limits, and that not all differences between sub-groups are statistically significant. (Please refer to the Guide to Statistical Reliability section appended to this report for more details).

Where percentages do not add up to 100, this is due to multiple responses, computer rounding or the exclusion of 'Don't know/Not stated' responses. Throughout the report an asterisk (*) denotes a value of less than half a per cent, but more than zero.

1.4 Publication of Data

Our standard Terms and Conditions apply to this, as to all studies we carry out. Compliance with the MRS Code of Conduct and our clearing is necessary of any copy or data for publication, web-siting or press releases which contain any data derived from Ipsos MORI research. This is to protect our client's reputation and integrity as much as our own. We recognise that it is in no-one's best interests to have survey findings published which could be misinterpreted, or could appear to be inaccurately, or misleadingly, presented.

1.5 Acknowledgements

Ipsos MORI would like to thank Vicki Finlay, Elizabeth Jones and their colleagues at the Department of Health for their help and assistance in the development of the project. We would also like to thank the members of the general public who took part in this study, without whose input the research would not have been possible.

1. Executive Summary

Perceptions of privacy and dignity

Data from the survey show that **approaching half of people would expect to be allocated a bed within a single-sex ward** (44%) while a third of people (33%) expect to be put into mixed sex accommodation. Only one in ten expect to be given a single-room – although this doubles in London. Furthermore, a higher proportion of people expect to stay in a bay of around 4 beds (43%) rather than an open ward (36%).

Staying in a clean hospital is the most important aspect of being treated with dignity and respect for six in ten people (58%), followed by being kept informed about what is going on (43%). Being allocated a bed within a single sex ward is mentioned by just 17% overall, however this rises to a third among women aged 65 or over (31%).

The qualitative work suggests that privacy and dignity tend not to be discussed during hospital stays or thereafter providing they were satisfactorily upheld, they only become an issue when they are *not* upheld. Feelings of vulnerability are inevitable when staying in hospital and so it is crucial that patients feel staff treat them with dignity and respect.

Indeed, when participants are asked to discuss their recent inpatient experiences quality of care, the **numbers, and attitudes, of staff as well as food and cleanliness are top of mind**. While the quality of care is held in high regard, the quality of food and general hospital cleanliness are areas of concern for many participants. Privacy, dignity and single-sex accommodation are not mentioned spontaneously. However, factors such as staff attitudes and cleanliness contribute to patients' feelings of whether or not they feel they are treated with dignity and have sufficient privacy during hospital stays.

The matter of single sex versus mixed sex accommodation is closely tied to whether or not dignity and privacy are retained. Two thirds of respondents who do *not* find mixed sex accommodation acceptable cite a lack of privacy as the key reason. Furthermore, although the research suggests that issues relating to privacy and dignity are of higher importance to women, it should be borne in mind that these issues are extremely important to men too. In some cases the men we spoke to felt just as uncomfortable as women at the thought of staying in mixed-sex accommodation.

Accommodation types

Respondents' views are mixed on whether they would prefer to be allocated a bed within a small bay of around four beds or a single room (40% and 35% respectively). The open ward is least popular - just one in ten say they would prefer this (9%). Small bays are felt to offer a happy medium of some privacy while remaining a sociable environment.

Data from the survey suggests that a third of people feel that a curtain is an acceptable way of separating people of the opposite sex (34%). However the qualitative research suggests that some people have concerns about the level of privacy this would afford. In particular, the perceived level of noise is a key concern for participants when deciding which type of hospital accommodation would be preferable.

Nightingale-style ward

Most participants feel that a traditional nightingale-style ward would offer them very little privacy, and this style is generally thought of as 'old fashioned'. Furthermore, participants feel that this would offer them very little control over their environment in terms of light and noise. The level of noise is a particular issue to participants, in particular those who have stayed on a nightingale-style ward in the past

Nightingale-style ward with partitions

Participants feel that having latticed partitions throughout the ward between every two beds makes the ward look more 'cosy' and 'welcoming'. These partitions are felt to be a cost-effective way to add a touch of privacy to a traditional nightingale-style ward. A minority of participants however, feel that they partitions would not offer any greater privacy, but would simply become 'dust traps'.

All participants feel that nightingale-style wards of one sex are an acceptable way of separating the sexes.

Converted nightingale-style ward

Participants have mixed views on the nightingale ward converted into single units containing sinks. Although some are impressed, others feel they are 'stark' and many would not be comfortable staying in a single room, preferring to be within a small bay. Others have concern over the perceived high cost involved in such conversions.

Views are mixed on whether or not this type of accommodation would be an acceptable way of dividing the sexes within the ward. The main sticking point here is mixing with members of the opposite sex in order to use toilets and washing facilities.

Bay with glass screens

Many participants are positive about being allocated a bed within a small bay, but have concerns that this 'open bay' would prove noisy. Furthermore, since the bays do not contain washing or toilet facilities they are felt to be just 'borderline acceptable' as a way of separating the sexes.

Three-wall bay

Views on a three-wall bay are much the same as the bay with glass screens – participants fail to see much of a difference between these options. Again, views are mixed on whether or not this would provide an adequate way of separating the sexes, since washing facilities / toilets would be outside the bay.

Four-wall bays with en-suite facilities

Group participants react most positively towards the four-walled, enclosed bay with en-suite facilities, as it offers participants the greatest degree of control over their environment. Perhaps more importantly the en-suite facilities are thought to offer a greater degree of privacy and dignity than having to mix with members of the opposite sex in order to use the facilities. It is worth noting that a minority of participants raise concerns about the level of extra cleaning this option may entail and the cost.

All participants are satisfied that this option would be an adequate means of separating the sexes.

Toilets / washing facilities

More than seven in ten respondents say they would expect to share a toilet and washing facilities with members of the same sex only when staying in hospital – rising to more than three quarters for women over the age of 65 (77%). Similarly more than seven in ten respondents say they would *expect* to share these facilities with members of the same sex only (73%). As seen from the examples above, the qualitative research suggests that **toilets and washing facilities are key in determining the acceptability of mixed-sex hospital accommodation.**

Tipping points

Most respondents say that mixed-sex accommodation would be acceptable if they are in A&E. However, only two in five think this would be satisfactory if they are expecting a longer stay in hospital such as recovering from a by-pass operation. The qualitative research suggests that when patients are out of danger mixed-sex accommodation becomes unacceptable.

The nature of the illness also impacts on the perceived importance of mixed-sex accommodation. As might be expected, the more 'intimate' the nature of the illness is, the more crucial single-sex accommodation becomes for most people.

Suggestions for improvements

The most **important consideration for many group participants concerning privacy and dignity is the attitudes of hospital staff.**

Group participants are generally positive about more junior members of staff, such as healthcare assistants and suggest that more use could be made of such staff to undertake tasks such as ensuring that curtains are close properly when patients are being examined and that toilet doors are closed behind patients. Some also suggest that the quality of hospital gowns could be improved, while patients recognise that they need to be easy to get in and out of, ensuring that the ties are sufficient and not broken or absent would help patients feel as though they are retaining their dignity.

These small factors can have a real impact on a patient's perception on the extent to which they feel treated with dignity and respect while in hospital.

2. Experiences of inpatient care

During the discussion groups, respondents were asked firstly to talk generally about their inpatient experiences in order to provide a picture of the spontaneous issues that are 'top-of-mind'. The findings of the research indicate that overall, concerns over privacy, dignity and mixed sex accommodation are rarely voiced without prompting. Rather, respondents mention quality of care, hospital food, cleanliness and staffing issues most frequently.

2.1 Quality of care

Regarding quality of care, most participants express satisfaction with the service they received. Nurses tend to be the most highly thought of. Consultants and doctors are admired for their clinical excellence, but people feel they sometimes fall down on bedside manner. However, some people feel that a minority of staff let the patients down in terms of the quality of care they provide, and some feel that standards may not be as high as they once were.

I think I found the nursing staff were amazing. The domestic staff were completely the other end of the scale

Male, Leeds, DE, 30-50

Good bit was the surgeon, excellent care in that respect

Female, London, C1C2DE, 65+

They [hospital staff] used to love to do their job and that's what they wanted to do was look after people. But over the years I've just found that it's just like a job to us, like I go and do bookbinding. We haven't got to be nice to people and I think that's gone ...

Male, Leeds, DE, 30-50

2.2 Staff numbers and attitudes

Patients' hospital experiences vary widely and their perceptions of hospitals and healthcare tend to be shaped by their own experiences. As such, many feel that some hospitals provide a better standard of care than others.

I think standards vary between hospitals

Male, London, C1C2DE, 65+

Similarly, the feeling among respondents is that the quality of service provided by staff is variable; where it is poor, this may be in part due to the perception of insufficient staff.

I think the nurses, they appeared to be run ragged.

Male, West Midlands (suburban/semi-rural), AB, 65+

There's not enough staff to take care of the patients.

Female, Coventry, 30-50, DE

2.3 Hospital food

The quality of hospital food is, in most instances, thought of as being of a poor standard. The quality of hospital food is an important issue to patients as many feel that poor quality food can hinder their recovery, particularly if they have a lengthy stay in hospital.

I think the food's the main thing that's disappointing, but the care, it was first class

Male, Leeds, AB, 65+

It is just amazing that a hospital is there to get you better, to consider your health, and yet nutrition doesn't seem to be a consideration

Male, Leeds, AB, 65+

2.4 Cleanliness

Issues of cleanliness are spontaneously raised in all the discussion groups in a number of guises including staff cleanliness and, in particular, the cleanliness of bathrooms and washing facilities in hospitals. Concerns over cleanliness leads to fears about the spread of infections such as MRSA, which are top of people's minds and are often mentioned spontaneously.

It was filthy when I was in there [hospital]... every time I went to use the toilet

Female, Coventry, DE, 30-50

You're seeing nurses, etc., going outside smoking, they come straight back into the wards, they go out and come back in without a change of clothing

Male, Leeds, AB, 65+

I didn't even use the shower because they were that bad ... where I was. I got admitted to A&E and then I went in for two days on an observation ward and it was absolutely terrible

Male, Leeds, DE, 30-50

2.5 Positive experiences

Despite expressing some concern over the perceived deteriorating standards of quality of care and unease about staff shortages, many patients report instances of both their treatment and the staff being excellent. Clinical expertise, excellent

treatment and the quality of staff emerge as important drivers of people's positive inpatient experiences.

I couldn't have asked for any better treatment really

Male, West Midlands (suburban/semi-rural), AB, 65+

Ipsos MORI research consistently finds that people's perceptions of their local healthcare services are more positive than their perceptions of the NHS as a whole, suggesting that personal experience often has a positive impact on perceptions of local services. At national level, however, most people rely heavily on the media for information, and as such, media coverage can have either a positive or negative effect on shaping people's perceptions of the NHS as a whole.

Group participants recognise this and feel that negative perceptions can be fuelled by the media, since good news stories do not tend to be so readily reported.

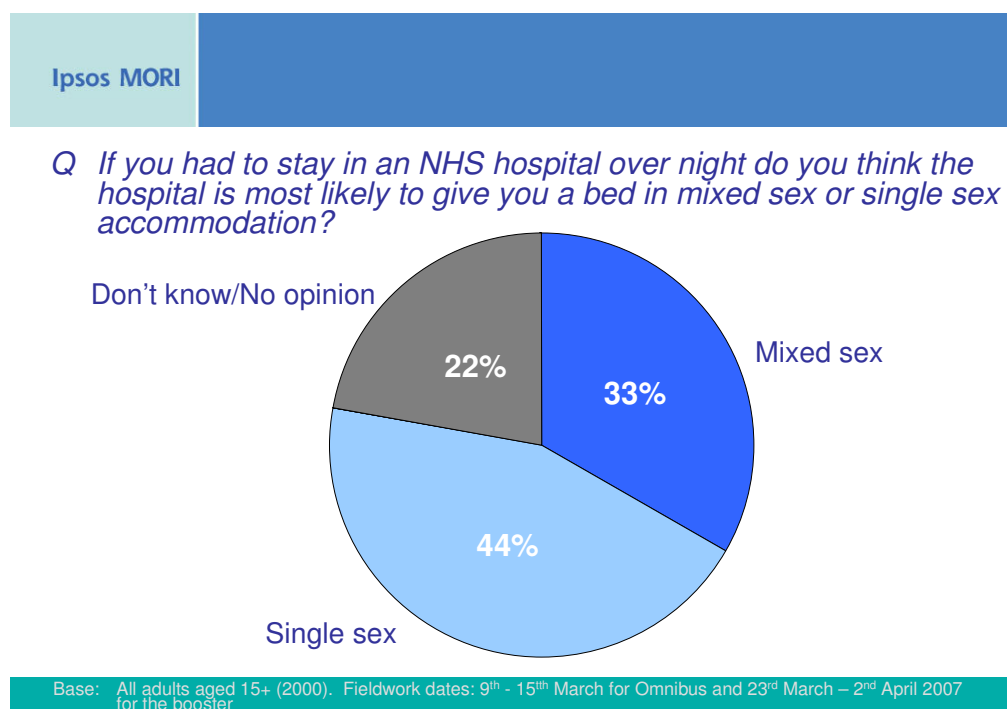
The media never picks up on the good bits, it only picks up on the... Small percentage, the bad bits

Female, London, C1C2DE, 65+

3. Perceptions of privacy and dignity

3.1 Expectations

A third of respondents in the quantitative survey think that if they had to stay overnight in an NHS hospital they would be most likely to be given a bed within mixed sex accommodation (33%).



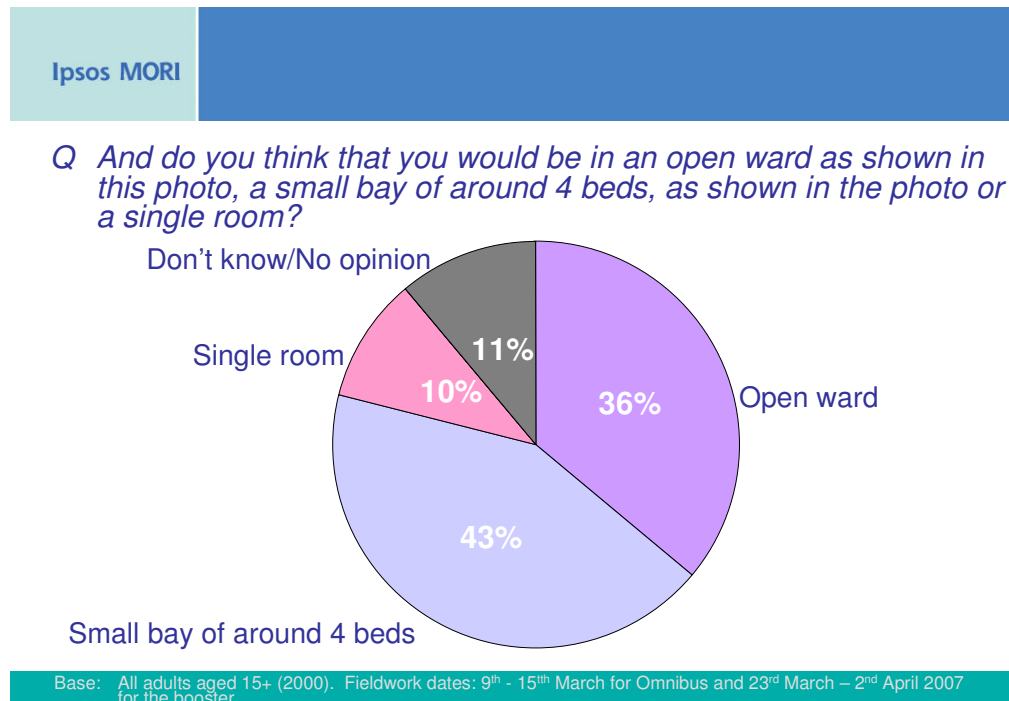
Almost half, however, say they would expect to be given a bed within single sex accommodation (44%). This rises to around half (49%) among people aged 75 or over, and among people from a minority ethnic background (50%). Furthermore, those who have stayed in single sex hospital accommodation in the past would be more likely to expect this (62%).

In the discussion groups, all participants were recruited on the basis that they had been an inpatient in the past year. As such, most people say they had stayed in single sex accommodation, and so would expect the same if they were to go into hospital again.

Although nationally, just 10% of people expect to be allocated a single room, this rises to one in five among Londoners (20%), and to almost quarter for those who say they would prefer a single room (23%).

Views are more divided on whether they would expect to be within a bay of around 4 beds or an open ward. Around a third say they would expect to be in an

open ward (36%) but more than two in five think they would be staying in a bay (43%). This rises to 65% among those who would *prefer* to be allocated a bed within a small bay. Women are also more likely to expect to be allocated a bed within a bay than an open ward (47%).



The qualitative work also suggests mixed opinions among the public as to what *sort* of hospital accommodation people would expect. While some would expect an open, Nightingale-style ward with members of the same sex, many consider this to be ‘old fashioned’ and would expect to be in a bay of 4-6 beds with members of the same sex. Given that all participants have been inpatients within the past year, it is likely that their expectations are shaped by their past experiences.

If I was going into a normal hospital that is what I'd expect to be going into. An open ward, all the same sex, that would be normal to me

Male, Leeds, DE, 30-50

I think you'd expect now to be in a bay, I don't think not many hospitals would be like this now would you?

Female, Coventry, DE, 30-50

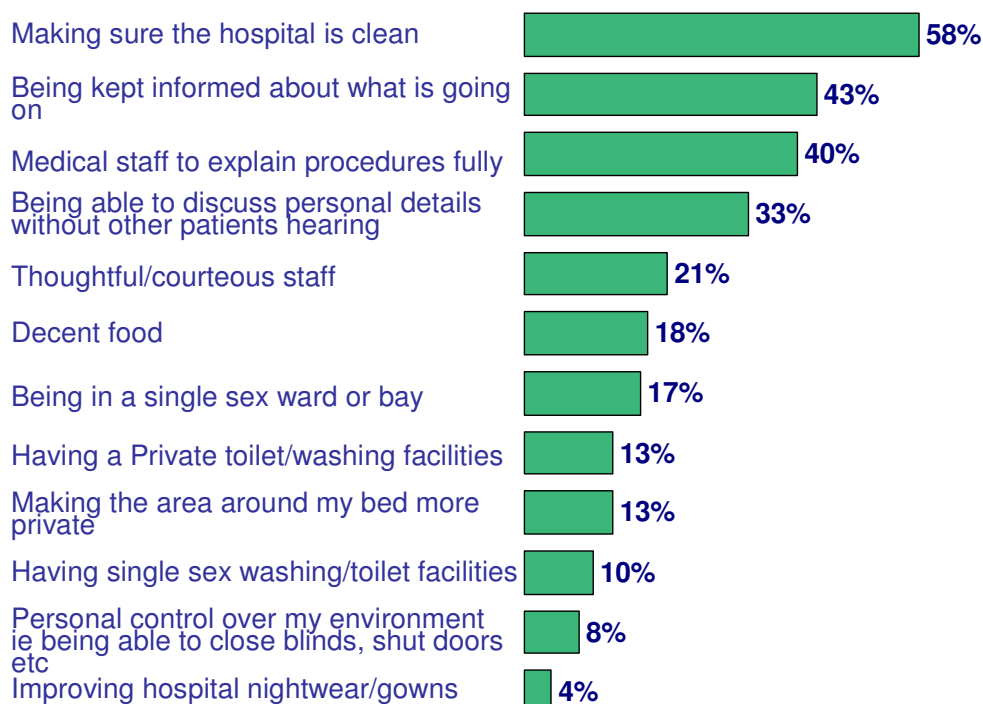
3.2 Importance of privacy and dignity

When asked what would be most important in terms of being treated with privacy and dignity in hospital, cleanliness is one of the most important issues for six in ten people (58%), rising to 66% in the north of England. Ipsos MORI research consistently shows that cleanliness is thought to be one of the most important issues facing the NHS.

Being kept informed about what is going on (43%) and having medical staff explain procedures carefully (40%) are also thought to be important in retaining privacy and dignity.



Q Which three, if any, of the following would be most important for you, for you to feel you were being treated with privacy and dignity?



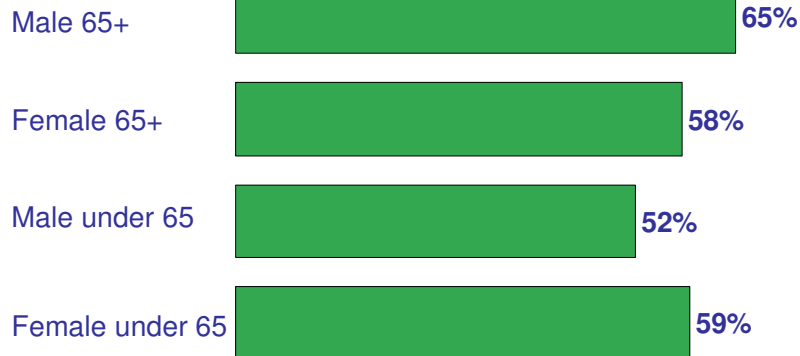
Base: All adults aged 15+ (2000). Fieldwork dates: 9th - 15th March for Omnibus and 23rd March – 2nd April 2007 for the booster

The following chart shows that of those who think that a clean hospital is most important in terms of being treated with dignity and respect, this is most important for men aged 65 and over (65%) and somewhat less important for men under the age of 65 (52%).



Q Which three, if any, of the following would be most important for you, for you to feel you were being treated with privacy and dignity?

Making sure the hospital is clean?



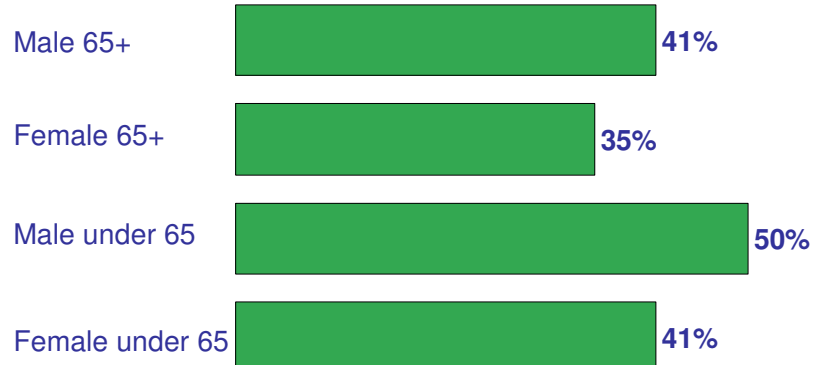
Base: All adults aged 15+ (2000). Fieldwork dates: 9th - 15th March for Omnibus and 23rd March – 2nd April 2007 for the booster

Wanting to be kept informed as to what is going on is significantly more important for men under the age of 65 than it is for women and older men. Half of men under 65 cite this as a major factor in instilling a sense of privacy and dignity during a hospital stay (50%). Females aged 65 years and over are least concerned with their doctors keeping them informed – around a third mention this as a top priority (35%).



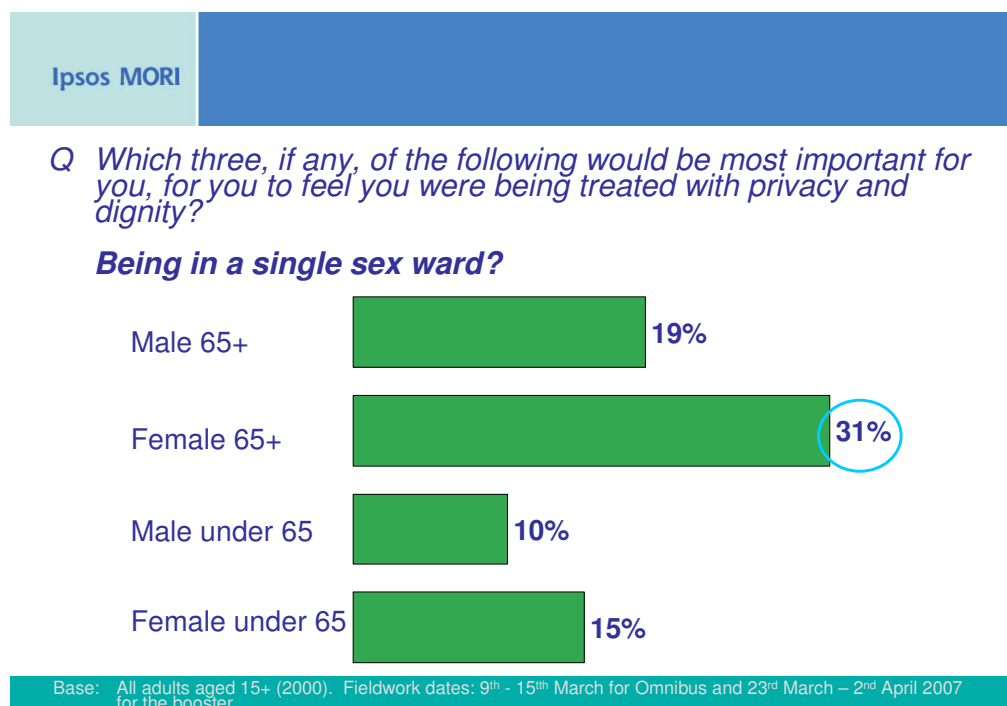
Q Which three, if any, of the following would be most important for you, for you to feel you were being treated with privacy and dignity?

Being kept informed about what is going on?



Base: All adults aged 15+ (2000). Fieldwork dates: 9th - 15th March for Omnibus and 23rd March – 2nd April 2007 for the booster

Being in a single sex ward is important in order to feel as though they are treated with privacy and dignity for a third of women (31%). Conversely, men under the age of 65 are least concerned about this, just one in ten cite it as a concern (10%).



Retaining personal dignity and a sense of privacy whilst in hospital is of the utmost importance for most people we spoke to in the qualitative research, second only to the quality of care, and in some cases cleanliness.

At the beginning of the discussion groups participants were asked to think of the good points and bad points about their recent hospital stay. Privacy, dignity and mixed sex wards did not tend to be mentioned spontaneously (the most common mentions were staff attitudes, food and cleanliness, as discussed in chapter 1). When probed however, privacy and dignity emerge as extremely important. Privacy and dignity tend not to be discussed whilst in hospital, and are not an issue for many people providing they are upheld. Privacy and dignity become much more of a concern when they are not upheld.

At the back of your mind is dignity

Male, West Midlands (suburban/semi-rural), AB, 65+

We never even discussed it, any of us

Male, West Midlands (suburban/semi-rural), AB, 65+

Despite not being discussed whilst in hospital, privacy and dignity are of the utmost importance to most people, coming second only to the quality of treatment.

I think the most important thing is having the best treatment for whatever ails you, and getting you better.

Secondly... Is your privacy and your dignity being respected. And then after that everything else sort of slides down in the scale

Female, London, C1C2DE, 65+

3.3 Staff attitudes

The discussion groups reveal that people feel vulnerable when staying in hospital, and expect to lose their dignity to an extent. As such, staff attitudes become vitally important in ensuring that people feel they are treated with dignity and respect.

We all have to accept being in hospital there is a loss of dignity by definition, but if you're, as I was, trussed up with heart monitors all over the place, it is, you do feel vulnerable

Male, Leeds, AB, 65+

She [nurse] was really good, excellent, I couldn't fault her. Very considerate and gentle and all the rest of it, and apologising for making you up every so often for taking your blood pressure

Male, West Midlands (suburban/semi-rural), AB, 65+

Although, on the whole, people are positive about hospital staff, some feel that staff attitudes have been negatively influenced in recent years by wider issues within the NHS, and that this has impacted the level of care they give.

I think the attitude today is, 'well we're getting the sack anyway'. They don't put their heart into it like they used to

Male, West Midlands (suburban/semi-rural), AB, 65+

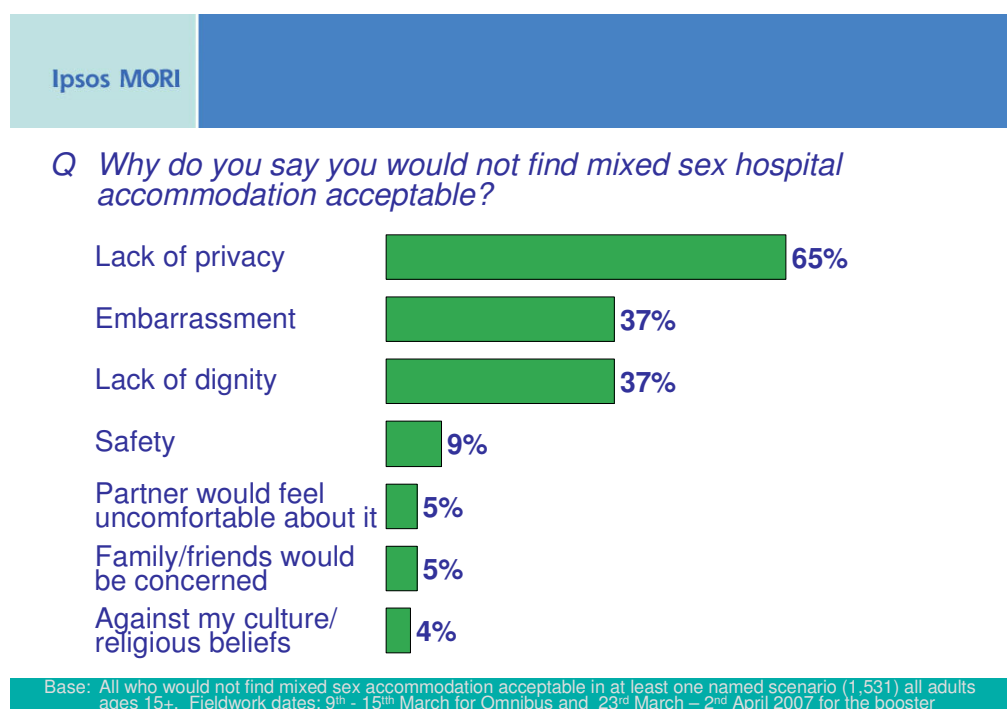
Indeed, some participants go as far as to suggest that staff attitudes can impact – either positively or negatively – on their health and speed of recovery.

Medical staff attitudes are very important, because if you have a run in with a stroppy nurse, that affects your health, because your blood pressure shoots up, your stress level shoots up

Female, London, C1C2DE, 65+

3.4 Importance of mixed/single sex accommodation

When asked why mixed sex accommodation in hospital is not acceptable, most say it is due to a lack of privacy (65%). A lack of dignity and embarrassment are also mentioned by a significant minority of people (37% and 37% respectively). Dignity emerges as being more important to women (42%), and in particular those aged 65 and over (45%). Women are also more concerned about safety issues than men (10% and 7% respectively).



While the qualitative work also suggests that issues relating to privacy and dignity are more important to women, it should be borne in mind that these issues are extremely important to many men too. As well as recognising the importance of retaining their own privacy and dignity, the men we spoke to are also concerned that mixed sex accommodation may result in women feeling uncomfortable and many felt they would have to be careful to avert their eyes. In some cases, women too say they felt more embarrassed for the other person.

I just think that they [women] will be more concerned about a mixed, and we're talking about a bay, a mixed bay, than we would be

Male, West Midlands (suburban/semi-rural), AB, 65+

I think it's obscene to even contemplate women and men together. There's certain bodily functions that I would not like to think that a woman should be privy to

Male, Leeds, DE, 30-50

The men's ward had got overloaded... he's got his curtain round it and it was a young boy and I felt so sorry for him... He was only about 18,... 'got to keep your shorts on', I said. But it was more embarrassing for him than it was for me

Female, West Midlands (suburban/semi-rural), AB, 65+

I wouldn't want to keep averting my eyes... I don't really want to be there, I don't want to cause any embarrassment

Male, London, C1C2DE, 65+

For those people (and in particular for women aged 65 or over) who live alone are no longer used to living with someone of the opposite sex (due to divorce, separation or being widowed) having to share hospital accommodation can be particularly difficult, indeed, some participants describe this as 'disturbing'.

If you're not used to living with a man any more, I'm sure it's been eight years since I was left on my own, to get used to a mixed ward, no, I don't like them

Female, Leeds, AB, 65+

It [mixed sex accommodation] was a bit much, a bit disturbing

Female, West Midlands (suburban/semi-rural), AB, 65+

It's bad enough to be with other people when you're not feeling well, I know one has to be, but you just want some privacy. But to be with other sex, I think I would have felt grossly uncomfortable

Female, London, C1C2DE, 65+

There is also a reluctance among many – particularly older people – to complain or 'make a fuss', even when they find the situation unacceptable.

Well I didn't really like it [mixed sex accommodation] myself. It just wasn't what I've been used to. So I found it hard. Not that I said anything

Male, West Midlands (suburban/semi-rural), AB, 65+

Some suggest that being within single sex accommodation can have a positive effect on their recovery, as they feel more comfortable and are less likely to be feeling stressed or embarrassed.

And you're afraid to go sleep because you might snore. All the men snore... you're not quite relaxed, and that's important...

Male, London, C1C2DE, 65+

When blokes are together you tend to recover quicker

Male, London, C1C2DE, 65+

Furthermore, some group participants, who have only stayed in single sex accommodation, express surprise that mixed sex accommodation exists.

I didn't even know there was such thing as mixed sex until I woke up properly there was a man either side of me

Female, Coventry, DE, 30-50

3.5 Gowns / nightwear

Some group participants express concern that hospital gowns do not provide them with adequate cover in order to retain their dignity. Although not an issue in all groups, this emerges as an important issue for some people who have had embarrassing experiences with hospital gowns or know someone who has. While most concede that gowns need to be practical and easy to get in and out of, many find that the ties are either absent or broken meaning they cannot tie the gowns up – often resulting in embarrassment.

In my experience, the number of times I've been in hospital, I don't know off hand but a few times, I've yet to find a gown that's got all the tapes on it

Male, West Midlands (suburban/semi-rural), AB, 65+

And I did find, at times when you're shoved out the bed, it was a waste of time having it on really, it just kept falling and slipping open

Male, West Midlands (suburban/semi-rural), AB, 65+

And I've seen other people in hospital being too embarrassed to get out of bed. Thinking of a particular man, he wet the bed in the end.

Male, West Midlands (suburban/semi-rural), AB, 65+

Furthermore, ensuring that staff are able to help patients with dressing / undressing when required is thought to be enormously helpful in allowing patients to retain their dignity.

I remember when I was in there and an old fella next to me and he asked to get dressed and they didn't have the time to do it and I ended up helping him get dressed, he was naked as the day he was born you know everybody saw it and I didn't feel too bad, but he must have felt that big

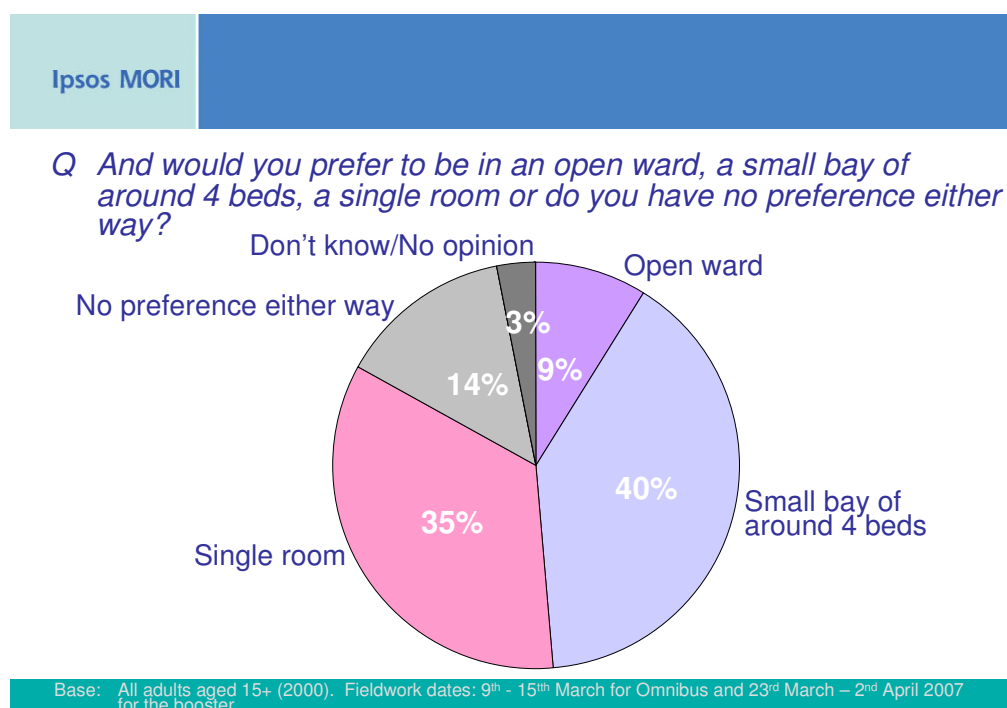
Male, Coventry, DE, 30-50

4. Accommodation types

4.1 Expectations and preferences

Respondents' views are mixed on whether they would prefer to be allocated a bed within a small bay of around four beds or in a single room. Two in five say they would prefer a small bay (40%) and a third say they would prefer a single room (35%). The qualitative research suggests that those who say they would prefer a single room appreciate the privacy it affords, but others would be put off by a feeling of isolation.

Those in social grades AB are more likely to say they would prefer to be in a single room (46%), whereas people who have been an inpatient and have stayed in single sex accommodation are more likely to want to stay in a small bay (47%).



Reflecting the fact that 17% of respondents to the quantitative survey say they either have no preference or no opinion on the type of hospital accommodation, some participants in the discussion groups say they believe that it is not of great importance. It is worth noting though that this is the minority view, and that given a choice, most group participants say they would prefer a bed within a small bay – and most have stayed in a small bay in the past. However, ensuring that the accommodation is single sex is more important to most people than the *type* of accommodation.

*As far as I'm concerned it wouldn't really matter if I was
in a ward or in a bay*

Male, West Midlands (suburban/semi-rural), AB, 65+

In an ideal world you would have single sex wards as well as bays

Male, West Midlands (suburban/semi-rural), AB, 65+

Just because they're in bays then why can't the whole ward be men and another ward be women and separate into bays?

Male, Leeds, DE 30-50

The chart below shows that a third of people say that a curtain would be an acceptable way of separating people from the opposite sex (34%) rising to two in five among men (40%) and those between the ages of 15-24 (43%). Those who would prefer to be on an open ward are more likely to think this is acceptable than those who would prefer a single room (63% and 24%).

Although a third of people say they would be satisfied to have just a curtain to divide them from people of the opposite sex whilst staying in hospital, the qualitative work suggests that some people have concerns about the level of privacy a curtain would afford.

The thing is, you don't want to be having things done to you in the bed with just a curtain between you and the opposite sex.

Male, Leeds, AB, 65+

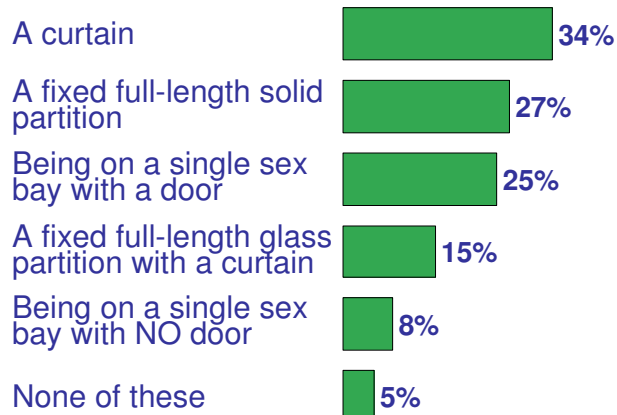
They're never close fitting curtains are they?

Female, London, C1C2DE, 65+

Similar proportions of people say they would find a fixed full-length solid partition and being on a single sex bay with a door acceptable (27% and 25% respectively). This is corroborated by the qualitative findings that suggest people see little difference between the two options.

Ipsos MORI

Q If you were staying in mixed sex accommodation in hospital, which if any, of the following would be an acceptable way of separating you from people of the opposite sex?



Base: All adults aged 15+ (2000). Fieldwork dates: 9th - 15th March for Omnibus and 23rd March - 2nd April 2007 for the booster

4.2 Reactions to accommodation types

Group participants were shown each of the photos below, (the photos were explained in more detail where necessary) and asked how they would feel if they had been allocated a bed within this type of accommodation.

4.2.1 Nightingale-style ward



Most participants feel that a traditional Nightingale ward as shown above would offer them very little privacy. Most group participants expect to be allocated a bed within a small bay, and find open Nightingale wards 'old fashioned'. Indeed, some even express surprise that this style of ward is still being used.

It's a bit old fashioned, now, isn't it?

Female, West Midlands (suburban/semi-rural), AB, 65+

The issue of individuals having some degree of control over their environment is of importance to most participants, and as such, many are not keen on the open Nightingale ward. Participants feel that this type of ward offers the least in terms of having control over noise, light and personal privacy. The level of noise is a particularly important issue for participants, with many feeling that it impacts on the quality of sleep and therefore speed of their recovery.

I'm just remembering the noise of all the banging and clanging, everything is heavy metal there, they're raising beds, moving beds, trolleys, everything is metal

Female, London, C1C2DE, 65+

There's always one or two that's really poorly and needs and it keeps everybody awake, doesn't it?

Female, West Midlands (suburban/semi-rural), AB, 65+

You as an individual, you have no control [over your environment] at all

Male, Leeds, AB, 65+

All participants feel that an open Nightingale ward containing just women and another of men is an acceptable way of separating the sexes.

4.2.2 Nightingale ward with partitions



Participants react much more positively to the photograph of the Nightingale ward with 'lattice' partitions. Although only the bottom half of the partitions are solid, people believe they would offer some degree of privacy and they appear to make the area look more 'cosy'. Furthermore, people feel that partitions make the

area feel more ‘welcoming’ and less stark, some even questioned whether or not the ward pictured was NHS. These partitions are also seen to be a cost-effective and relatively easy way to add a touch of privacy to a traditional Nightingale ward.

Well it's not so stark, straight away, is it?

Male, West Midlands (suburban/semi-rural), AB, 65+

Looks cosier doesn't it?

Male, West Midlands (suburban/semi-rural), AB, 65+

It gives you a bit more privacy but it wouldn't help with noise would it?

Female, Coventry, DE, 30-50

This option was unpopular with a minority of participants, however. Some say they do not feel that the lattice partitions would offer any extra privacy. Furthermore, with issues of cleanliness at the forefront of many people's minds, some raise concerns about the partitions becoming ‘dust traps’.

But there's no privacy with these partitions

Female, London, C1C2DE, 65+

Most participants would be happy to stay in this sort of accommodation (and prefer it to the traditional Nightingale ward), providing the ward is single sex. Partitions such as these are not deemed to be an acceptable way of separating the sexes.

4.2.3 Converted Nightingale ward



Participants have mixed views towards this converted Nightingale ward, which serves as a specialist liver ward. That the rooms contain a single bed and a sink makes them popular among some people, largely due to the levels of privacy and the quietness this would afford. However, most people say they would feel isolated in a single room and would prefer to be in the company of other patients. Participants say that the photograph looks ‘cold’ ‘stark’ and ‘depressing’.

I think it's a great advantage to have a sink in them.

Female, West Midlands (suburban/semi-rural), AB, 65+

I think I would prefer to be in a ward with some other people... I think you'd feel a little bit isolated

Female, West Midlands (suburban/semi-rural), AB, 65+

I'd just feel like I was in a cell

Leeds, female, DE, 30-50

Furthermore, some say that this sort of conversion would be highly expensive and question whether it is money well spent.

An expensive way of doing the ward

Female, Leeds, AB, 65+

Some participants also raise the issue of safety; they feel that it will be more difficult for staff to check up on patients if they have to go in to individual rooms.

I wouldn't feel safe in there because once you've shut them doors anybody could come in... and the nurse would go past and think, 'oh, she's asleep'

Leeds, female, DE, 30-50

There are mixed views on whether or not this type of accommodation offers an acceptable way of dividing the sexes within the ward. Since the rooms do not contain toilets and washing facilities (other than a hand basin) many participants feel that it does not constitute single sex accommodation as they would still have to walk down the corridor in order to use the toilet and washing facilities.

If I shut my door that would get rid of some of the senses. I wouldn't be able to see it, I wouldn't be able to be seen, but I'd still be mixing. I'd be still in the same ward as women and women will be in the same ward as me and I don't find that very comfortable

Leeds, Male, DE, 30-50

If each is an individual unit then that's fine [in terms of separating out the sexes]

Female, London, C1C2DE, 65+

4.2.4 Bays with glass screens



Although participants feel that this four-bed bay would offer some protection from the general noise of the hospital, many feel that this option would still be relatively noisy given the volume of people likely to be walking past. This option is felt to offer a greater degree of privacy than is available on the Nightingale ward, and most participants feel it would be preferable. This option is also felt to have the advantage of letting extra light in.

They block out the noise more than the curtain

Female, West Midlands (suburban/semi-rural), AB, 65+

It gives you that little bit more privacy, doesn't it?

Female, London, C1C2DE, 65+

Views are mixed however, on whether or not the screens pictured would be an acceptable way of dividing the sexes within a ward. Since the bays do not tend to contain toilets and washing facilities, they are generally felt to be *borderline acceptable* by many (but completely unacceptable for some people) since patients will still have to mix with members of the opposite sex when using these facilities.

Reasonably acceptable

Male, West Midlands (suburban/semi-rural), AB, 65+

4.2.5 Three-wall bay



Many participants fail to see much of a difference between the bay pictured above and the previous picture of the bay with the glass screens. It is generally thought that a three-walled bay would offer patients slightly more privacy and may be somewhat quieter, but they are essentially thought to offer the same level of comfort.

I don't think there's much difference between them [bay with glass screen and three-wall bay] really

Coventry, Female, DE, 30-50

Your privacy there is from the next bay, isn't it? Your next bay is totally blocked off from them

Leeds, female, DE, 30-50

In terms of segregating the sexes, this type of bay is thought to be generally more acceptable than the bay with the glass screens. However, some say they would not be happy with this, as toilet/washing facilities would be outside the bay.

4.2.6 Four-wall bays with en-suite



Group participants react most positively to the picture of the four-wall bay with en-suite toilet and washing facilities. The reasons for this are largely two-fold. Firstly, people appreciate having a greater degree of control over their environment – having a door they can leave open or can close and having blinds which can be pulled to shut out the light and may help the patient to sleep. Secondly, and perhaps more importantly, participants welcome having an en-suite toilet and washing facilities, as it allows a greater degree of privacy and dignity than walking down a corridor to shared facilities.

It's much better that is 'cos you can shut the doors as well block the noise out, you know at night ... but in the day you can have it open. And 'cos if you've got en suite you're not having to walk past [members of the opposite sex]

Female, Coventry, DE, 30-50

'cos you've got your toilet in the room you haven't got to drag your drip round with you and down corridors

Male, Coventry, DE, 30-50

I think it's better 'cos you've got the privacy if you want it, with visitors walking by and things like that and also the lighting 'cos sometimes at night they're supposed to turn the bright lights off but sometimes they're on and off and that can be disturbing in the corridors

Female, Coventry, DE, 30-50

My feeling is a lot of patients really want to sleep, and if you can make that possible for them to sleep in a quiet atmosphere, it's good for them

Male, London, C1C2DE, 65+

While some participants express concern about the cost of such facilities most feel that it would be money well spent. Indeed, some go as far as to say that the quality of the facilities can impact – either positively or negatively – on speed of recovery.

The chances of having an experience, an acceptable comfortable experience in your time in hospital in there is going to be a hell of a lot higher than in the Nightingale ward

Male, Leeds, AB, 65+

When you're in hospital it's a distressing, it's a stressful time. The less stress and less distraction and uncertainty that you can have, the better you're going to be. I suppose somebody would say it might actually be better for your health and save money in the long run because you might not be ill again

Male, Leeds, AB, 65+

One of the main concerns raised about this type of accommodation is the extra cleaning it would require. This is a particular concern among those who already feel that the standards of cleanliness are below acceptable levels.

There's a lot more to keep clean as well isn't there? Blinds and things like that.

Male, Coventry, DE, 30-50

4.3 Noise

The expected level of noise influences which sort of accommodation many participants would prefer to stay in. Among those who say they would prefer *not* to stay in a Nightingale ward, noise levels are one of the key concerns. Noise from other patients who are in pain or distress can be disturbing to other patients, whereas noise from night staff is generally thought to be an annoyance, which some people feel could be somewhat reduced with more consideration from staff.

I found the night I spent in the emergency ward was very disturbing... It was so unbelievably noisy

Female, West Midlands (suburban/semi-rural), AB, 65+

In addition to the issue of unwanted noise from other patients, some participants also feel it important that others cannot hear them, for instance when they are being examined.

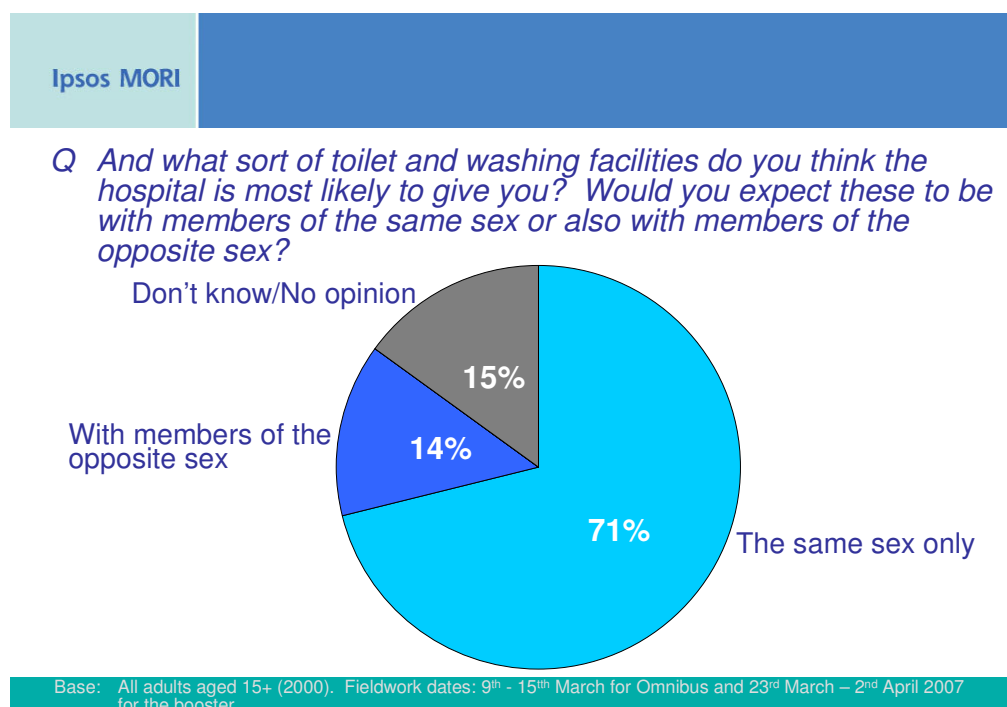
*This privacy thing isn't just a matter of what you can see,
it's also of what you can hear.*

Male, Leeds, DE, 30-50

4.4 Toilets / washing facilities

The following chart shows that seven in ten people say they would expect to be sharing toilet and washing facilities with members of the same sex only when they stay in hospital (71%). Just 14% say they would expect to share with members of the opposite sex and a similar proportion have no opinion (15%).

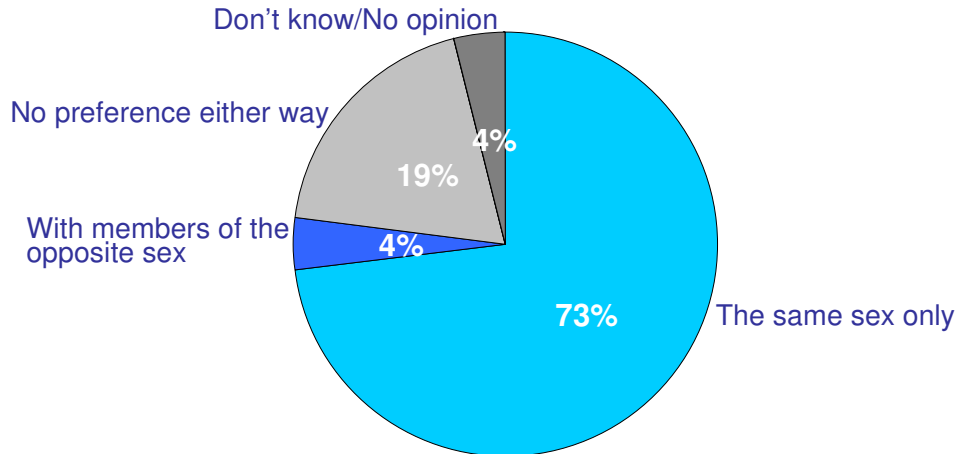
Reflecting the qualitative findings, women, and particularly those aged 65 or over, are more likely to say they would expect to share these facilities with members of the same sex only (74% aged under 65 and 77% for those aged 65 and over). People who say they would prefer an open ward are more likely to say that they would expect to share toilet and washing facilities with members of the opposite sex (24%).



Seven in ten people say they would prefer to share toilet and washing facilities with members of the same sex only (73%). Just 4% say they would prefer to share with members of the opposite sex, and 19% say they have no preference.



Q And which would you prefer, or would you have no preference either way?

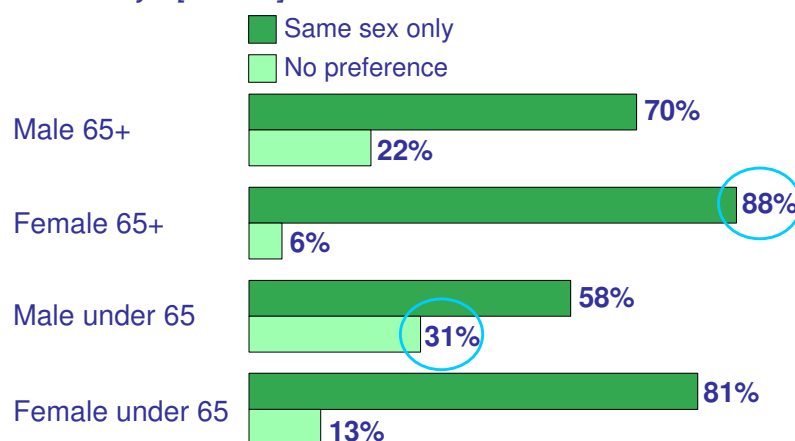


Base: All adults aged 15+ (2000). Fieldwork dates: 9th - 15th March for Omnibus and 23rd March – 2nd April 2007 for the booster

Those who would prefer a single room are more likely to prefer toilets and washing facilities with members of the same sex only (80%), as are women – and particularly those aged 65 and over (81% aged under 65 and 88% aged 65 and over). Men below the age of 65 are least concerned, with around a third saying they would have no preference (31%).



Q And which would you prefer, or would you have no preference either way? [Toilets]



Base: All adults aged 15+ (2000). Fieldwork dates: 9th - 15th March for Omnibus and 23rd March – 2nd April 2007 for the booster

Having toilets and washing facilities that are single sex emerges as key, and quite a sensitive point, for most group participants – in particular the women aged 65 or over in social grades AB. The overriding perception is that men are not as ‘particular’ as women and are more likely to leave the facilities in a mess, coupled with a general embarrassment of having to share the same facilities when not feeling well.

I don't think they're as particular as we are

Female, West Midlands (suburban/semi-rural), AB, 65+

People do have accidents, people do, it must be so embarrassing. It's never happened to me, but it must be so embarrassing

Female, West Midlands (suburban/semi-rural), AB, 65+

When you're not feeling 100%, when you're going to the loo it's almost a bit of a daunting experience.

Female, London, C1C2DE, 65+

It is worth noting, however that toilets are not always just a sensitive issue for women, for some of the male group participants clean, adequate (and preferably single sex) toilets are also important.

There was two WCs for 12 guys. One of them broke down for three days, and I had a real ruck about this. It's disgusting

Male, London, C1C2DE, 65+

Furthermore, some participants feel that having separate toilet facilities for men and women is a matter of course in everyday life, such as in shopping centres and restaurants, and so cannot see why this should not also be the case when staying in hospital.

You get men's toilets wherever you go... So why should it be different on a ward?

Female, DE, Leeds, 30-50

A few participants found that patients were not treated with respect by members of staff when using the facilities, as such, changes in staff attitudes are at least as important as having separate facilities.

Twice I looked up and... they'd gone and put a woman on the toilet and left her with the door open... I was really upset over that not because of what I'd seen but because of the fact that they didn't treat them with dignity

Female, Coventry, DE, 30-50

5. Tipping points

5.1 Is it more important to have single sex accommodation in certain instances?

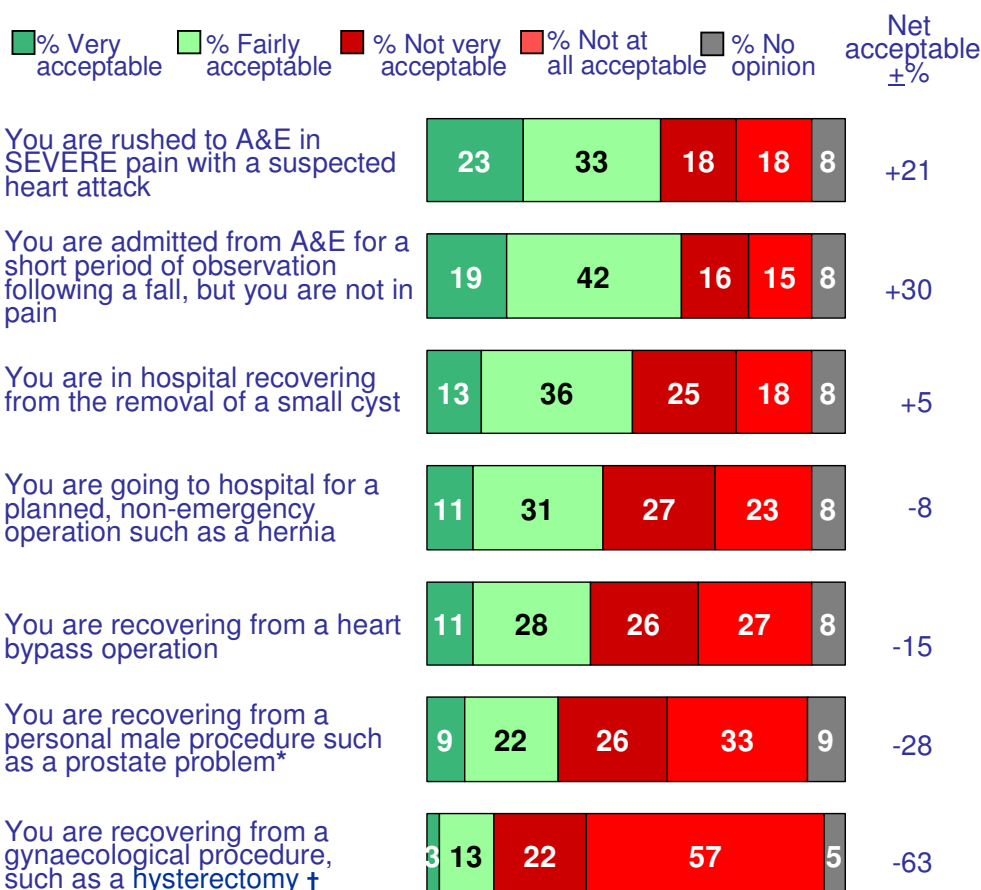
Attitudes towards mixed sex accommodation vary somewhat depending on the individual's circumstances. In the discussion groups participants were asked about how their attitudes towards single or mixed sex accommodation might be influenced by the severity of illness and length of stay in hospital.

5.2 Severity of illness

Of the scenarios presented, in both cases where people enter via A&E, levels of acceptability of mixed sex accommodation are high – around three fifths of people say this would be either very or fairly acceptable (61% for observation after an accident and 56% in a heart attack situation). On the other hand, this falls significantly in cases where a longer stay is expected, such as recovery from a heart bypass operation (39%).

Ipsos MORI

Q *Imagine you are in the following scenarios. For each scenario, how acceptable, if at all, do you think it is that the hospital puts you in mixed sex accommodation?*



Base: All adults ages 15+ (2000), except * Males only (924), † Females only (1076). Fieldwork dates: 9th - 15th March for Omnibus and 23rd March – 2nd April 2007 for the booster

The qualitative work also suggests that as might be expected, patients who are admitted in emergency situations are less concerned with the accommodation type they may be allocated, treatment takes priority, particularly if they are in a great deal of pain.

If you were desperately ill, you'd be willing to be anywhere

Female, 65+, West Midlands (suburban/semi-rural), AB

I think in a life and death situation it doesn't really matter

Male, Coventry, 30-50, DE

However, as soon as they are out danger and no longer being treated as an emergency, most feel that mixed sex accommodation then becomes unacceptable.

If it's urgent, emergency, then you take what you get. But once you've been sorted and you're more aware of what's happening, then I think it's important.

Female, C1C2DE, Wimbledon, 65+

As the chart below shows, women – and particularly those aged 65 and over – are less likely to find it acceptable to be allocated a bed within a mixed sex ward for *any* admittance to hospital.

Ipsos MORI

Q *Imagine you are in the following scenarios. For each scenario, how acceptable, if at all, do you think it is that the hospital puts you in mixed sex accommodation?*

	Heart attack	A&E	Heart bypass recovery	Cyst recovery	Hernia op															
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female										
	65+	>65	65+	>65	65+	>65	65+	>65	65+	>65	65+	>65	65+	>65	65+	>65	65+	>65	65+	>65
Very acceptable	24	30	13	22	20	26	6	19	10	18	3	8	15	34	5	9	12	17	3	9
Fairly acceptable	35	30	35	34	42	40	44	42	34	29	20	29	38	20	29	35	33	36	22	30
Not very acceptable	17	15	19	20	16	13	19	18	22	25	30	28	21	38	29	30	23	22	32	30
Not at all acceptable	15	15	27	16	15	10	26	14	27	18	42	28	18	21	31	19	24	14	39	24

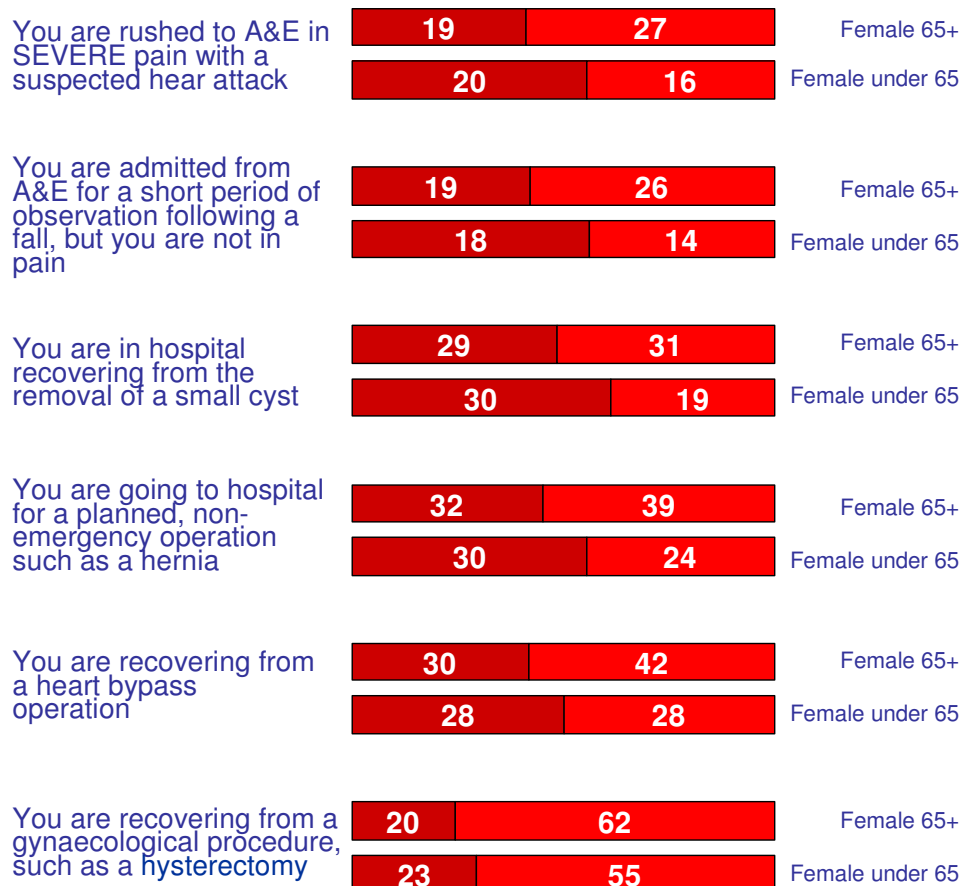
Base: All adults aged 15+ (2000). Fieldwork dates: 9th - 15th March for Omnibus and 23rd March – 2nd April 2007 for the booster

Furthermore, the chart overleaf shows a marked difference in views among women, between those who are aged under 65 and those aged 65 and over. In every scenario, the women aged 65 and over are more likely to feel that single sex accommodation in hospital is ‘not at all acceptable’.

Ipsos MORI

Q *Imagine you are in the following scenarios. For each scenario, how acceptable, if at all, do you think it is that the hospital puts you in mixed sex accommodation?*

■ % Not very acceptable ■ % Not at all acceptable



Base: Females 65+ (390), Females under 65 (686) all adults ages 15+. Fieldwork dates: 9th - 15th March for Omnibus and 23rd March - 2nd April 2007 for the booster

Although the quantitative survey suggests that being allocated a bed within single sex accommodation is a more important issue for women than men, the qualitative research suggests less of a difference. This may be due to all of the group participants having recently been inpatients and so having more first-hand experience of these issues than the general public as a whole.

5.3 Nature of illness

Additionally, the more 'intimate' the nature of the illness is, the more crucial single sex accommodation becomes for most people – particularly for women. Indeed, more than eight in ten women aged 65 or over feel that being allocated a

bed within a mixed sex ward would not be acceptable for recovery from a gynaecological procedure such as a hysterectomy (82%).

Ipsos MORI

Q *Imagine you are in the following scenarios. For each scenario, how acceptable, if at all, do you think it is that the hospital puts you in mixed sex accommodation?*

	Male procedure*		Gynaecological†	
	Male		Female	
	65+	>65	65+	>65
Very acceptable	8	10	1	4
Fairly acceptable	23	22	13	13
Not very acceptable	25	27	20	23
Not at all acceptable	37	31	62	55

Base: * Males only (924), † Females only (1076) all adults ages 15+. Fieldwork dates: 9th - 15th March for Omnibus and 23rd March – 2nd April 2007 for the booster

5.4 Length of stay

The qualitative findings suggest that when patients are staying in hospital whilst recovering from operations or illnesses, their attitudes can change. They start to notice the sort of things which factor as reasons for finding mixed sex accommodation unacceptable, the more their condition improves. Self-consciousness returns and one's surroundings become an area for concern.

The more you're getting better the more your embarrassment level rises

Male, Leeds, DE, 30-50

You're not bothered, but as you're getting better your dignity comes back, doesn't it?

Female, Leeds, DE, 30-50

[mixed sex becomes unacceptable] after a week, even less, four days

Female, C1C2DE, Wimbledon, 65+

Furthermore, findings suggests that many people would find a stay of two to three nights in mixed sex accommodation acceptable if they were rushed into

hospital, but few would be satisfied with this if they were to stay in hospital as long as a week. As one participant illustrates the longer one stays in hospital the more it is 'the place where you're living at the moment'.

The longer you stay in, the more it's the place where you're living at the moment... the standards of living become important to you, and you don't actually live with strange members of the opposite sex

Male, AB, Leeds 65+

5.5 Elective procedures

When participants were asked if they would consider waiting longer for to go into hospital for an elective procedure such as a knee or hip operation, if they were guaranteed single sex accommodation, the main consideration for most people is the amount of pain they might be in. If they are not in considerable pain some say they would be willing to wait, however people are vague on how long they would be willing to wait – again this depends largely on the pain they are in. If the pain is affecting their everyday lives few say they would be willing to wait.

A lot will depend on how much pain you're in. You've had enough, haven't you, and you'll take whatever comes

Female, AB, Leeds 65+

You grab the opportunity [to have the procedure], you daren't turn it down

Male, AB, Leeds 65+

It is worth noting though, that some participants express indignation at being asked, as they feel it should 'go without saying', and that they would be offered single sex accommodation as a matter of course.

If it's a planned going in then it should be single [sex]

Female, C1C2DE, Wimbledon, 65+

5.6 Reactions of friends and family

Sometimes what friends and family think about hospital accommodation can worry the patient. In particular, women express concern that if they stay in mixed sex accommodation members of their family may feel uneasy.

I don't feel my daughters would like to come and see me in a mixed ward.

Female, AB, Leeds 65+

My dad wasn't happy when I was in mixed sex, 'cos he pointed out, I hadn't noticed, but he wasn't particular happy 'cos there was a man opposite next to the toilet and a man either side. You know when you're drawing your curtains and things, you never know if there's a gap there and they're looking, you don't know do you?

Female, Coventry, 30-50, DE

For some people, however, this is much less of a concern – some patients feel that the quality of care takes precedence and feel that their friends and family are unlikely to give this issue much thought.

I don't think it would even cross their minds.

Male, Coventry, 30-50, DE

6. Looking to the future

6.1 Suggestions for improvements

The single most important consideration for many people concerning privacy and dignity is the attitudes of hospital staff. For some people this emerges as at least as important as staying in single sex accommodation. By and large, patients recognise that staff have heavy workloads and are sometimes over-burdened and realise that this can impact on the level of individual attention they may receive.

Some group participants are very positive about the junior members of staff such as healthcare assistants. Some suggest that more use could be made of such staff to help with small tasks such as ensuring that curtains are properly closed when patients are being examined, and that toilet doors are closed properly behind patients. The group discussions suggest that these seemingly insignificant tasks can impact significantly on the extent to which a patient feels they can retain their dignity.

It's no good having swish facilities if the staff don't treat the patients with dignity and privacy... I don't know if part of nurses' training is to do with attitude, but what about all the support staff?

Male, AB, Leeds 65+

I think one of the problems with the National Health Service is the balance between efficiency and good management and good methods and people's feelings and considerations

Male, Leeds, AB, 65+

Several group participants have suggestions for improving the quality of hospital gowns, and suggest this would have a positive impact on patients retaining their dignity whilst in hospital. As discussed earlier, while patients recognise that the gowns must be practical, some patients do not feel that they provide adequate cover – and can leave them feeling embarrassed. This is often due to missing or broken gown ties, and as such, some participants suggest that efforts should be made to ensure that ties are sufficient. Some participants even suggest that the ties could be replaced with Velcro which they feel would be easier for patients to handle.

Perhaps the same type of garment, if they want that sort of garment, for them, that's easy to get on and off, but twice as long, so that it can wrap round you like a dressing gown.

Male, West Midlands (suburban/semi-rural), AB, 65+

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Appendices

Topic guide

Statistical Reliability

Because a sample, rather than the entire population, was interviewed the percentage results are subject to sampling tolerances – which vary with the size of the sample and the percentage figure concerned. For example, for a question where 50% of the people in a sample of 100 respond with a particular answer, the chances are 95 in 100 that this result would not vary more than 10 percentage points, plus or minus, from the result that would have been obtained from a census of the entire population (using the same procedures). The tolerances that may apply in this report are given in the table below.

Approximate sampling tolerances applicable to percentages at or near these levels (at the 95% confidence level)			
Size of sample or sub-group on which survey result is based	10% or 90% ±	30% or 70% ±	50% ±
1,000	1.9	2.8	3.1
2,000	1.3	2.0	2.2
1,690 (All respondents)	1.4	2.2	2.4
<i>Source: Ipsos MORI</i>			

Tolerances are also involved in the comparison of results between different elements of the sample. A difference must be of at least a certain size to be statistically significant. The following table is a guide to the sampling tolerances applicable to comparisons between sub-groups.

Differences required for significance at the 95% confidence level at or near these percentages			
Size of sample on which survey result is based	10% or 90% ±	30% or 70% ±	50% ±
826 vs. 864 (men vs. women)	2.9	4.4	4.8
1470 vs. 215 (White vs. Non-White)	4.3	6.6	7.2
<i>Source: Ipsos MORI</i>			

Questionnaire

Guide to statistical reliability
