



KEY POINT SUMMARY

OBJECTIVES

To explore the perspectives of healthcare professionals, patients, and family members within dementia treatment environments in order to understand which aspects of the physical environment promote a higher quality of life.

‘I want to feel at home’: establishing what aspects of environmental design are important to people with dementia nearing the end of life

Fleming, R., Kelly, F., Stillfried, G. 2015 | *BMC Palliative Care, Volume 14, Issue 1, Pages 26*

Key Concepts/Context

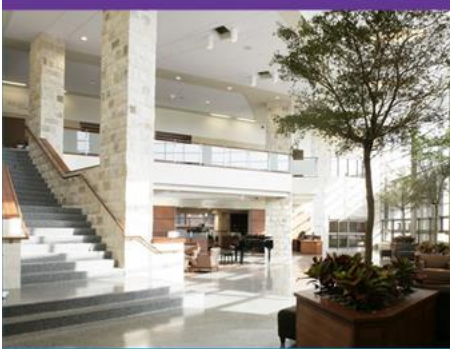
As the global population of elderly patients seeking end-of-life care increases, greater attention is being placed on how healthcare environments can work to best provide these patients with the most positive and life-enriching experiences possible. Very little research has been published in the context of constructing ideal physical environments for patients diagnosed with dementia who are living in end-of-life healthcare environments; this patient population requires careful consideration apart from patients without dementia diagnoses due to the nature of the illness itself.

Methods

This study was conducted in four phases that included a literature review, focus group interviews, online surveys, and the creation of design principles for end-of-life facilities treating patients with dementia. A total of three focus groups were carried out within one year, and included dementia patients, their family members, and the healthcare practitioners treating the patients. An online “Delphi” survey was distributed to 21 professionals who work specifically in the field of interior design for end-of-life care facilities.

Findings

Results from the focus groups and online surveys revealed that dementia patients and their family members held notably different opinions from caregivers when it came to which design principles were most important. Patients and their families valued designs that offered comfort through sensory engagement, social activity, and spiritual exploration. Practitioners advocated the use of sedatives rather than



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changes to the physical or social environments of care facilities. This divide in perspectives prompted the authors to encourage designers to incorporate more patient and family perspectives into the end-of-life care environments.

Limitations

This study involved a relatively small amount of participants in both the focus groups and in online survey distribution. This may have provided relatively limited information in general, or information that was more specific to the specific region of this study. The authors note that the dementia patients who participated were highly articulate and may not have accurately represented the perspectives of all dementia patients seeking end-of-life treatment.

Design Implications

Incorporating patient and family values into the design of end-of-life care centers treating patients with dementia may help promote more positive experiences for all parties involved in the treatment process. Designs that engage the patients' senses, promote social activities, and provide some degrees of autonomy could be especially effective in enhancing the benefits of these care environments.

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