



KEY POINT SUMMARY

OBJECTIVES

The aim of this study is to understand environmental factors that improve palliative care within nursing homes, hospices, and hospitals by exploring staff and patient perspectives.

Facilities for palliative care: Patterns and contrasts

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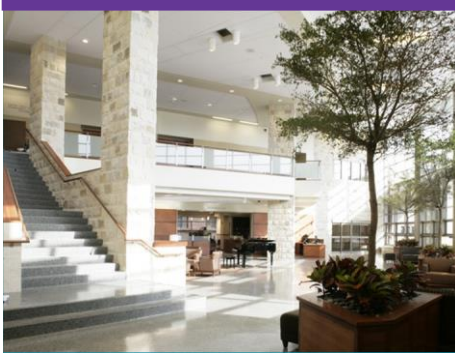
Key Concepts/Context

Palliative care aims to improve the quality of life for patients and families who face problems associated with life-threatening illnesses. Previous studies have found that facility designs which allow for patient and family privacy, overnight stays, a sense of homeliness, and space for spiritual practices can positively influence the delivery and perception of palliative care. This study helped articulate more specific staff and patient preferences regarding spaces and services within palliative care environments, which may help designers make more informed considerations.

Methods

This study is a secondary analysis of 57 interviews that were conducted on the topic of palliative care, with an emphasis on both facility management and spiritual well-being. The questions presented during the interviews were conducted using different topic lists and open-ended questions, but the general concepts covered were basically identical among all interviews. Seven different researchers selected their interviewees based on availability. The interviewees were associated with various healthcare environments, including hospices (32 total), nursing homes (nine total), a patient meeting center (10 total), hospitals (five total), and one participant from a location labeled “other.” The interviewees also held different roles, among them volunteers (27 total), supervisors (19 total), employees (five total), patients and family (five total), and one expert. The semi-structured interviews averaged 45 minutes in length and were transcribed by the interviewers.

The interviews were analyzed using a previously published conceptual model for the quality of life of dying patients and their family members. This model assesses quality of life in palliative care settings in relation to support services, environmental characteristics, healthcare, and spirituality. The contents of the interviews were further coded based on their relationships to the ideas of “sense of control,” “facilities,” “interior,” and “spirituality.” The authors worked to find patterns and contrasts within the interviews to gather meaning from the qualitative



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data, and used a Computer-Aided Qualitative Data Analysis System to further analyze quotations from the different groups.

Findings

The resulting dataset produced from the interview analyses found 360 mentions of the environment or facilities, 403 mentions of a sense of control, and 64 cases being a combination of both. Specific instances of having a sense of control over the facilities included being able to operate room lighting and awnings, having a sense of privacy, and being able to cook near family members. The top 10 phrases related to facility design that were mentioned were (in order from most mentions to least): welcoming, homeliness, view from the window, furniture, scent, decoration, color, bathroom, lighting, and garden. One patient was noted for transferring nursing homes due to the “impersonal” nature of the previous interior environment, while one hospice volunteer who was interviewed added that, “the interior of the room is considered important.” Having the space and resources to engage in spiritual practices was also frequently mentioned by participants.

Further design recommendations drawn from the results included: incorporating privacy into the layout of a palliative care environment, providing room windows with views, decorating with homely furniture, pleasant color schemes and scents, and allowing access to a kitchen and bathrooms.

Limitations

The authors note that the relatively small size and broad diversity of their sample may present limitations, especially since opinions on the perceived importance of certain environmental features varied widely among the different types of interviewees. It is worth noting that this is a conference paper, and the primary research was conducted by undergraduate students, with the help of an advisor.

Design Implications

In working to deliver effective palliative care designers might consider providing comforting features such as room windows with views, homely furniture, pleasant colors and scents, decorations, and access to a garden where possible. Designers might also consider providing separate spaces and resources for spiritual practices or counselling.

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