

Researchers: Mixed-gender hospital rooms are on the rise in New Zealand, but the practice is unsafe and unethical

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Mixed-gender rooms are increasingly common in New Zealand's hospitals, based on evidence from hospital complaints and a large

[Wellington study](#).

But our [new research](#) demonstrates that placing men and women in the same [hospital](#) room is unsafe and unethical.

Mixed-gender bedding practices have been [banned in the United Kingdom since 2010](#). Breaches are publicly reported and lead to fines for the hospital.

[Reports](#) and [complaints](#) show Australia is also failing in this basic standard of care.

Both Australia and New Zealand need to urgently adopt national policies that ban the practice. All new hospital builds should have single-occupancy rooms as the standard of care.

Being and feeling safe

All people have a basic human right to personal security. This is especially important for [hospital patients](#), who are rendered more vulnerable due to illness and being away from the security of their home.

Mixed-gender rooms compromise both physical and psychological safety, particularly for women. [Health system reviews](#), [patient complaints](#) and [nursing surveys](#) all document that women feel unsafe and uncomfortable when placed in rooms with [male patients](#).

We need more research from medical and surgical wards, but evidence from mixed Australian mental health wards shows 67% of women experienced [sexual harassment](#) and [almost half had experienced assault](#).

In the UK, an [official information request](#) revealed that two-thirds of sexual assaults by patients in hospital occurred in mixed-gender rooms.

The following quotes are taken directly from patient feedback we received when our research came out. Names have been withheld to preserve confidentiality.

A family member told us, "I was reluctant to leave my mother unattended at all due to being exposed to these men, in a deteriorating and distressed state. I think all three men were ambulatory. I wondered if I left her, would the creep take that opportunity to come over to her bed."

Globally, one in three women are subjected to sexual or [physical violence](#) in their lifetime. Women bring their prior experience with them when admitted to hospital.

Being forced into a mixed-gender room when unwell and vulnerable—often separated only by a curtain—may be traumatizing to women even when the threat of physical or sexual violence is not realized.

Another family member said, "I don't want to go into this further, other than to say, my mother had some awful experiences in her life at the hands of men and then to be placed in this situation when she was so incredibly ill [...] it was just shocking. She was so vulnerable and powerless."

Maintaining dignity

Mixed-gender rooms don't just violate women's right to physical, sexual and psychological security. They also violate the fundamental right to dignity for all patients.

New Zealand's [Code of Health and Disability Services Consumers' Rights](#) entitles patients to services delivered in a manner that respects

their dignity and takes account of the needs, values and beliefs of different social groups. Respecting dignity requires providers to respect a patient's values and avoid transgressing their own standards of decency.

Male and [female patients](#) have both expressed a [preference for single-gender rooms](#). While for women this preference is commonly associated with fear, for male patients it is driven by standards of decorum and discomfort around the exposure of their bodies or bodily functions to women.

One male patient said, "I was an in-patient in [name of hospital withheld] earlier this year. A female was wheeled into the ward. She immediately displayed huge amounts of stress as soon as she had seen me. I am not sure who was more upset."

The wife of another patient recalled, "My elderly husband has just been in hospital for six days in a mixed ward. He was embarrassed for the women. It is not right."

An aging population

The risks of physical, sexual or psychological harm are exacerbated by the [aging population](#).

Delirium is a confused state that reduces awareness, impairs judgment and alters behavior. This condition is present in about [25% of people admitted to hospital](#).

Similarly, dementia can impair judgment and insight. Dementia patients can suffer behavioral changes, especially when in unfamiliar environments. This can result in agitation and intrusive or inappropriate, even violent, behavior.

These older adults are not predatory or criminal. They are unwell. However, there is a massive shortage of psychiatric beds for mental health patients, [including older adults](#). This results in even the most severely affected patients being regularly admitted to general medical wards that simply lack the resources to manage this type of behavior.

Around 70,000 New Zealanders already live with dementia. This is [projected to more than double by 2050](#), which means the proportion of hospital in-patients with this condition will also rise.

We need policies to prevent the harm arising from mixed-gender rooms in hospitals as well as long-term planning that takes into consideration the needs of an aging population.

A family member told us, "My mother age 93 was recently in a ward at [name withheld] hospital with three men [...] one of the others was an aggressive dementia patient who was very loud and quite scary. I can't understand why they have mixed wards when it would be easy to swap a bed around—surely?"

What about gender minorities?

Protecting the safety of [women](#) and the dignity of all patients does not conflict with the rights of gender minorities. Transgender patients should have their identity respected along with all other patients and their admission should be aligned with their gender identity.

For those who identify as non-binary or gender diverse, admission would need to be handled on a case-by-case basis. But given that gender minorities suffer significant victimization and harassment, they should be high priority for single rooms.

Our research calls for single-occupancy rooms as the standard of care; it

is the only way to comply with the Code of Rights for all patients.

To protect the safety and dignity of vulnerable patients, we need to ban mixed-gender rooms in hospitals across Aotearoa New Zealand. We also need to dramatically increase the number of single rooms in our hospitals.

Our already overcrowded hospitals, aging population and increasing rates of dementia and disability should make this a high priority for any incoming government.

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