



KEY POINT SUMMARY

OBJECTIVES

The purpose of this study was to explore the physical environment's influence upon the creation of a healing environment in Malaysian pediatric wards through evaluating three decades of design trends, identifying the degree of influence the physical environment has on creating healing environments, and identifying non-physical components that support healing environments.

DESIGN IMPLICATIONS

This research suggests that best practice for creating a healing environment should include a holistic perspective based upon user needs and desired integrated therapies, as well as the physical environment.

Physical Environment: The Major Determinant Towards the Creation of a Healing Environment?

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Key Concepts/Context

Prior research suggests that the pediatric population's heightened perception of the quality of the physical environment can have an impact on the creation of a healing environment.

Methods

Post-Occupancy Evaluations (POE) were conducted in eight pediatric hospitals within the Klang Valley in both urban and non-urban settings, representing hospitals built within the last 3 decades- 1980's, 1990's and 2000. Each POE utilized the UK's NHS AEDET (Achieving Excellence Design Evaluation Toolkit) and ASPECT (A Staff and patient Environment Calibration Toolkit) to evaluate the perceived quality of the built environment and assess patient and staff satisfaction with the built environment. A total of 217 patients and 215 nurses participated in the self-report questionnaires. Photo documentation and unstructured interviews

Findings

According to the AEDET, over the last three decades a generally positive trend was seen in the evolution of the physical qualities of the pediatric wards, with the most positive trends seen in the categories of "Patient and Staff environment" and "Space." The facilities were blindly identified by a letter code (including urban and non-urban) and number representing the year built. The overall highest score went to PA(U)-99 followed by SD(NU)-05. Analysis of the ASPECT scores revealed similarities in overall satisfaction for both staff and patients, giving PA(U)-99 the highest rating for patients and KJ(U)-99 the highest rating for staff. Positive trends in several areas were seen for the newer hospitals over the decades in three



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categories (“Legibility of Place,” “Interior Appearance,” and “Facilities for Users”), however not in specific correlation to ascending years. The shortest duration of stay was seen at KJ(U)-99, which slightly edged PA(U)-99.

Limitations

While there was some correlation between the AEDET and the ASPECT tools, they were each filled out by different entities (the paper authors and staff/patient carers respectively). This may have led to discrepancies between scores. Additionally, there was no demographic information included to determine whether populations and medical conditions differed among the sites. Also, it is difficult to correlate a healing environment solely to length of stay due to a minimum requirement of five days for any stay. This study also did not factor into the metrics the therapies offered within each facility. There were no images or plans to visually support the findings and there were no specifics related to any design features.