

Wards of the roses

With increasing numbers of hospitals banning bedside flowers from wards, **Giskin Day** and **Naiome Carter** investigate the pros and cons of floral bouquets

Cut flowers form an important part of rituals surrounding celebration and consolation in a variety of cultures. Blooms are brought to the bedsides of the sick as tokens of care, but concerns about infection control have caused many hospital wards in the UK to ban, or at least discourage, bedside bouquets. Is this anxiety justified? What do patients feel about flower policies? We talked to patients and staff at the Royal Brompton Hospital and the Chelsea and Westminster Hospital about their attitudes to flowers.

Stemming infection?

Most hospitals have longstanding and uncontroversial policies of not permitting flowers in high dependency units. Press reports of flowers also being banned from general wards started appearing in 1996, when an Aberdeen hospital introduced a “no flowers” policy on an orthopaedic ward.¹

The impetus behind the trend was that hospitals needed to show they were taking hospital acquired infections seriously. Banning flowers was a visible sign that bedside protocols were being revised. Hospitals tended to justify their actions by claiming that flower water harboured potentially deadly bacteria. Indeed, a 1973

study had found that flower water contained high counts of bacteria.² However, subsequent research found that there was no evidence that flower water has ever caused hospital acquired infection,³ and the authors of one study concluded, “Banning flowers is not popular with the public and is unnecessary according to the evidence available.”⁴ Yet hospitals continue to introduce “no flower” policies, in spite of the Department of Health acknowledging in 2007 that it was “not aware of any instance of health care associated infection being traced to cut flowers in the hospital ward setting.”⁵

Other negative effects have been ascribed to hospital flowers. In the late 1900s it was common to remove flowers from bedsides at night as there was a widespread belief that the blooms competed for patients’ oxygen. But this was dismissed as a myth when studies showed that the impact of flowers on air composition in wards was negligible and did not justify the labour involved in moving flowers to and fro.⁶

A blooming nuisance

Hospitals introducing “no flower” policies have met with local resistance. Recently Southend University Hospital imposed a blanket ban on flowers, in spite of intense lobbying from the local press and a campaign by James Dudridge, the MP for Rochford and Southend West. The hospital claimed its own survey found that patients supported the policy, on the grounds that flowers posed a health and safety risk because of high tech medical equipment around bedsides.⁷ However, as Humphreys points out, “Accidents arising from spilled water or broken vases are just as likely to occur with crockery containing drinks or food as with vases or jugs containing fresh flowers.”⁸

A study by Gould et al found that 80% of 39 nurses interviewed from a wide range of clinical settings were not in favour of flowers. They found some evidence that this attitude was related to the amount of work generated, with infection and other risks used to justify it.⁹ Indeed, interviews we conducted with staff at the Royal Brompton Hospital and the Chelsea and Westminster Hospital confirmed that



staff were more concerned about the practical implications of managing flowers than risks of infection.

At the Chelsea and Westminster, senior staff nurse May Wesley said, “I love flowers myself, but they can be a hazard at the bedside.” She told us that the biggest problem was curtains catching on vases, sending them crashing to the ground in a shower of water and glass. “We’re lucky to have wide windowsills though, where flowers can be appreciated by everyone on the ward rather than having them on bedside lockers where they get in the way.”

At the Royal Brompton Hospital, charge nurse Dermot Richards-Scully is adamantly opposed to the floral offerings of visitors. “I hate them,” he says. “My staff don’t have time to change stagnant water; spillage is responsible for slips, trips, and falls; and they cause hay fever.” If visitors turn up with an armful of flowers, Richards-Scully politely asks them to take their flowers home. “The trust guidance specifies that flowers should be avoided in critical care areas, but we have wounds on our wards as well.”

Procedures for dealing with flowers tend to vary from ward to ward. Some wards we visited had a cupboard full of vases, usually donated by patients. Often healthcare assistants were responsible for flower maintenance. Occasionally wards were fortunate to have hospital volunteers who helped with changing water, although these arrangements were often ad hoc. Other wards made no provision for flowers, and some patients resorted to using their water jugs as vases.

Good flower guide

Check that a particular ward accepts flowers before you send them

If you are a regular visitor, take responsibility for changing the water

If a friend is in hospital for a short stay, have the flowers sent to his or her home, as carrying and transporting bouquets can be an added complication to leaving hospital

Bouquets are more likely to be accepted if they are

- Not too big and unwieldy
- Arranged in florists’ foam rather than in a glass vase or in no vase at all
- On a firm base that is unlikely to tip over
- Composed of flowers that do not shed pollen
- Not too heavily scented





JOHN SHELLEY

Brightening effect

On private wards, staff tended to be more receptive to flowers. Sister Susan Bunce, in charge of the Sir Reginald Wilson ward at the Royal Brompton Hospital, said, “We welcome flowers in patients’ rooms, as long as there are not too many, and they are not too smelly.” Unlike the other wards we encountered, here it was part of the cleaners’ jobs to change the water. “Maintaining flowers doesn’t take up any nursing time, and they have a positive effect on the patients,” says Sister Bunce. “Patients here have the luxury of space so flowers rarely get in the way.”

We visited Mandana Tew, who was recovering from open heart surgery. At her bedside were some African violets and bright begonias. She invited us to take a peek into her bathroom, and there, floating in the bath, were more than a dozen long stemmed, apricot coloured roses. “I keep them in a cool bath during the day, and they stay fresh,” she explained. A keen gardener, Mrs Tew is enthusiastic about the effects her flowers have had on maintaining a cheerful atmosphere: “My flowers smile at me and make me feel better.”

Certainly, Mrs Tew and many other patients smile back at their flowers. Haviland-Jones et al found that flowers presented to women always elicited the Duchenne or true smile (which requires zygomatic muscle activity as well as orbicularis oris movement) and reports of positive moods three days later.¹⁰ Another study used a randomised clinical trial of 90 patients to measure therapeutic effects of plants. Patients in hospital rooms with plants and flowers needed

significantly fewer postoperative analgesics; had reduced systolic blood pressure and heart rate; lower ratings of pain, anxiety, and fatigue; and had more positive feelings than patients in the control group.¹¹

Men are usually the givers rather than the receivers of flowers, but sometimes a stay in hospital is a good excuse to reciprocate. Haviland-Jones et al found that flowers have immediate and long term effects on emotional reactions, mood, social behaviours, and memory for men and women alike.¹⁰ Robert Orbach at the Chelsea and Westminster Hospital, recovering from knee surgery, was delighted to receive two bouquets of chrysanthemums. “I’m a romantic at heart,” he said, “and I like to give flowers, so it is very nice to receive them.” He felt they had enhanced his experience of his hospital stay.

Making arrangements

Florists need to be aware of the practical implications of providing flowers for patients. Theresa Johansson, florist at the Flower Stand in Chelsea, often provides bouquets for visitors to the several hospitals that are within walking distance of her stall. “People tend to ask for bright and cheerful arrangements,” she says. “Sunflowers, gerberas, and dahlias are always popular.” Although many of the Victorian superstitions are no longer widely observed—for example, that bouquets of red and white

flowers on the wards foretold death—Theresa told us that lilies tend to be avoided for their funereal connotations, “and it is also not advisable to give bouquets that are too large or that include flowers that shed lots of pollen.”

Patricia Law, a GP and keen gardener, feels that choosing flowers is a very personal process: “When I cut flowers from my garden to give to a friend, I try to match the flowers to the person. When someone is critically ill, it’s often hard to know what to say. By giving them flowers or a cutting from your garden, you are letting them know that you are thinking of them.” Dr Law points out that flowers take us back to our elemental connections with nature. This can be comforting in a hospital environment in which we are inevitably reminded of our own mortality.

Flowers and herbs have been used as remedies in the earliest hospitals, and as a means of cheering up the hospital environment for at least 200 years. It seems remarkable that flowers still tend to be treated in an ad hoc fashion in hospitals. The design and arrangement of most wards make little or no provision for flowers. Surely bedside lockers could

Flowers have immediate and long term effects on emotional reactions, mood, social behaviours, and memory for men and women alike

be better designed to hold vases in such a way as to prevent spillages? Hospital art programmes have done a great deal to transform corridors and waiting areas, but wards tend to remain frenetic environments for staff, but passive and monotonous ones for patients. Although flowers undoubtedly can be a time consuming nuisance, the giving and receiving of flowers is a culturally important transaction. Hospitals are humane places, and, as John Ruskin said, “Flowers seem intended for the solace of ordinary humanity.”¹²

Giskin Day course director, medical humanities, Imperial College London, London SW7 2AZ giskin.day@imperial.ac.uk
 Naiome Carter medical student, Imperial College London, London SW7 2AZ

References can be found on bmj.com
 Competing interests: None declared.
 Patient and staff consent obtained.
 Cite this as: *BMJ* 2009;339:b5257

See EDITORIAL, p 1388