



KEY POINT SUMMARY

OBJECTIVES

The objective of this review was to identify key elements of the physical hospital environment for end-of-life care of older adults and their families as reported by patients, relatives, staff, and policymakers.

The Hospital Environment for End of Life Care of Older Adults and Their Families: An Integrative Review

Brereton, L., Gardiner, L. C., Gott, M., Ingleton, C., Carroll, C., Barnes, S.
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Key Concepts/Context

With an aging global population, more and more people will need palliative care in the coming decades. This population of older adults will not only need community and hospital facilities to cope with their end-of-life issues, but also spaces that keep them from harm, such as falls. Some current architectural features and other factors erode older adults' independence and confidence, thereby impairing their quality of life, privacy, and dignity.

Methods

The researchers conducted a literature review, using 13 databases from 1966 to 2010. They searched ASSIA, BNI, Cochrane Library, CINAHL, EMBASE, MEDLINE, PsycINFO, Social Science Citation Index, the Science Citation Index, HMIC, and the National Research Register. They performed reference and citation tracking on included publications. Two reviewers independently screened titles and abstracts for inclusion and completed data extraction. They did not report study quality, noted the researchers, because it poses methodological difficulties in integrative reviews.

The literature review team manually completed descriptive thematic analysis (Miles & Huberman, 1994), because the volume of qualitative data they extracted did not warrant using software to identify themes. The quantitative data were also limited, so the team used relevant findings from quantitative studies to inform the narrative within the themes that they identified.



Findings

The researchers included 10 articles in the analysis and identified four themes: privacy as needed; proximity (physically and emotionally) to loved ones, home, and nature; satisfaction with the physical environment; and deficiencies in the physical environment.

Further, the literature review team also identified the following key elements of the physical environment for older adults at the end of their lives: cleanliness, homeliness, accessibility, size, familiarity, and atmosphere of the hospital, along with available internal and external spaces. The authors point out, however, that individual preferences play a key role in what aspects of the physical environment patients, carers, and staff find satisfactory or deficient.

The authors conclude that there is little evidence about the physical hospital environments for end-of-life care of older adults and their families and recommend more research in this area.

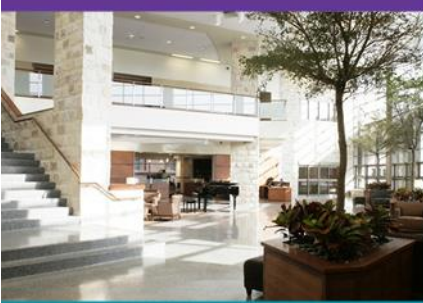
Limitations

The authors note that this integrative review addresses a gap in the evidence by identifying key elements of the physical hospital environment for end-of-life care of older adults and their families as reported by patients, relatives, staff, and policymakers. They used comprehensive electronic search, retrieval, and review strategies that addressed some limitations of previous reviews. However, the searches were limited as the researchers only used English language databases. Further, they did not do hand searches of journals or contact experts in the field were directly. Finally, the authors note, grey policy literature searches could have been further developed, so, they might have missed some studies.

Design Implications

The authors made the following recommendations for nurses that also apply to designers of these environments:

- Nurses should explore patient preferences for the physical hospital environment at the end of life on an ongoing basis where possible, bearing in mind resource limitations.
- Privacy should be provided as needed through the use of single rooms or environmental modifications.
- Space and facilities should be created to enable physical and emotional proximity for patients and their families at the end of life.
- Proximity to family, home, and nature in the physical hospital environment could be addressed through careful planning and modification of the environment. Room design, space, and furniture should be homely and personalized by including the patient's belongings and bedside objects.



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Where possible patients at the end of life should be nursed in light, airy rooms with artwork displayed and views of nature or outdoor spaces.

- Accessibility to hospital areas could be improved, hospital environment could be addressed through careful planning and modification of the environment.
- Programming should purposively and prospectively seek the views of older adults. A specific focus on the 'oldest old' is required to differentiate between the needs of different age cohorts.
- Future studies should clarify whether the physical hospital environment is viewed as a context of care, an intervention, or both.