



KEY POINT SUMMARY

OBJECTIVES

To study pediatric patient and family experiences with hospital designs during and following treatment.

The Role of Hospital Design in Reducing Anxiety for Pediatric Patients

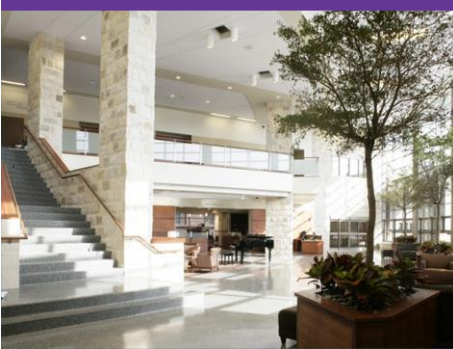
Cartland, J., Ruch-Ross, H. S., Carr, L., Hall, A., Olsen, R., Rosendale, E., Ruohonen, S., 2018 | *HERD: Health Environments Research & Design Journal*. Volume 11, Issue 3, Page 66-79

Key Concepts/Context

Since the 1960s, researchers have been studying the psychological trauma experienced by children receiving treatment in hospitals. Previous studies have observed instances of post-traumatic stress disorder, increased aggression, separation anxiety, and disrupted patterns of sleep in children discharged from hospitals. A wide variety of supportive tools and designs are required to address the breadth of needs in promoting “normal” childhood experiences for pediatric patients. Systematic evaluations of their efficacy also could help healthcare workers and designers understand the degree to which different designs impact patient well-being. In this study, a hospital was renovated to feature a “Family Life Center,” which featured a wide variety of entertainment and relaxation spaces for patients and parents.

Methods

Data were collected through both quantitative surveys and qualitative phone interviews with the parents of children who experienced heightened anxiety during hospitalization. The site observed was a large children’s hospital located in an urban setting. This location underwent renovations, and the patients involved were treated in either the old or new design. The Columbia Impairment Scale (CIS) was used to gauge the general social and mental functionality of each patient, while the Parent Stress Scale was used to measure similar qualities in parent populations. These scales helped gauge whether or not the newer hospital designs, which were considered “family-focused”, had any impact on patient and parent anxiety.



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Findings

The new hospital design, which incorporated child-centered and family-friendly designs, was associated with a general decrease in anxiety during hospitalization. No evidence was found that these designs helped prevent anxieties that arose after release from the hospital. The authors attribute this to the timing of the follow-up surveys – four to six weeks following discharge.

Limitations

The authors note that parents and patients were not interviewed prior to hospitalization; pre-existing variables may have contributed to survey results concerning patient and parent anxiety. Patients seeking treatment for cardiac disorders were excluded from the study. The length of time before follow-up surveys was four to six weeks, which may have contributed to skewed anxiety survey results.

Design Implications

Healthcare designers might consider creating specialized spaces for families and pediatric patients to feel more “at home”. Providing dedicated areas for specific age groups of children, as well as entertainment centers for all ages and families, could contribute to decreased levels of anxiety and improved patient experience overall.

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