How staff feel about their client-centered clinics

What is this research about?
Today, most health care providers offer services through a client-centered approach. This personalization of services promotes client independence, recovery, and well-being. For example, clinics have redesigned their physical spaces to better suit the needs of clients. Few studies, however, have explored the clinician’s perspective and experience of this redesign process.

What did the researchers do?
Ontario researchers conducted focus groups of clinicians from two mental health and addiction programs in a large urban hospital in Ontario that recently underwent a redesign process. The staff answered questions about their expectations, perceptions, and experiences of the redesign before and after the renovations took place. The researchers also observed the clinicians as they worked in the newly designed clinics to get a sense of the team dynamics post-renovation.

What did the researchers find?
Overall, staff feel there is a trade off between a staff-friendly and a client-friendly environment.

What you need to know:
While client-centered clinics support client recovery and improve staff cohesion and communication, they might also lead to challenges in service delivery and staff satisfaction. The physical design of clinics raises issues of safety, space, and staff input in planning.

On the plus side, they noticed greater support of client recovery and reduced stigma; improved team cohesion, collaboration and communication; and better therapeutic relationships with clients.

They also had some challenges related to the new physical designs:
- **Safety Concerns** Staff find it more difficult to monitor clients and to quickly respond to emergencies
- **Lack of therapeutic space** Staff feel less efficient because they must spend more time looking for appropriate meeting spaces. The lack of private space for one-on-one meetings with clients also poses confidentiality issues
- **Lack of space for staff** The lack of staff-only space leaves no room for completing confidential clerical duties; for storage; for socializing; and for taking breaks or

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recharging while on shift.
- **Lack of input into planning** Staff felt informed but not involved in the designing and planning process.

**How can you use this research?**

This study may interest mental health and addiction professionals and administrators. New clinical designs should consider the needs of staff in order to best enhance the quality of the care they provide. Administrators should also involve clinical staff in the redesign process in order to find a balance between client-friendly and staff-friendly environments.

In order to resolve the tensions highlighted, future studies should investigate the degree to which the benefits of the client-centered approach offset the potential stressors for staff. Studies should also look at the links between environmental uncertainty, stress, and unit functioning during and following unit redesign. This will provide a better understanding of how to implement new models of care while minimizing staff stress.

**About the researchers**

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Addiction/substance use, focus groups, health care professionals, mental health and illness, program evaluation

This Research Snapshot is based on an article that has been critically appraised for quality and susceptibility to bias.

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