

# Mixed Sex in Day Surgery: Whose Opinion Counts?

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**Abstract:**

Mixed sex wards remain controversial following a number of highly emotive reports in the popular press. Nevertheless, there are many potential advantages to mixed bays in a busy day unit where patients do not routinely stay overnight. Previous surveys have suggested that most day surgery patients are indifferent to mixed sex accommodation, but we wished to explore this issue more thoroughly following a move to a larger and busier day surgery unit.

Questionnaires were distributed to all patients over a four month period, asking about the gender mix of the bay they were in and their feelings about this. Patients were also asked their preference about being with patients having similar operations or of similar gender and whether they would find a mixed sex area more acceptable with at least one other of the same gender present.

Out of 405 patients, most were either indifferent to, or happy with, the environment they were in, with some differences between the sexes. Only ten patients in mixed bays would have preferred a single sex area, while six in single sex areas would have preferred mixed company. Although only 9% of patients said they would like to be with patients having similar surgery, almost three quarters were actually nursed in this way and two thirds found it reassuring. Only 18.5% of patients would prefer single sex accommodation for day surgery, but this was more common in women (26%) than men (8%). However, much of this difference was attributable to gynaecology patients, of whom 48.5% expressed a preference for single sex bays compared with only 16% of other female patients. Were they to find themselves in a mixed bay, 37% of patients thought it would help to have the company of at least another of the same gender, but 49% were happy as the only male or female. Overall, 93% of patients were very satisfied and 7% satisfied with their care, with mixed sex accommodation not affecting the results.

Most day surgery patients remain unconcerned about being in mixed sex areas, with the main exception being gynaecology patients. Most patients also appreciate being with those having similar surgery, supporting our method of selective bed allocation.

## Introduction

For several years there has been much media attention and professional pressure regarding the use of mixed sex wards<sup>1-3</sup>. Much of the controversy has been fuelled by the Labour government's manifesto commitment to abolish mixed sex beds<sup>4</sup>, which they finally conceded was an impossible task early in 2008<sup>5</sup>. However, much of the available literature, and most of the more inflammatory press coverage<sup>6,7</sup>, actually relates to inpatient areas with overnight accommodation, especially the more vulnerable groups, such as those with mental health problems and the elderly.

There are potential advantages to mixed sex wards, which greatly increase flexibility and allow for the best utilisation of beds<sup>8</sup>. Indeed, totally abolishing mixed sex accommodation would result in a substantial loss of bed capacity<sup>9</sup> or require major redesign of most hospitals<sup>10</sup>. There may even be advantages for more vulnerable patients, since it is the norm

in learning disability nursing to integrate patients<sup>11</sup>; a clear conflict with segregation of the sexes! A recent survey commissioned by the Department of Health<sup>12</sup> found that the public rated the issue of mixed sex accommodation far lower than staff attitudes, general cleanliness and being kept updated about their care. While some patients thought that certain procedures, such as hysterectomies, should not be integrated in mixed sex wards<sup>13</sup>, this again related primarily to inpatient surgery.

There are even greater advantages to mixed sex areas in day surgery<sup>14</sup>, where patient turnover and the range of specialties are far greater than in inpatient areas. There are practical advantages to grouping patients on the same surgical list

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**Table 1** The experience of patients allocated to single sex and mixed sex bays

Environment	Total	Males	All females	Gynae females	Other females
<b>Single sex area</b>	<b>182</b>	<b>58</b>	<b>122</b>	<b>67</b>	<b>55</b>
enjoyed single sex environment	96 (53%)	15 (26%)	80 (67%)*	47 (70%)*	33 (60%)*
no strong feelings	80 (44%)	39 (67%)	40 (32%)*	19 (28%)*	21 (38%)*
would have preferred mixed sex	6 (3%)	4 (7%)	2 (2%)	1 (2%)	1 (2%)
<b>Mixed sex area</b>	<b>223</b>	<b>107</b>	<b>103</b>	No females having gynaecological surgery were allocated to a mixed sex bay	
enjoyed mixed sex environment	78 (35%)	37 (35%)	36 (35%)		
no strong feelings	134 (60%)	68 (64%)	59 (57%)*		
would have preferred single sex	10 (5%)	1 (1%)	8 (8%)*		

\* Significantly different from male patients,  $p < 0.05$  (percentages are rounded. Not all patients recorded their gender or answered all questions)

together, making it easier (and safer) for surgeons and anaesthetists to locate their patients. Since day surgery trolley spaces are regularly used more than once per day, allowing the sexes to mix also means that afternoon patients can be allocated a space more efficiently. A previous survey from a small day unit found that most patients were happy in mixed company and only 14% would have preferred to have been nursed in a single sex area<sup>45</sup>. However, following a move to a much larger, 34 bedded unit, and in the light of continuing political and media campaigning, pressure was placed on the day unit staff to try to nurse patients in single sex bays wherever possible. We therefore decided to repeat our earlier survey as part of this service development, focusing specifically on the issue of single sex accommodation and some of its associated advantages and disadvantages.

### ***Patients and methods***

Our day unit consists of five open fronted bays, each with six trolley spaces, and four side rooms. Curtains are provided around each trolley space to allow privacy for changing, examination and wound checks. At least one nurse is generally present at all times in each bay. With the exception of young or special needs patients (who are usually managed in side rooms), relatives and carers are not permitted to stay in the bays with patients to minimise the overhearing of sensitive conversations. Single sex toilet and washing facilities are provided at various points on the corridor linking the five bays. The unit closes at 8 pm each day.

During the conduct of the survey, trolleys were allocated according to our usual policy of trying to keep patients on the same operating lists together in bays. However, we endeavoured to avoid having one isolated male or female in a bay wherever possible and tried to group gynaecology and breast surgery patients in single sex bays or in one of the side rooms.

A questionnaire was devised using a mixture of open and closed questions and distributed to all patients in the six bedded bays over a four month period from February to June 2008. The anonymous questionnaires were completed postoperatively and collected by the ward nursing staff. We collected data on patient age group and gender, surgical speciality and previous day surgery experience.

Patients were asked if there were patients of the opposite sex in their bay and what their feelings were about this. Patients were also asked whether there were other patients in the same bay having similar surgery to themselves and whether or not they found this reassuring. Patients were then asked some more general questions about their preferences when undergoing day surgery, such as a desire to be with patients having similar surgery (irrespective of gender) or with patients of the same gender (irrespective of the type of surgery). Patients were also given the option of having no strong feelings about this issue. We also asked patients if they would find a mixed sex bay more acceptable if there was at least one other person of the same gender in that bay, whether they would still prefer a single sex area or if they were happy being the only male or female in a mixed bay. We also asked about overall satisfaction with the whole day surgery experience and invited free text comments.

Results were collated using a custom-designed database (FileMaker Pro 6, FileMaker Inc, USA) and descriptive statistics and a limited comparative analysis (by Chi squared tests) were performed using StatView (version 4.02 for Macintosh, Abacus Concepts), taking a  $p$  value of  $< 0.05$  as significant.

### ***Results***

Questionnaires were returned by 405 patients, of whom 223 (55%) were nursed in a mixed sex area, with an approximately equal split of males and females. The remaining 182 were in single sex areas with a 2:1 female to male ratio, reflecting the deliberate allocation of gynaecology and breast surgery patients. The majority of patients either enjoyed the area they were in or had no strong feelings about this (Table 1), with a small minority in the single sex area preferring a mixed sex environment and vice versa (3–5%, respectively). A single sex area was more often preferred by female than male patients, irrespective of the type of surgery being performed (Table 1), while males were more likely to have no strong feelings. In contrast, a sizeable minority (35%) of both males and females enjoyed the mixed sex area, but only one man, compared to eight women, would have preferred a single sex area (Table 1).

Relatively few patients expressed a preference to be in an area with others having similar surgery (Table 2). However,

**Table 2** Patients' preference for allocation when having a day case procedure

	Total	Males	All females	Gynae females	Other females
With patients having similar surgery, irrespective of gender	35 (9.1%)	16 (10%)	19 (8.5%)	6 (8.8%)	13 (8.3%)
With patients of the same gender, irrespective of the type of surgery	71 (18.5%)	13 (8.1%)	58 (25.9%*)	33 (48.5%*)	25 (16%)†
No strong feelings	278 (72.4%)	131 (81.9%)	147 (65.6%*)	29 (42.6%*)	118 (75.6%)†

\* Significantly different from male patients,  $p < 0.05$ ; † Significantly different from gynaecology patients,  $p < 0.05$

**Table 3** Patients' responses when asked if it would help having another patient of the same sex with them in a mixed sex bay

	Total	Males	All females	Gynae females	Other females
Yes it would help	143 (37%)	41 (26%)	102 (46%*)	28 (42%*)	74 (48%*)
No, still prefer single sex	54 (14%)	6 (4%)	48 (22%*)	26 (39%*)	22 (14%)*†
No, happy as only male or female	183 (49%)	112 (70%)	32 (32%*)	12 (18%*)	59 (38%)*†

\* Significantly different from male patients,  $p < 0.05$ ; † Significantly different from gynaecology patients,  $p < 0.05$

73% actually were grouped with similar patients and, of these, 67% found this to be reassuring. Almost a third of females expressed a general preference to be in a single sex area when having any day surgery procedure (Table 2), which was more than three times the figure in men. However, this result was heavily influenced by patients currently undergoing gynaecological surgery, of whom almost 50% expressed a preference for a single sex area. In contrast, a single sex area was preferred by only 16% of the other females, not greatly different from the 8.1% of men who also preferred the company of their own gender (Table 2).

Thirty seven percent of patients felt it would help to have another patient of the same sex with them in a mixed bay, but almost half would be happy as the only male or female (Table 3), although this was twice as common in men as in women. A few men (4%) and 22% of females would still prefer a single sex area, a difference which was again heavily influenced by women currently undergoing gynaecological surgery (Table 3).

Overall 93% of patients were very satisfied with their day surgery experience, a proportion which was not influenced by gender (94% male, 91% female), and 7% were quite satisfied. Only one female patient (undergoing gynaecological surgery in a single sex bay) was neither satisfied nor dissatisfied. No patients were dissatisfied with their care. Almost half the patients were aged 50 or less and half were over 50. There was no difference between these two age groups in terms of overall satisfaction or in any aspect relating to mixed sex accommodation. Similarly, the results were unaffected by patients' previous experience of day surgery.

Additional comments were written by 156 patients (38.5%). Of these, 142 (91%) were generally positive about the nursing care, but were irrelevant to the subject of mixed sex accommodation. A further ten were either negative or a mixture of positive and negative comments irrelevant to the study. Only four patients, all female, wrote relevant comments, of which two were in favour of mixed sex areas,

one endorsed her preference for a single sex area during gynaecological surgery and one stated that she preferred a single sex area, but appreciated the need to mix patients in the day surgery environment.

### **Discussion**

Despite the call for mixed sex accommodation in hospitals to be abolished, we found that most patients were happy being with those having similar surgery regardless of gender. Using exclusively single sex bays in a day surgery unit can be very difficult and it is more practical and potentially safer to allocate patients according to surgical lists and speciality. Our surgeons and anaesthetists are more comfortable with their patients grouped together and this is believed to reduce potential error and confusion and also aids efficient time management. That most of the patients who participated in this survey were not concerned about where they were nursed proves that the current allocation method works and this is reflected in the very high overall satisfaction rate achieved. Grouping patients together on operating lists inevitably resulted in nearby patients undergoing surgery of a similar nature and a surprisingly high proportion of patients found this reassuring, even though this was not something that they tended to specifically request.

Our results are consistent with our previous study<sup>45</sup> and also with an earlier study of 71 patients, of whom 34 felt it acceptable to be nursed in a mixed sex environment, while 13 patients had no preference and 24 preferred a single sex environment<sup>8</sup>. Perhaps more surprisingly, they are also similar to a survey of psychiatric patients, of whom 57% preferred a mix sex ward, 24% had no preference and only 19% would have preferred a single sex environment<sup>4</sup>, suggesting that even with more vulnerable patient groups, the issues are not as clear cut as the press would have us believe.

As in our previous study<sup>45</sup>, we observed marked differences between men and women in their attitudes to mixed sex

wards. What the current, more detailed, survey revealed was that much of this difference is attributable to women having gynaecological surgery (although any statistical comparison should be interpreted with caution, as patients were clearly not allocated randomly). We anticipated that a high proportion of these patients would prefer a single sex area and allocated them all accordingly. This was of course achieved while being consistent with our prime objective of keeping patients on the same operating list together. However, these patients also appeared unable to think beyond their current experience when asked their views concerning day surgery in general. In this respect, their opinions were markedly different from those of other women undergoing different forms of surgery. Interestingly, men undergoing urological surgery did not display a similar pattern of response and were indistinguishable from the whole male day surgery population (data not reported). Unfortunately, our data collection was not sufficiently sophisticated as to allow us to separate the views of breast surgery patients from those undergoing other general surgical procedures.

In common with other authors<sup>9</sup>, we do not believe it was ever the intention to include day surgery in the attempt to abolish single sex accommodation, as long as privacy and dignity were maintained. In fact, a recent Department of Health document on the elimination of mixed sex accommodation<sup>16</sup> defined single-sex accommodation as “separate sleeping areas”, confirming the belief that the government target excluded day surgery. This document also states that two key objectives are “to ensure that appropriate organisational arrangements are in place to secure good standards of privacy and dignity for hospital patients” and “to achieve the Patient’s Charter standard for segregated washing and toilet facilities”<sup>16</sup>. We believe that these objectives can easily be met on most day surgery units, although single sex bays would obviously be desirable for patients staying overnight in short-stay units. In our unit, patients in mixed sex bays do not sleep overnight, there is always a member of staff in the bay, gender specific toilet and washing facilities are available and privacy and dignity are maintained at all times with separate areas available for private conversations. More vulnerable patients receive special consideration and are either nursed in single rooms or accompanied at all times by a carer. In addition, specific requests for single sex accommodation will always be met, wherever possible, in accordance with the Patient’s Charter<sup>17</sup>. However, a recent report by the Chief Nursing Officer<sup>18</sup>, while acknowledging that day surgery units required particular attention, still commented that, as elective units, they should still be segregated, giving the only exception as patients having very minor surgery where it is not necessary” to undress or be otherwise exposed”.

More recently, Labour health minister Lord Darzi admitted that, unless the NHS was to rebuild all its hospitals as single room only facilities, then it would be unrealistic to expect NHS facilities to ever be totally segregated. He also suggested that this aspiration was no longer appropriate, since the design of modern wards is “based on the disciplines, expertise and competencies of the staff working

on those wards”, rather than the gender of their patients<sup>40</sup>. We believe this to be especially true in day surgery.

In summary, our survey confirms that most patients are indifferent to the issue of mixed sex accommodation in day surgery. Expectations differ somewhat between the sexes, so any change to favour one group would consequently disadvantage the other. However, allocation of patients according to the clinical judgement of an experienced day surgery nurse resulted in high levels of satisfaction in both men and women. With the exception of gynaecology, our results show that it is not important to segregate the sexes in day surgery. We recommend that day surgery units should continue to provide a mixed sex environment for the benefit of patients; we counted their opinion and their opinion should count!

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