

KEY POINT SUMMARY

OBJECTIVES

The objective of the study was to describe the aspects of the healthcare environment in an oncology care ward that were perceived as being important by the patients through focus group interviews.

Patients' experience of important factors in the healthcare environment in oncology care

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Key Concepts/Context

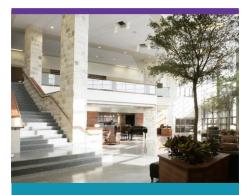
Psychological stress can be caused by the healthcare system and especially for patients with cancer in oncology clinics. How patients perceive their healthcare environment was found to have an impact on their well-being. For therapeutic purposes, a supportive social relationship is important between the patients, their caregivers, and their families. A person-centered approach was associated with better quality of care that focused on the subjective patient experience. This study was conducted to discover and describe the important aspects of the healthcare environment as perceived by the patients.

Methods

The study took place in 2010 at the oncology ward of a university hospital in Sweden. Eleven patients in different stages and conditions of cancer were selected. Their ages ranged from 32 to 72 with a mean age of 54 years. The study was a part of a larger survey completed earlier on different environmental aspects of oncology care units. Three focus group interviews were set up with patients who already had participated in the previous survey based on their ability to continue with the study. Focus group interviews encouraged the participants to talk to one another to ask questions, exchange ideas, and comment on responses. The following open-ended questions directed at the participants' experience of their healthcare environment were asked:

- What meaning do you attach to the concept healthcare environment?
- Can you give some examples of positive and/or negative aspects of the healthcare environment at the ward, and provide arguments to support your opinion?





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- What do you consider to be important factors in healthcare environments in general, and why?

The interviews took place on three different occasions in central and private locations of the oncology ward. They were recorded on tape, took between 60 and 90 minutes, and were immediately transcribed verbatim. Two researchers were involved in the interviews, one acting as a moderator and the other made notes during the sessions. Content analysis followed to make replicable and valid inferences from the recordings and texts. Manifest content analysis was used for the verbatim transcripts which was a method for the descriptive analysis of text. The interviews with narrations concerning aspects of the physical and psychosocial environment were identified and extracted into one text. The data was checked and discussed then finally organized into three main categories and eight subcategories by four registered nurses and researchers.

Findings

The results were divided into three categories: safety, partnership with the staff, and the physical space, with the following eight subcategories:

Safety: Continuity and accessibility - Privacy and community

Partnership with the staff: Being a person – Participation and responsibility – Communication

Physical space: Food and smell - Visual impressions - Surrounding sounds

It was demonstrated that the patient's priority was to feel unique in a psychosocial environment. Good interaction with the staff, other patients, and their families promoted by a good physical environment was desired while maintaining the ability to be private and to rest. In general, the study found that psychosocial factors were more important and were superior to physical aspects. Connecting with the staff who showed interest in the patients without fear of being attached was interpreted as a sign of empathy and support, empowerment, and partnership. The participants in the focus groups emphasized that there should be a balance between privacy and community. Compared to other healthcare environments, the oncology ward was described by the participants as being a special place. Food and smell, and visual and sound impressions were stressed as being important as well. As described by the study, fresh air, the smell of the outdoors, and being able to inhale well emphasized that having operable windows in the oncology ward was important. Nevertheless, having luxurious environments was not deemed to be as important contributors to a good atmosphere.



Limitations

The authors stated that the sample of participants was small and could not be used as being representative of other patients in oncology clinics. More future studies are needed to further explore and validate the study findings.

Design Implications

The study concluded that physical and psychosocial aspects of the oncology ward appeared to have an effect on the patients' well-being and daily functioning. Despite discovering that the psychosocial factors were more important, the physical environment was still viewed by the participants as having a significant impact. The spaces of the focus-group interviews were reconstructed prior to the study to support flexibility and a person-centered approach. The findings supported the goals of the reconstruction to establish good encounters within the ward and to provide a physical environment having sufficient space to socialize and at the same time be able to rest privately.

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