



KEY POINT SUMMARY

OBJECTIVES

This qualitative study explored the role and features of the healthcare chapel to highlight how it can contribute to the well-being of various user groups.

The healthcare chapel: Improving well-being

Lawson, A. E., Alfaro, S. A., 2022 | International Journal of Religion & Spirituality in Society, Volume 12, Issue 1, Page(s) 93-113

Key Concepts/Context

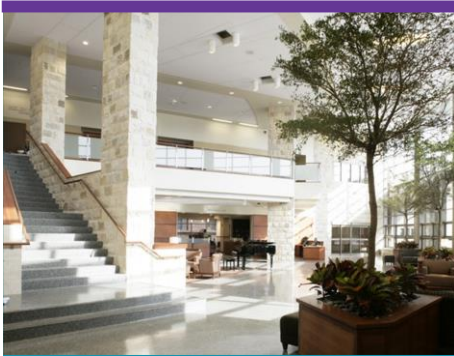
Chapels serve as a place for patients, families, and staff that foster well-being. Because chapels are used by people from a variety of faith groups, it is important they are designed to accommodate the well-being of those whose needs may not be represented in the functional requirements of a single religious denomination or faith. The results of this article highlight features to support well-being practices such as prayer and reflection across diverse user groups.

Methods

After an extended literature review of healthcare chapel history and design, the authors provide a high-level description of a qualitative study that included case studies to explore the chapel accommodations in three healthcare facilities. Data gathered included interviews, document reviews, and site observations at each of the three facilities. A chaplain at each facility was interviewed as were three design professionals. Documents reviewed included floor plans, spiritual manuscripts, hospital brochures, and facility maps. Researchers conducted site observations after the interviews and document reviews to validate information. The authors describe a constructivist approach to review all data collected, and explain that a grounded theory analysis and the comparison of different data types helped to identify consistent themes (extrapolations).

Findings

Each facility observed included spaces referred to as chapel, prayer space, and shrine and the uniqueness of each is described. At Hospital A the main chapel, a cross sculpture in the lobby, and five prayer rooms were considered. At Hospital B the main chapel and six prayer rooms were observed. At Hospital C a chapel adjacent to the main hospital lobby was assessed. The authors list the following themes (extrapolations) based on their reoccurrence, impact on well-being, and architectural relevance in the design of the chapel: security, prayer, fear, physical



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attributes, well-being, chapel as church, wayfinding, chaplain, ecumenism, unease with religion, sympathy, belief, traditional functions, administration, counseling, beauty, and sacredness.

The authors briefly expanded on select themes and incorporated findings with extant literature. Dim lighting was noted to foster a sense of reverence and privacy, yet a balance between privacy and security (physical and emotional) should be a primary goal of chapel design. Prayer activity in chapels often involved submitting written requests, whereas prayer rooms were places for individuals to get away for a secure, private, and intimate experience. Although beauty was considered superfluous by interviewees, the lack of décor in chapel or prayer spaces mitigated the sense of awe experienced in the space. The authors indicated that staff considered prominent and centrally located chapel placement to be essential as a wayfinding landmark. Shrines observed in chapels were used as a repository for prayer requests and a reminder of emotional support. All observed chapels were Christian, but still addressed universal human needs for peace, answers, and wayfinding. As a church, healthcare chapels were places for formal activities including services and ceremonies, but also were places of quiet reverence. Chaplains and chapels alike serve as a calm presence for patients and staff.

Limitations

Methodological issues include lack of detail on a) the interview procedure, b) length of interviews/site visits, c) whether design professionals interviewed were associated with the respective facility, or d) whether site observations were structured in any way. Researchers note that data was coded based on conceptual similarities and ranked, but no information about the data coding process, conceptual framework used, or ranking criteria was included. The facilities observed were all Christian based, and accommodations for different faiths were not highlighted. Finally, the authors might have focused more on how each space functioned for the activities it was intended to accommodate.

Design Implications

Design implications for hospital-based chapels include dim lighting that fosters reverence and privacy as well as security; spaces and schedules that accommodate both ceremonial gatherings and private moments; the incorporation of sacred objects and/or physical beauty; prominent décor; central location; and spaces that can accommodate the practices of a variety of faiths.

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