

**KING'S FUND
PROJECT PAPER**

**THE MOST CRUEL
ABSENCE OF CARE**

NUMBER 3

FEBRUARY 1974

HOOI
Hin

THE HOSPITAL CENTRE LIBRARY
24, NUTFORD PLACE LONDON W1H 6AN

ACCESSION NO.	CLASS MARK
312556	H001
7 FEB 1974	DONATION

Hin

KING'S FUND PROJECT PAPER

'THE MOST CRUEL ABSENCE OF CARE'

Report of a follow-up study
of
Noise Control in Hospital

prepared from the comments made
by patients in seven selected hospitals

by

M Dorothy Hinks BA FHA
Research Officer
The King's Fund Centre

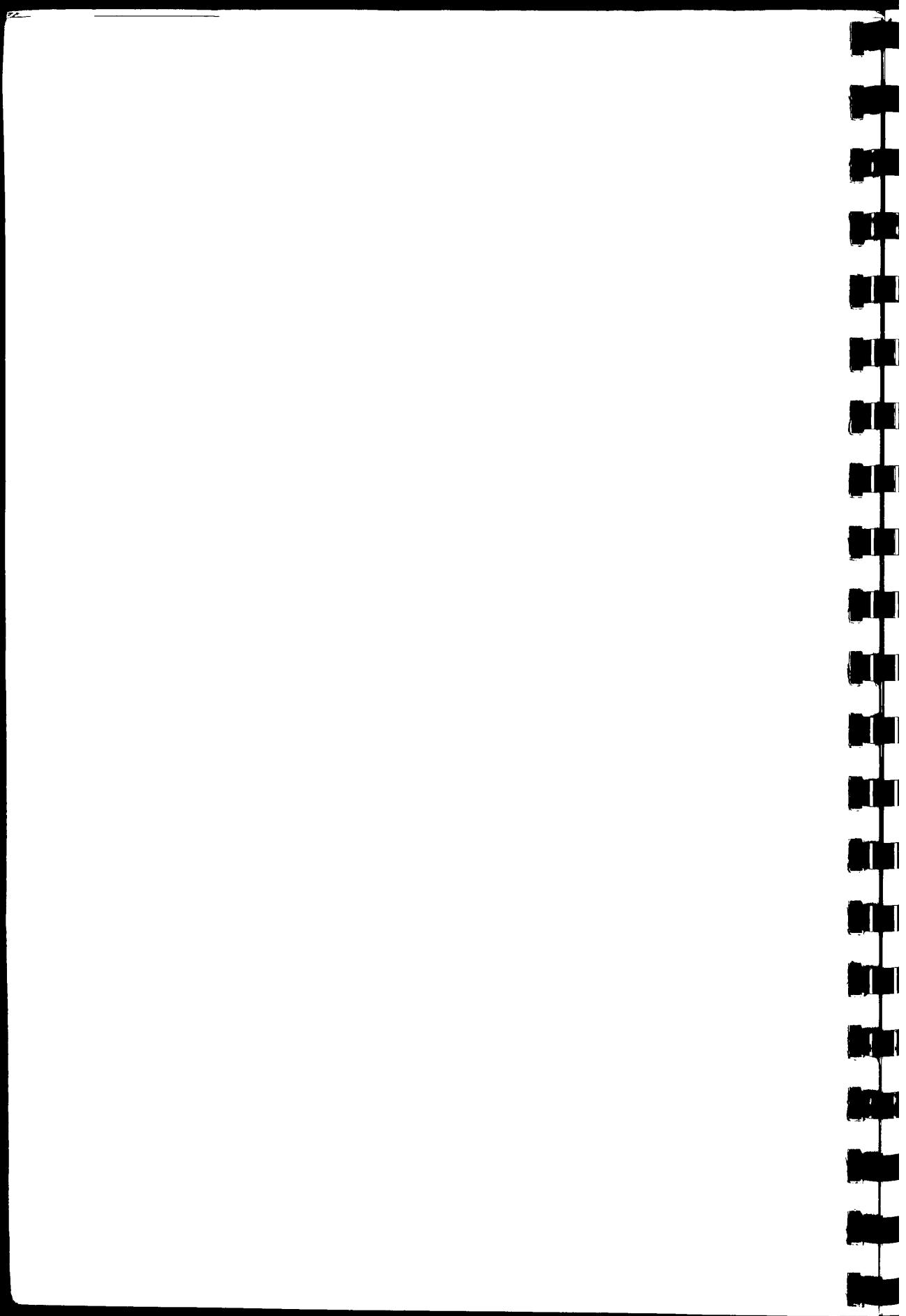
January 1974

Price: 50p

King's Fund Centre

24 Nutford Place

London W1H 6AN





CONTENTS

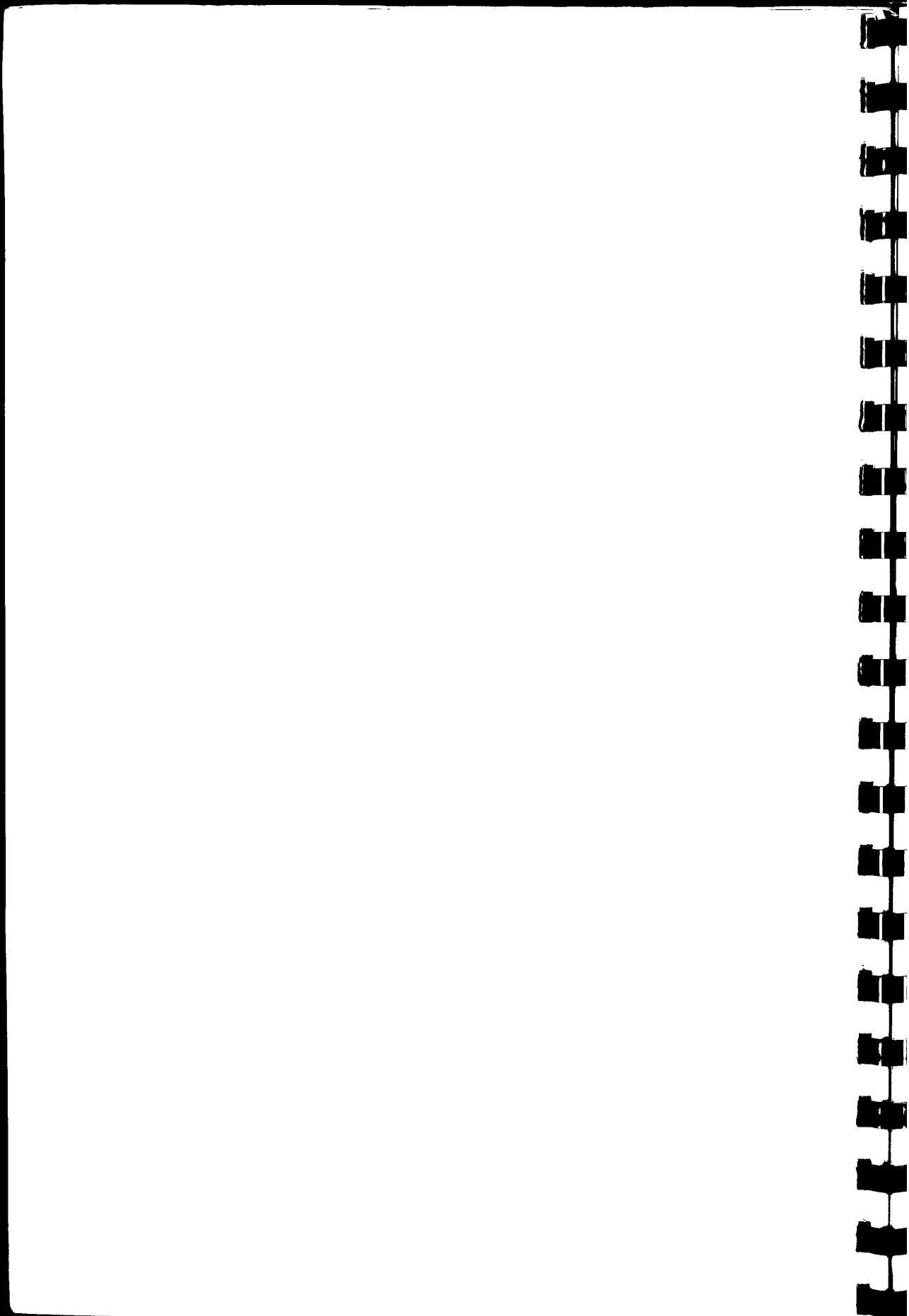
	page	
1	Introduction - noise control in hospital	3
2	Attitudes of patients to survey	7
3	Main sources of noise disturbing patients	9
	A) Noise outside the hospital precincts	9
	Road traffic	9
	Other types of traffic	10
	B) Noise within hospital precincts	10
	Building works	10
	Traffic in grounds and car parks	11
	Other sources of noise in the grounds	11
	C) Noise within the hospital building	12
	Noise made by equipment	14
	trolleys	14
	crockery and kitchen noises	15
	other items of equipment	16
	Entertainment - use and abuse	17
	television and radio	17
	Noise made by people	18
	patients	18
	patients' visitors	21
	staff - working, walking, talking	22
4	Conclusion	

APPENDICES

A	Sources of noise identified in 1973 survey	35
B	Comparison between sources of noise identified in 1960 and 1973 surveys	39
C	Explanatory letter to patients	41
D	Questionnaire for patients	43

TABLES

1	Details of hospitals and questionnaires	4
2	Details of questionnaires returned by patients	5
3	Comparison of noises caused by staff as given in 1960 and 1973 surveys	24



1. NOISE CONTROL IN HOSPITAL - INTRODUCTION

'UNNECESSARY NOISE IS THE MOST CRUEL
ABSENCE OF CARE WHICH CAN BE INFILCTED
ON EITHER SICK OR WELL'

(Florence Nightingale: 'Notes on Nursing' 1859)

In her voluminous writings on hospitals and nursing, Florence Nightingale made some outspoken comments on the problem of noise affecting patients. A hundred years later, the Official Visitors of the King's Fund decided to make special enquiries to discover what particular noises in hospital were most worrying for patients. The comments received from hospitals indicated that 'there was a genuine consciousness that hospitals were becoming more noisy, and that something ought to be done about it'. It further appeared that 'the staffs did not notice a good deal of the noise going on around them because they had become accustomed to it'.

As a result of these findings, the King's Fund undertook two surveys to identify the noises which caused the greatest distress to patients. Nineteen hospitals were invited in 1957/8 to take part, and a total of 1739 patients returned questionnaires. Of these, 528 were blank or complaint-free, leaving 1211 with comments on noises that disturbed patients.*

Two years later, 14 of the 19 hospitals took part in a follow-up study, also by means of questionnaires distributed to patients.** This survey resulted in the receipt of 490 blank or complaint-free forms and 1092 containing comments or complaints.

* Noise control in hospitals. King Edward's Hospital Fund for London, 1958.

** Noise control in hospitals. Report of a follow-up study. King Edward's Hospital Fund for London, 1960.

A comparison of the two studies revealed that the results of both were broadly comparable in the case of 14 hospitals. Under several headings there had been a welcome reduction in the number of complaints, which was thought to be due almost entirely to efforts made by staff of individual hospitals following the first survey.

In the summer of 1973, ten of the original 19 hospitals were invited to take part in a further follow-up; seven of these accepted. Each hospital authority was asked to hand a questionnaire, explanatory letter and pre-paid addressed envelope to all patients well enough to respond, from a number of medical, surgical and maternity wards on any convenient day before the end of July. The questionnaire was the same as that used in the earlier surveys, and each hospital was asked to estimate the number of questionnaires it was thought would be required. A total of 2460 forms was requested and supplied to the seven hospitals but of these only 666 (27 per cent) were returned to the King's Fund Centre.

TABLE 1 DETAILS OF HOSPITALS AND QUESTIONNAIRES

HOSPITAL	HOSPITAL TYPE	LOCATION	NUMBER OF QUESTIONNAIRES		
			Requested by hospital	Returned by patients	% age of total Requested
A	General	Provinces	210	104	49.5
B	General	Provinces	300	141	47
C	Teaching	London	300	124	41.3
D	Teaching	London	600	162	27
E	Teaching	London	250	51	20.4
F	Teaching	London	400	46	11.5
G	General	London	400	38	9.5

Blank forms were returned by 23 patients and 114 had no comment to make. This left 529 (80 per cent) of the respondents who had complaints or comments to make about noises which had disturbed them during their stay in hospital.

TABLE 2 DETAILS OF QUESTIONNAIRES RETURNED BY PATIENTS

Hospital	Total No. of Questionnaires Returned by Patients	Blank Questionnaires	Comment-Free Questionnaires	Questionnaires Containing Comments and/or Complaints
A	104	6	19	79
B	141	3	26	112
C	124	4	15	105
D	162	6	20	136
E	52	1	8	42
F	46	2	13	31
G	38	1	13	24
	666	23	114	529

GENERAL COMPARISONS BETWEEN 1958/60 AND 1973 SURVEYS

It was appreciated that less than half of the hospitals involved in the first two studies had taken part in the third, and also that many and drastic changes had taken place both within and outside hospitals during the 15 years that had elapsed since the subject of noise control in hospitals was first investigated by the King's Fund. It was felt, however that, in spite of this, the 1973 survey might well prove valuable in identifying noises that disturb patients in hospital at the present time, and also possibly form an interesting comparison with the situation as seen by patients 13 years ago.

Details of all sources of noise mentioned by patients in the latest survey are given in Appendix A, while Appendix B shows comparisons between the two surveys. Nine new sources of noise were listed by patients in 1973 which had not been mentioned in the earlier studies.

In the 1958 survey, nearly 50 per cent of patients replying to the enquiry indicated that they were not bothered by noise. By 1973 this figure had dropped to 20 per cent.

In the case of a few sources of noise, the position appeared to be unchanged. The percentage of replies containing references to noise made by fellow-patients was static at 17. There was also no change in the proportion of complaints about noise caused by lifts, telephone and call systems, and venetian blinds.

The most marked decrease in complaints was found in the number of patients mentioning noise caused by traffic outside the hospital (13 per cent) and disturbance from cleaning equipment (11 per cent). Other sources of noise which showed a slight decrease in the percentage of complaints were squeaking doors and floor boards, noisy chairs and bedpans and sluice room equipment.

Sharp increases were found in the number of complaints about building works (11 per cent), traffic in hospital grounds (9 per cent), rail traffic (8 per cent) and aircraft (6 per cent). Within the hospital, the two sources of noise which showed the greatest increase in patients' complaints were patients' visitors (11 per cent) and all grades of staff (9 per cent).

2. ATTITUDE OF PATIENTS TO SURVEY

The great majority of comments about noise disturbance in hospital were made in a most constructive and helpful way - some patients were almost apologetic at times. A number of patients showed considerable appreciation of the difficulties experienced by hospitals and their staffs, and the various environmental and other problems, as this selection of comments demonstrates:

'My comments were not all in the nature of complaints: they are made in a constructive spirit.'

'I would like to stress that these comments are not strictly complaints; that they do of course, vary at whatever point in a building one may be, and that they are in the main "common domestic noises" which are doubtless difficult to prevent, but nevertheless, if lessened, could bring greater relief to many patients.'

'It seems very petty to grumble about anything: all the staff are so kind. Perhaps the noise only irritates when one is nervous.'

One patient declared that the only noise that disturbed him was 'the noise of his own groans', while another felt that he 'was lucky to be alive to hear' the various noises.

The level of noise tolerance of the individual patient, as well as his actual physical condition can have a considerable effect on his reactions to hospital noise. So too, can a patient's age and general outlook on life. The following selection of quotations illustrates these points:

'The noises only disturb me when I do not feel well;
at other times they do not disturb me at all.'

'When patients are not too ill, it is comforting to
have a little noise, otherwise they might feel
completely cut off.'

'I would only like to say that noise which annoys
our age group may not bother another.'

'I am a young person anyway, so noise doesn't
bother me as much as it would perhaps someone
(a) older and (b) iller.'

(another young patient) 'Noise made by people
gives the wards character and breaks the boredom.
If I were in a quiet ward, particularly in the older
part of the hospital, it would be like a morgue.'

Other patients, possibly less tolerant of noise, and more seriously ill, had
different views:

'I don't think that very much thought is given to
this problem and no-one seems to realise how
disturbing it can be, otherwise there would not
be so much noise made.'

'Everything in hospital seems designed to make noise -
mostly in the day, but there is quite a bit at night.'

Another spoke of the 'difficulty for a patient in a weak condition to attract the
attention of and communicate with staff against the background noise in the daytime'.

3. MAIN SOURCES OF NOISE DISTURBING PATIENTS

A. NOISE OUTSIDE THE HOSPITAL PRECINCTS

ROAD TRAFFIC

In the 1960 survey, noise from road traffic was found to be the biggest single source of complaint by patients, being mentioned by 24 per cent of all who replied to the enquiry. In spite of the marked increase in the volume of traffic since that date, the 1973 survey shows a decrease of 13 per cent in the number of complaints. Apart from possible improvements in noise insulation in new hospital buildings, it seems likely that traffic noise has become more or less accepted as an unavoidable part of modern life, as some of the comments seem to indicate:

'Noises outside a hospital, especially in the centre of London, are hard to overcome unless the wards were made soundproof. Myself, being used to city life, it did not worry me.'

'Living in London, one expects environmental noise.'

'The main worry is traffic, but obviously this must depend on location and I cannot see what can be done, other than efficient double-glazing and sound insulation.'

'I do appreciate the fact that most of the noise that worries me in this hospital is on account of its central position, and especially the closeness to the motorway.'

The noise of heavy lorries on main roads and the nearness of motorways were mentioned by patients in those hospitals near such traffic routes, but one patient

found 'the faint traffic noise rather soothing' and another welcomed it as 'a link with the outside world'.

OTHER TYPES OF TRAFFIC

Complaints about noise from railways and aircraft showed an increase. Just under half of the respondents from one hospital with new extensions built over a railway line and only a few hundred yards from a railway station complained of noise and reverberation from this source. Another hospital in central London had its own particular problems with the regular striking of Big Ben and the noise of sirens and rowdy parties late at night on Thames rivercraft. One patient from the same hospital included in his list the noise of 'people shouting abuse at Parliament'.

Several patients complained of the noise made by aircraft and one was convinced that 'some aircraft that pass almost directly overhead are flying below set limits'.

B. NOISE WITHIN HOSPITAL PRECINCTS

BUILDING WORKS

Increased building works in all the hospitals involved in the 1973 survey accounted for a rise of 11 per cent in the number of patients complaining of this particular source of disturbance. Patients were, on the whole, understanding and even philosophical about it. 'This can't be helped' was the opinion of one, while another wrote 'we have just had two days' electric drilling outside the ward, but no doubt it is a temporary necessity'.

Not all patients were so tolerant as these two. 'I was glad to get away from the plane' wrote one who had suffered from the protracted use of pneumatic drills. One patient suffering from a heart complaint found that the noise of a mechanical digger 'has sometimes been intolerable' and made a plea for the transfer of cardiac patients to a quieter part of the hospital. There were also comments on workmen who made 'very unnecessary noise shouting and throwing things around'. Another

patient referred to 'the building workers who seem to give no consideration to the patients, making unbearable noise from 8 am to 6 pm. I am sure it takes some patients longer to recover'. 'Any temporary building,' wrote another, 'should be constructed as as not to sound like war drums in the night.'

TRAFFIC IN GROUNDS AND CAR PARKS

'I wish cars would not be allowed to hoot on hospital grounds.'

This particular source of noise was not mentioned in the 1960 survey but was found to be a source of discomfort to patients in six of the seven hospitals involved in the 1973 study. The majority of comments referred to the noisy slamming of car doors, the revving-up of car and motor cycle engines, and the sounding of horns and sirens.

Some patients complained of parking too near to ground-floor wards, and one referred to 'taxis pulling up outside a ward and leaving the engine running for 10-15 minutes'. Sources of discomfort, though not of noise, mentioned by several patients were unpleasant fumes from exhausts and the flashing of headlights and warning signals close to ward windows.

Other sources of noise mentioned in this category included 'big lorries delivering to the stores in the early hours of the morning' and collection of rubbish by the local authority's mechanical handling vehicles.

OTHER SOURCES OF NOISE IN THE GROUNDS

Another source of disturbance not mentioned in the earlier studies was the noise made by people laughing, shouting and walking noisily; noise from late night parties was also mentioned.

Some noises were related to one or two hospitals only, such as the grass cutter which had apparently been very active at one hospital. A number of patients complained of noise coming from other buildings and departments, such as the boiler house and laundry.

In one hospital, a number of patients were particularly disturbed by 'the appalling noise from the oxygen and gas cylinders unloading bay'. Two commented as follows:

'I feel the unloading noises could easily be minimised, as I have seen the workers throw the cylinders instead of carrying them. This procedure is often carried out late at night, rendering sleep impossible.'

'I think these could be handled better if advised by someone who understands.'

C. NOISE WITHIN THE HOSPITAL BUILDING

'A GOOD NURSE WILL ALWAYS MAKE SURE THAT NO DOOR OR WINDOW IN HER PATIENT'S ROOM SHALL RATTLE OR CREAK'
(Florence Nightingale: Notes on Nursing 1859)

Although the figures show a decrease in the number of complaints since 1960, noises caused by doors, windows, lifts, floorboards and venetian blinds are still a considerable source of discomfort to patients, as the following selection of comments indicates:

'Banging of toilet doors - so unnecessary: could be so easily stopped.'

'The main doors into the ward bang throughout the day and night.'

'Doors in side ward noisy on opening and closing.'

'Doors in corridor banging because of draughts.'

'Sash windows rattling in the wind, particularly noticeable at night.'

'Unbearable noise of taps in the bathroom, caused by worn-out washers.'

One patient suggested the fitting of nylon catches to cupboard doors, and several pointed out that all that was required was a more generous use of the oil can. Several patients offered possible solutions, as follows:

'Doors only need a wedge to keep them from banging, but this is still a common fault.'

'A salutary warning in bold letters should be printed on all doors admonishing everyone to close doors with more care and attention.'

'Fix gates that will close slowly and not bang.'

There was no change in the proportion of patients complaining of noise from telephone and call systems, but several suggested the replacement of call bells by a system of silent warning lights. One pointed out that the GPO can supply telephone bells of varying intensity of sound, which would help the patients who complained that 'the telephone at night makes sleeping very difficult'. In one hospital patients from two wards commented on the noise from the ward overhead, particularly the moving of beds and equipment and noisy walking by staff, especially at night.

NOISE MADE BY EQUIPMENT

TROLLEYS

Trolleys of all types easily headed the list of sources of noise within hospitals in 1960, although the figures for that survey (26 per cent) showed a welcome decrease of 9 per cent following the first survey in 1958. Today, this essential piece of hospital furniture still holds the unenviable position as the greatest source of annoyance to patients, being mentioned by 30 per cent of respondents. The following is a selection of their comments:

'Trolleys with drugs seem to be running the Derby.'

'Porters with dinner trolleys are particularly noisy.'

'Some trolleys are definitely noisy. New sets of casters would avoid the distress - not too expensive an exercise! Some just need a few drops of lubricating oil.'

'The vibration of metal components caused by worn wheels was not so noticeable during the daytime, but very disturbing at night.'

'They all seem to have square wheels.'

'Rubber bumpers would stop banging.'

'Trolleys seem badly designed to make too much noise.'

'Trolleys and weighing machines being dragged across the floor when they should be pushed like wheelbarrows.'

'Laundry trolleys cross the wards during rest hours. Rest periods should be respected by patients and staff.'

Some patients referred to what they thought were the probable cause of some of the trolley noise, for example, a ramp outside one ward, uneven floorboards in another, and poor 'steering' by staff. One patient referred to 'the noise made be the crockery trolley as it passes over the gap of missing floor covering when the door closes' and another, writing of noisy trolleys in the grounds, commented 'the roadway is very rough and corrugated'. Several patients pointed out that regular maintenance of equipment would help to solve the problem of squeaking trolleys. As well as noisy doors and windows, one patient disliked 'the tea trolley when very early morning tea is served' adding, 'one could sleep for at least another hour if this were not served by night staff, and would be most beneficial in cutting down noise'.

CROCKERY AND KITCHEN NOISES

General activities in ward kitchens, including noise of crockery, came second on the list in 1960. The report published at that time** indicated a number of measures taken in different hospitals to reduce the noise level in this area. Since that date, there have been marked improvements in the quality and suitability of plastics for hospital use, but, in spite of all this, 13 years later, noise from this particular source maintains its position as second on the list, with an increase of 2 per cent in the number of complaints.

'Trolleys, trays and crockery - the latter two in connection with feeding, especially banging of trays, can often seem a continuing jangle of noise.'

'Please ask manufacturers to make noiseless trolleys and crockery.'

OTHER ITEMS OF EQUIPMENT

One of the most striking decreases in the number of complaints concerned cleaning equipment - 11 per cent less in 1973 than in 1960. Two typical comments suggest that a patient's physical condition reflects his ability to tolerate what is a very familiar domestic noise.

'When one is quite sick the noise from electric polishers and vacuum cleaners is quite distressing.'

'The first week the electric floor polisher used during the day got on my nerves very much.'

There were several complaints about 'old-fashioned curtain rails for screening off beds which invariably jammed and were noisy to pull round day and night'.

'UNNECESSARY (ALTHOUGH SLIGHT) NOISE INJURES A SICK PERSON MUCH MORE THAN NECESSARY NOISE (OF A MUCH GREATER AMOUNT)'

(Florence Nightingale: Notes on Nursing 1859)

Sudden and unnecessary noises were mentioned by a number of patients, who listed such disturbing sounds as the dropping of desk flaps, the slamming of cupboard doors, and similar noises which one patient complained frequently woke him at night. Staff 'dropping things' was another source of distress to patients.

Other findings under the general heading of 'equipment' seem to indicate that the statement made in the report of the 1960 survey is equally true in 1973.

'IT IS EVIDENT THAT IT IS THE STAFF
RATHER THAN THE EQUIPMENT THAT
CAN MAKE THE BIGGEST CONTRIBUTION
TO NOISE REDUCTION IN THIS FIELD'

ENTERTAINMENT - USE AND ABUSE

TELEVISION AND RADIO

There appear to be a slight change in patients' attitude to television and radio as a source of disturbance since the 1960 survey. This source of noise was mentioned by patients in only four of the hospitals, but those who did comment had strong feelings on the subject.

'I am not the only patient that complains of
TV in the ward; it is far too much for those
who suffer from ear trouble.'

'A separate TV room is essential - not everyone
likes TV and those who do seem only able to
view it when it is on full blast. One is only
allowed visitors in the rest room, but during
visiting hours the TV remains on. The noise is
such that it is impossible to conduct a civilised
or private conversation since one is obliged to
shout.'

'People using the TV room as a place for talking
in such a way that those who have genuinely gone
in to watch a specific programme are unable to hear
the dialogue or concentrate.'

'Why not provide earphones for the TV as well.'

'TV sound should be on earphones.'

There were also several complaints of TV sets being kept on until a late hour, with specific reference to programmes continuing until 9.30 pm or 10.30 pm and even 11.45 pm.

Loud playing of transistor radios was another source of distress to some patients, as their comments indicate:

'Transistor radios should be banned.'

'Transistors should only be allowed if a patient has earphones.'

'The hospital authorities go to the trouble of installing a radio set at each person's bedside, surely that's enough.'

'Although the hospital regulations say "NO RADIO PLEASE", someone in my ward is playing a transistor now To save the difficulty of unpleasantness between patients, I would suggest that, on principle, hospital staff should automatically request anyone playing a radio to turn it off and say it's a hospital rule, and have no question about it.'

NOISE MADE BY PEOPLE

PATIENTS

'Living in such close contact with other people can naturally be irritating.'

Noise disturbance by fellow-patients comes second only to trolleys and crockery in the present survey, and the proportion of patients referring to this particular source of noise (17 per cent) is the same for both the 1960 and 1973 surveys.

Comments on noise made by seriously ill patients and the senile or confused are expressed in sympathetic terms - even the inevitable snorers are regarded philosophically, but nevertheless noises of this type are very distressing to many patients, as some of their comments demonstrate:

'At night it is ghastly (in a 30-bedded ward). So many people (sick ones) calling out at night, and the nurses are very heavy-footed running here and there.'

'If a patient is in great pain and has occasion to scream out, this is very nerve-racking to all, especially in the night.'

'Patients calling out and moaning, I consider these types of patients should all be kept in one ward until they are more peaceful.'

'Emergency patients brought into the ward at night disturb the rest of the seriously ill patients.'

'One would think it would be possible today to nurse patients on machines of one kind or another in separate wards to avoid distressing patients and staff in main wards.'

'Very sick patients should be isolated when getting treatment during the night.'

'Women being induced in the same ward as the rest of the patients make one very nervous, especially knowing that one's own time has to come.'

By far the greatest number of complaints under this heading were concerned with the thoughtlessness of patients who are convalescent or less seriously ill than others in the same ward.

'People who are not seriously ill tend to talk too long very loudly, disturbing the rest of the more seriously ill who need rest. Ten pm is too late to keep ill people awake.'

'Inconsiderate patients not lowering their voices at night.'

'The most noise I noticed was from patients who were on the road to recovery and laughed and talked rather too loudly to each other across the ward.'

'Very noisy patients who begin shouting to each other across the ward at 5.30 am and continue all day.'

'.... especially teenagers - they do not talk loudly, but shout - to my mind there should be a teenage ward.'

Thoughtless loud talking has already been mentioned in connection with TV rooms. One patient suggested that the 'provision of separate sitting rooms for convalescent patients who talk in loud voices, and discuss, diagnose and treat the ill ones, might reduce a lot of unnecessary worry'. 'Patients,' declared another, 'should not be allowed to wear wooden shoes in hospital - it is very disturbing; they clatter up and down the wards and the noise is shattering.'

PATIENTS' VISITORS

The general introduction of unrestricted visiting, or increased visiting hours since 1958 would seem to be the main reason for the increase in the number of complaints (8 per cent) about disturbance caused by visitors. The following selection of comments indicates the feelings of patients on this matter:

'Collectively the volume of noise becomes unbearable.

The problem is there is nowhere quiet for people who do not have a visitor.'

'Now that there are such long visiting hours, I find this very trying.'

'The hubbub and noise with the arrival and exodus of a mass of visitors is always a taxing experience for all patients.'

'Visitors in wards from 2.00 to 8.00 pm can be too noisy, and period too long, all through tea and supper. Patients cannot escape at these times to TV or rest rooms.'

'Visitors come barging in, talking loudly.'

'Visitors all talking, sometimes all smoking despite warnings of oxygen tanks and other chest patients. If you speak to them, you get black looks, but we are sick patients, and shouldn't be subject to this treatment.'

'Some talk and walk around very loudly and inconsiderately.'

'Some visitors seem to wear clogs.'

'Some people stepping inside a hospital do not realise there are sick people around and they come and go like as they are in the market.'

'Visitors who manage to beat the bell both before and after visiting hours.'

Some of the comments showed strong feelings about the large numbers of visitors that were permitted at times to individual patients.

'I have experienced extreme fatigue when visited by too many people, and when my neighbour had eight visitors it was very tiring indeed.'

'Visitors crowding around beds, sometimes as many as seven at a time.'

'Asian visitors by the dozen talking loudly, walking noisily and dropping things.'

'The whole Asian family seems to come en bloc.'

'Too many patients like to have more than two visitors at a bed.'

'This week I saw 15 visitors at one bed half-an-hour after visiting time.'

'Eight people round one bed on one occasion with squabbling and foul words.'

Two patients referred the responsibility for such a state of affairs straight back to the hospital authorities.

'If a hospital says two visitors only they should stick to that.'

'After all, you are good enough to print a booklet stating only two at a time at a bed.'

Another source of noise that probably did not exist to disturb patients in 1960 has now become quite a problem. The introduction of visiting by children appears to be a mixed blessing. A number of patients wrote of the disturbance caused by uncontrolled children running round and screaming. 'It is nice to allow children,' wrote one grandparent who obviously appreciated the facility, 'but they should not be allowed to run up and down.' Another patient complained that 'young children come in every visiting time instead of when they are supposed to come on Sundays'. Yet another patient drew attention to the fact that hospital regulations were not being enforced for the benefit of patients.

'People should abide by the rules and bring children weekends only.'

The last word on this subject comes from one patient who wrote:

'TO IMPROVE THE NOISE SITUATION IN HOSPITAL WE NEED MORE COOPERATION FROM VISITORS'

STAFF

It was not possible in the 1973 survey to identify accurately the exact number of references to each grade of staff, although it was clear that medical, nursing, medical auxiliary and domestic and ancillary staff were all included, and medical students were also specifically mentioned in the replies from one teaching hospital.

TABLE 3 COMPARISON OF NOISES CAUSED BY STAFF AS GIVEN
IN 1960 AND 1973 SURVEYS

1960 SURVEY (TOTAL: 1211 replies)			1973 SURVEY (TOTAL: 529 replies)		
STAFF GROUP	No. of comments	% age of total	STAFF GROUP	No. of comments	% age of total
Domestic	110	9	Staff talking	83	15
Nurses walking	106	9	Staff walking	53	10
Nurses talking	69	6	Staff working	53	10
Staff 'dropping things'	53	4	Staff 'dropping things'	10	2
Doctors and medical students		2			
TOTAL	362	29%	TOTAL	202	38%

In 1960 noise made by hospital staff tied with noise made by trolleys as the major source of distress to patients, with a total of 29 per cent of respondents complaining about this particular source of noise. Thirteen years later, noise made by staff is found to be an even greater source of distress with no less than 38 per cent of respondents complaining of unnecessary and disturbing noise made by all grades and types of staff.

STAFF WORKING

In spite of their many complaints about noise made by staff, patients showed considerable appreciation of the fact that complete silence is frequently impossible, and that some jobs are necessarily noisier than others. "These people have to do their work and, in consequence, have to make some noise," wrote one patient. Others in various ways expressed similar views and showed appreciation of efforts made by staff to reduce noise as far as possible, as the following selection of comments indicates:

'The staff are very good and are as quiet as they can be.'

'I don't think any noise is made intentionally or unnecessarily by nursing and ancillary staff.'

'All hospital personnel are very considerate and try to be as quiet as they can.'

'Nurses and domestics try to keep noise to a minimum; a certain amount must be expected.'

'Work must be done, so I've nothing to grumble about.'

Such comments, however, were very much in the minority when compared with those which pointed out instances of unnecessary and disturbing noises made by staff, of which the following pages give a selection under various headings.

Nursing Staff

'Nurses make a lot of noise when new admissions arrive.'

'Nurses using bedpan washers - could slamming of doors be quietened.'

'Awful racket of bedpans day and night.'

'Night nurses make too much noise.'

'Sister sometimes tends to be noisy rather while on her rounds, and switches lights on after lights out.'

'Some of the night staff seem to forget that people are trying to sleep.'

'Night staff can be particularly noisy in that they chatter and laugh in the kitchen while making tea and rattle cutlery and crockery and it echoes down the corridors.'

'Nursing staff dropping things and clattering metal equipment day and night.'

'The replacing of metal bedpans in metal racks usually about midnight.'

Domestic Staff

The 1960 survey concluded that 'some of the noise and disturbance (by domestic staff) is unnecessary and some domestic staff are more careless or thoughtless than they need be'. The situation does not seem to have improved, according to the following comments made by patients in the 1973 survey.

'Domestic staff both clumsy and unobliging.'

'Domestic staff banging doors.'

'When domestics chatter at the end of their rounds and wait to collect cups near your bed.'

'Kitchen noises, particularly 9.30 - 10.30 pm.'

'Crashing of crockery and slamming of doors.'

'A little more care and attention in handling food containers is indicated.'

'Domestic staff making a noise cleaning and general talking drive one to distraction when one is trying to rest.'

'Domestic staff bang mop buckets and knock things over and knock the beds.'

'When the maids are cleaning they push the beds and move the furniture round like a factory.'

STAFF WALKING

'THE CREAKING OF SHOES WILL DO A PATIENT MORE HARM THAN ALL THE MEDICINES IN THE WORLD WILL DO HIM GOOD! '

(Florence Nightingale: Notes on Nursing 1859)

'Large, ill-fitting clogs worn by professional staff and domestics do make unnecessary noise both in the immediate surroundings and overhead.'

'Doctors at night come clanking along the ward with heavy soled shoes.'

'Some of the nurses wear clippety-clip shoes you can hear everywhere.'

'Nurses stamping downstairs and banging instrument cases on hard surface. These are caused by student nurses mostly.'

'People tend to walk loudly and continually drop things on the floor: I do feel on the whole the ward is far too noisy.'

'Some of the nurses wear heavy heeled shoes at night.'

'Nurses and domestic staff walking noisily on wards above at night.'

'Nursing staff wearing steel-tipped shoes - particularly bad on night duty.'

'Nurses should be issued with slippers; some old wards have wooden floors.'

'The nurses should be made to wear very soft shoes - I would include doctors and sisters.'

'What happened to the soft-soled shoes worn by hospital staff.'

STAFF TALKING

The greatest number of complaints about noise made by staff referred to 'loud talking this affects one when one is feeling low'. One patient explained 'nurses are the worst for most of these noises not the patients'.

Nursing Staff

'The main noise that could be reduced is nurses talking at night and during the day.'

'One particular sister talks too loudly.'

'The charge nurse talks and shouts too much.'

'They make no attempt to whisper.' (at night)

'Night nurses talk loudly in the early hours of the morning.'

'Loud talking by night staff, chiefly younger nurses.'

'Night nurses if young - quite a lot of talking and giggling.'

'Some of the nurses talk very loudly and walk very heavily, especially at night.'

Domestic Staff

'Auxiliaries and domestic staff chatter ceaselessly.'

'Very loud and disturbing arguments among domestic staff were very upsetting to ill patients.'

'Cleaners shouting and talking to each other in foreign languages when babies are asleep.'

'Moans and groans of domestic staff which patients and nurses all have to put up with.'

'Some domestic staff talk loudly when they load and unload things from heavy trolleys.'

'Disagreements among domestic staff causing raised voices.'

4. CONCLUSION

'IF YOU WAIT TILL YOUR PATIENTS TELL YOU
OR REMIND YOU OF THESE THINGS, WHAT
IS THE USE OF THEIR HAVING A NURSE?'

(Florence Nightingale: Notes on Nursing 1859)

The general findings of this survey indicate that today noise is probably a greater cause of distress to patients in hospital than it was 13 years ago. A few noises seem to be of less concern to patients today, while some new sources of annoyance have appeared during the intervening years. Noises causing the greatest distress vary according to the environmental circumstances, type of building and the situation of individual wards. The physical and mental condition of patients, their level of noise tolerance, their age and general attitude to life also affect patients' reactions to noise in hospital. A certain amount of noise is tolerated and even expected by the majority of patients, and actually welcomed by some.

'Complete or very nearly complete silence

would be very depressing.'

In general patients seem to be prepared to accept those noises which appear to be inevitable or outside the power of the hospital to regulate or eliminate. It is disturbing, however, to find that such noises constitute only about one quarter of all the complaints made by patients in this study.

The other three quarters refer to sources of noise which are, to varying extents, within the power of hospitals, their staffs and their patients to control, reduce or even eliminate. These can be divided into three main categories - noise made by equipment, by staff, and by patients and their visitors.

Patients can themselves contribute to noise control by quiet and considerate behaviour and by encouraging their visitors to do likewise, and to observe hospital regulations. Equally, staff have the responsibility of ensuring that visiting rules made for the benefit of patients are enforced. This can be difficult for staff at ward level and full support from higher authority is essential.

Noisiness is clearly one of the factors to be taken into account when purchasing equipment or installing services. The benefits of careful selection, however, can be largely neutralised by lack of adequate staff training in its correct use and of regular maintenance and replacement programmes. The need for good teamwork in this respect was noted by one patients who wrote:

'It is easy to complain about noise generally which is often unavoidable, but this would only confuse the issue. Discerning, considerate and responsible staff willing and able to deal with unnecessary noise when and where it occurs in the ward and reporting to the administration for action when it occurs outside the ward is surely the answer to the problem.'

More comments were made by patients on the subject of noise made by staff than on any other source of disturbance. Noisy working with clattering and dropping of equipment, noisy walking with unsuitable footwear and above all, loud talking, laughing and unnecessary chattering are all matters which can be cured or, at least, considerably alleviated by the exercise of a little thought and care on the part of all concerned. 'They seem to forget that we are sick people,' said one patient. This is probably a difficult lesson for younger people to learn, as is suggested by the number of patients who referred particularly to the noisy behaviour and chatter of young nurses and students.

A self-styled 'long-term' patient felt that she had discovered the secret of a quiet ward:

'Noise varies from week to week depending on who is in charge of the ward.'

That staff succeeded in maintaining a quiet atmosphere in the wards is seen from a few comments whose veracity was confirmed by the satisfied or complaint-free replies from other patients in the same ward.

'I was most impressed by the peace and quiet of this ward.'

'As a nurse who has had wide experience of hospitals, I would say that this is one of the quietest and best organised wards I have ever been in.'

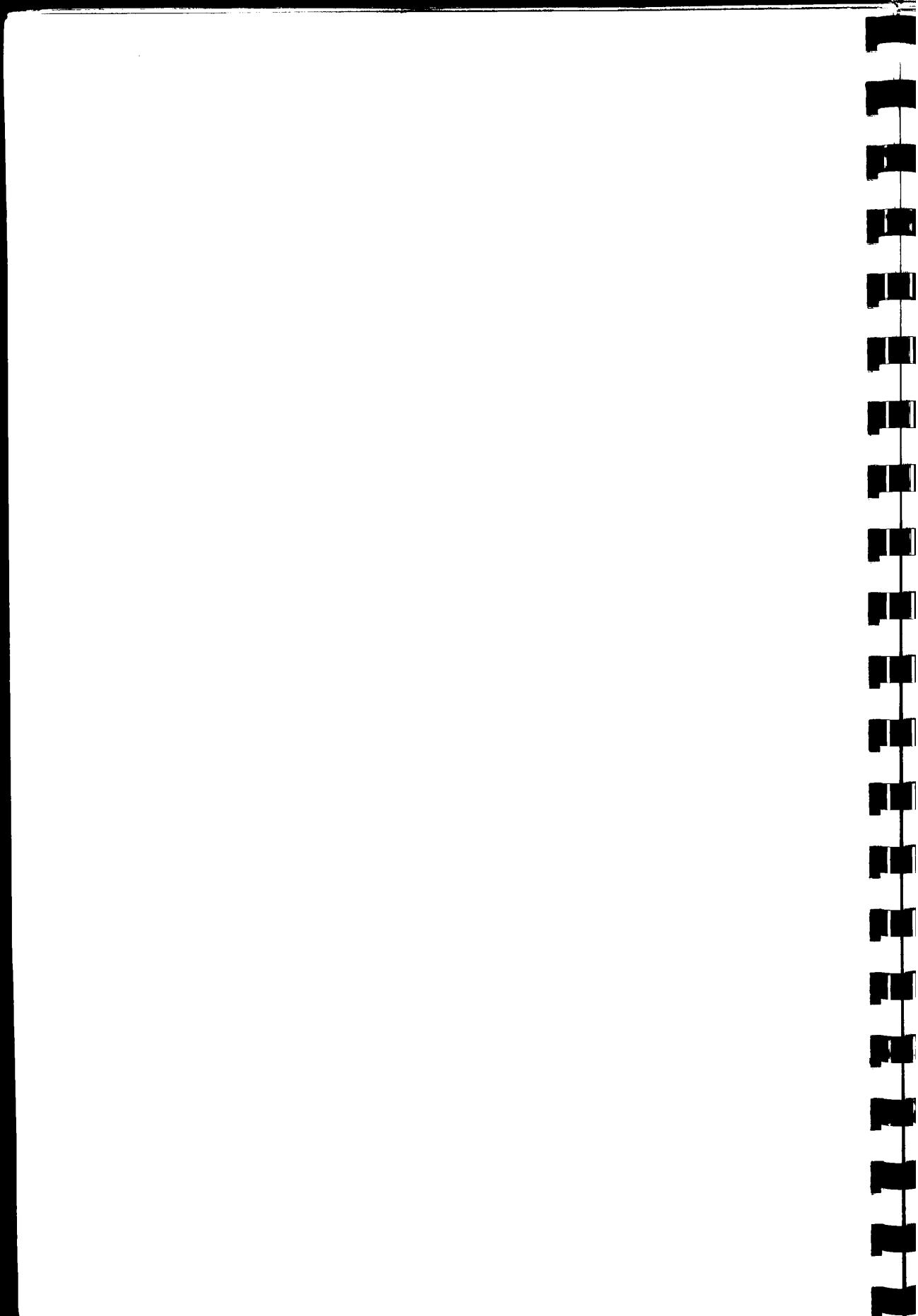
Such findings demonstrate that the comments of one hospital reported in the 1960 survey are equally true today:

'Our experience is that the greatest single factor in controlling noise is staff discipline.'

Equally, the conclusions of the 1960 survey are as relevant as they were 13 years ago:

'Continuing noise-consciousness can only be achieved by constant reminders and permanent improvement must be largely maintained by the efforts of senior staff.'

'Noise control is not something than can be achieved by an all-out attack over a short period of time: it is rather a matter of constant vigilance all the time.'

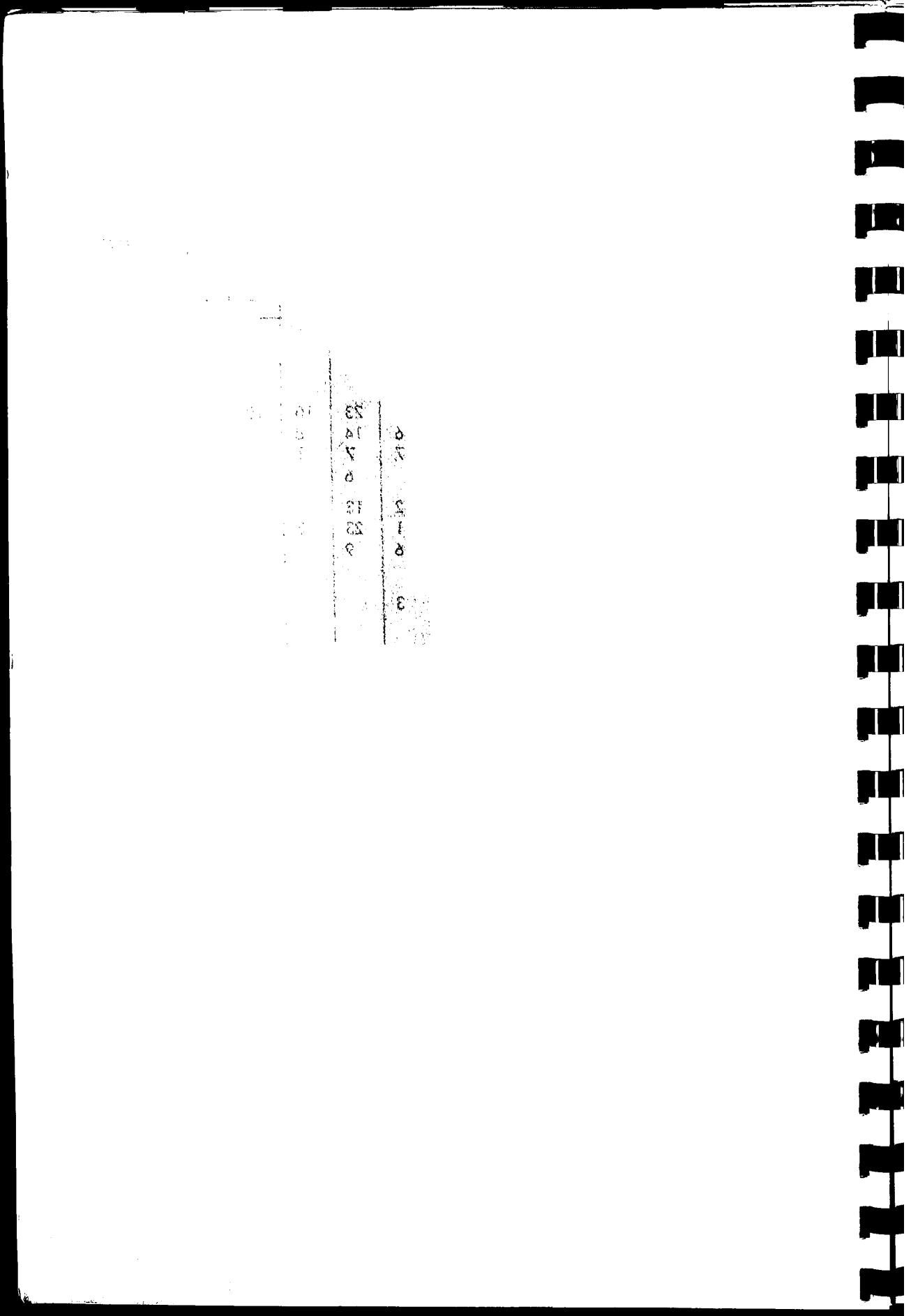


Appendix A SOURCES OF NOISE IDENTIFIED IN 1973 SURVEY

SOURCE OF NOISE	NUMBER OF PATIENTS WHO MENTIONED EACH SOURCE OF NOISE							TOTAL NO.
	HOSPITAL							
	A	B	C	D	E	F	G	
<u>IN THE WARD AREA</u>								
<u>Equipment</u>								
Trolleys	22	43	42	28	15	6	4	160
Crockery	16	27	11	17	9	3		83
Bedpans/Sluice	4	3	6	7				20
Telephones	5		7	6	1			19
Cleaning equipment		6				7		13
Chairs	4	4						8
Curtain tracks		4			1	1		6
Call systems		4		1				5
Venetian blinds			4					4
Dripping taps		1		1				2
Bed charts	2							2
Television			9	2	2	1		14
Radio			4		8	2		14
<u>Building</u>								
Doors	12	11		17		5		34
Floorboards			8					8
Windows	1	3						4
Radiators/pipes	2			1				3
<u>ELSEWHERE IN HOSPITAL</u>								
Building works	10	21	21	20	3	1		76
Traffic in grounds	15	11		6	6	4	5	47
Boiler house	3	18		12	1			34
Lifts		6	7	5	4	5	1	28
Laundry	4	6		2				12
Lawn mower	5			1				6
Oxygen cylinders			6					6
Waste disposal			3					3
Incinerator				2				2



SOURCE OF NOISE	NUMBER OF PATIENTS WHO MENTIONED EACH SOURCE OF NOISE							TOTAL NO.
	HOSPITAL							
	A	B	C	D	E	F	G	
<u>NOISE MADE BY PEOPLE</u>								
<u>Staff</u>								
Talking	11	18	5	23	10	10	6	83
Working	5	15	6	14	8	3	5	56
Walking	17	6	17	7	1	3	2	53
'Dropping things'	4			6				10
Patients	6	22	32	13	12	7	2	94
Patients' visitors	4	13	11	23	3	4	7	65
Visitors' children			6	9				15
People in grounds							3	3
Staff parties			3					3
<u>NOISE OUTSIDE HOSPITAL</u>								
Road traffic	18	19	19	6	4	14	5	85
Rail traffic				65	14		1	80
Aircraft	2	1	9	29	2		6	49
'Big Ben'				15				15
Rivercraft			6					6
Sirens			6					6
Wind				2				2



Appendix B COMPARISON BETWEEN SOURCES OF NOISE IDENTIFIED
IN 1960 AND 1973 SURVEYS

SOURCE OF NOISE	1973 SURVEY No. of comments	% age of total (529)	1960 Survey % age	Increase or decrease in 1973
Trolleys	160	30	26	+ 4
Patients	94	17	17	no change
Road traffic	85	16	29	-13
Crockery	83	15	13	+ 2
Staff - talking	83	15	6	+ 9
Rail traffic	80	15	7	+ 8
Building works	76	14	3	+11
Patients' visitors	65	12	4	+ 8
Staff - working	56	10	9	+ 1
Staff - walking	53	10	9	+ 1
Aircraft	49	9	3	+ 6
Traffic in grounds	47	9	-	+ 9
Boiler house	34	6	4	+ 2
Doors	34	6	12	- 6
Lifts	28	5	5	no change
Radios/TV	28	5	3	+ 2
Telephones and call systems	24	3	3	no change
Bedpans/sludge	20	3	6	- 3
Visitors' children	15	3	-	+ 3
'Big Ben'	15	3	2	+ 1
Cleaning equipment	13	2	13	-11
Laundry	12	2	-	+ 2
Staff - 'dropping things'	10	2	4	- 2
Floorboards	8	1	4	- 3
Chairs	8	1	4	- 3
Curtain tracks	6	1	2	- 1
Lawn mower	6	1	less than 1	+ 1
Oxygen cylinders	6	1	less than 1	+ 1
Rivercraft	6	1	2	- 1
Sirens	6	1	-	+ 1
Venetian blinds	4	less than 1	less than 1	no change
Windows	4	less than 1	less than 1	no change
Radiators/pipes	3	less than 1	less than 1	no change
Waste disposal	3	less than 1	less than 1	no change
People in grounds	3	less than 1	less than 1	no change
Staff parties	3	less than 1	-	+
Incinerator	2	less than 1	-	+
Dripping taps	2	less than 1	-	+
Bed charts	2	less than 1	-	+
Wind	2	less than 1	-	+





KING'S FUND CENTRE

KFC 73/336

Director:
M. C. Hardie, M.A., F.H.A.
Telephone:
01-262 2641
MCH/RI

24, NUTFORD PLACE,
LONDON,
W1H 6AN

Dear Patient,

Some years ago the King's Fund organised a study of the problem of noise in hospitals, and published two reports giving the views of patients on this subject and suggesting how the nuisance of noise can be reduced.

The hospital in which you are now a patient took part in the original survey and the authorities are very happy to help us again in a follow-up study. We want to find out whether the noises that were reported originally as being a trouble and annoyance to patients still exist and what new sources of noise, if any, may worry patients in hospital today.

Would you therefore please help us by writing your ideas on the form overleaf and returning it in the envelope addressed to the King's Fund Centre.

You may like to know that the King's Fund is an independent voluntary organisation started 75 years ago by King Edward VII with the sole purpose of helping hospitals with information, advice and financial aid. Your reply, which will be anonymous, will be received direct by the King's Fund Centre and will not be seen by the hospital; this is done with the full agreement of the hospital management.

By telling us what noises distress you in hospital, you may well be able to help relieve future patients of some of these problems.

Yours sincerely,

M. C. Hardie

M C Hardie



NOISE IN HOSPITALS

Will you please help to reduce noise for the benefit of future patients by giving short answers to the following questions. If you can say when and how often each noise occurs, it would be most helpful.

The noises that worry me most are:

1. Those made by equipment (trolleys, lifts, doors, crockery etc.) Please state to which piece of equipment you refer and whether the noise occurs by day or night.
2. Those made by people (nurses, domestic staff, visitors, other patients etc.) Please state which people make the noise, at what time and how; eg. do they talk loudly, walk noisily, drop things etc.
3. Those made outside the ward, but in the hospital
4. Those made outside the hospital
5. Any other comments you may wish to make

HOSPITAL

DATE

WARD

Please DO NOT SIGN THIS but return direct to The King's Fund Centre,

24 Nutford Place, London W1H 6AN



NOISE CONTROL IN HOSPITALS

FOUGASSE POSTERS

Following the 1960 survey of noise of hospitals, a set of nine posters on the subject was designed and presented to the King's Fund by the late celebrated cartoonist Fougasse.

The present follow-up study has shown that the subjects of these cartoons are equally valid today.

Samples of posters (approx. size A4) are still available, and a sample set is enclosed with this project paper. The King's Fund Centre will be pleased to supply sets of posters free of charge to any hospital as long as supplies last.

NOISE CONTROL IN HOSPITAL

FOUGASSE POSTERS

NAME

POST

HOSPITAL

.....

Please forward sets of Fougasse noise control posters to the above address.

Return this order form to the King's Fund Centre, 24 Nutford Place, London W1H 6AN.



1929933866

King's Fund



54001000089550

