



KEY POINT SUMMARY

OBJECTIVES

The objectives were to examine the aesthetics of ambulatory facility design and evaluate the impact on the patient's perception of the quality of care as well as staff and patient quality of interaction using two clinics for comparison.

Ambulatory Facility Design and Patients' Perceptions of Healthcare Quality

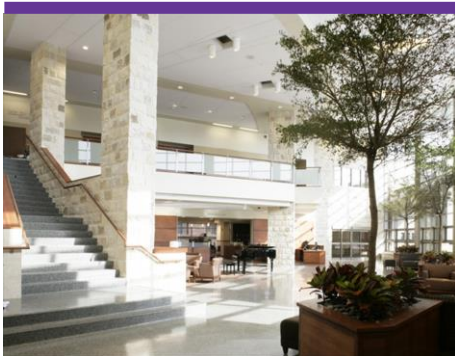
Becker, F., Sweeney, B., Parsons, K., 2008 | *HERD: Health Environments Research & Design Journal*, Volume 2, Issue 4, Pages 35-54

Key Concepts/Context

Sleep is crucial to the well-being of humans, especially so for the recovery of those undergoing treatment or recuperating in hospitals. The authors cite studies that allude to the relevance quality of sleep has on health, neurodevelopment, generally, and to immune functioning and healing in patients. They indicate that patients in hospitals experience sleep disturbance, especially at night; and that sleep disruptors often result from the hospital environment. In this study the authors describe environmental factors – light, sound, and temperature levels – in five pediatric wards of a tertiary care hospital, compare patients' sleep quality (hospital and home), and identify sleep disruptors. The study found that light intensity levels were being maintained in accordance with standard recommendations. However, sound and temperature levels were much higher than recommended, and sleep quality for almost half of the patients was worse in the hospital than at home.

Methods

The study started with a comparison of six ambulatory facilities by an independent panel of judges in the New York Weill Cornell hospital system. The focus was on the waiting areas and the corridors leading to the exam rooms. The Starr 326 dermatology suite was chosen for evaluation before the move to the new space at the Greenberg Center as it was deemed the least visually attractive because of its outdated traditional design. A comparison was conducted after the move to the new facility, which was contemporary in design and more spa-like. The data collected was based on patient and staff surveys and interviews with both. An Institutional Review Board (IRB) was obtained to complete both the surveys and the interviews. The data was collected twice, in January and April of 2007, for the pre and post move. For the patient survey 93 surveys were completed at the two sites over a four-week period. It was divided into six sections: general information, waiting area, exam room, staff experience, overall visit, and overall experience. Only six of 13



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staff surveys were completed, with no specific reasons given. Questions focused on staff satisfaction of delivery of care, job satisfaction, and the social and physical aspects of the work environment. Additionally, six brief staff interviews were completed to understand the differences in respondents' experience at the two sites. For the patient interviews, only six were conducted, as they were exiting the Greenberg Center and were asked if they had visited the Starr 326 suite

Findings

The patients responded positively regarding the new facility at the Greenberg Center. The reception/waiting area was rated as being more pleasant, more private, and less crowded. Similar responses were received from the staff describing the new space as being more spacious and better suited for daily work. It was cleaner, more comfortable, quiet, less cluttered, with plenty of natural light, and visually satisfying. The quality of care as well as the overall visit were perceived by patients as being better at the Greenberg Center. The patient's interaction with the staff was also rated higher at the new facility. Staff behavior on the other hand did not show any significant difference between the old and the new facility except for improved greeting upon arrival. Staff perception of the work environment did show improvements. The most significant finding was that patients were more likely to recommend the new dermatology suite to others, since they were less anxious during their visits.

Limitations

The staff respondents numbered only six, which restricted drawing clear conclusions. Similarly, the patient sample was small and the quantity of clinical practices involved were limited. The study focused on the interior design of the facility without regard to other factors such as staff retraining and vehicular drop-off and pick-up.

Design Implications

Better designed healthcare facilities that are aesthetically pleasing give the perception of better quality of care and service. Adding complementary furnishings and artwork as well as comfortable lighting in waiting areas and other spaces would result in improved overall perception.

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