

KEY POINT SUMMARY

OBJECTIVES

To provide a working definition for the 'psychosocially supportive space' and identify obstacles preventing a better understanding of how built environments affect psychosocial needs in patients and families.

Psychosocially Supportive Design: The Case for Greater Attention to Social Space Within the Pediatric Hospital

McLaughlan, R., 2017 | *HERD: Health Environments Research & Design Journal.* Volume 11, Issue 2, Page 155-162

Key Concepts/Context

While patient and family-centered care models often implement environmental designs that cater to certain psychosocial needs, more research is required to understand exactly how aspects of the built environment actually affect patient and family psychosocial needs themselves. A prime example is the growing popularity of single-patient rooms as opposed to multi-bed ward configurations. As patient and family preferences gradually shift towards more private healthcare environments, researchers should try to better understand the social and psychological dimensions underlying the trend.

Methods

The author reviewed a total of 60 contemporary research articles (published between 1985 and 2016) investigating the relationships between social support and well-being, namely from the fields of sociology, environmental psychology, and evidence-based design. Quantitative and qualitative findings from these studies were organized into themes in order to reveal areas in need of further exploration, as well as the obstacles preventing them from being studied.

Findings

A psychosocially supportive space that is spatially focused should indicate that a given institution is providing the space necessary for patients to maximize social support from inside the hospital, whether it be from other patients or their own families. The increasing popularity of single-patient rooms deserves careful consideration, as this design choice can stifle the social interactions that many previous studies have found to be effective in promoting patient well-being. The disconnect between this rise in popularity surrounding individualized patient rooms





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and the benefits of social interactions call attention to the urgent need for further research into what makes patients and families form their physical design preferences within healthcare environments.

Limitations

This study presented a review of 60 previously published articles, most of which provided results in the form of qualitative data. No new quantitative or qualitative data were gathered during this study. The literature review spanned a period of roughly 30 years. To gain a deeper historical perspective of shifting psychosocial preferences, a wider timeframe could be investigated.

Design Implications

Healthcare designers could aim for a thoughtful balance between social stimulation and access to solitary spaces in order to provide patients with the benefits afforded by both spaces. This balance is key to not only creating a psychosocially supportive environment within the hospital as a whole, but may also be helpful in understanding patient preferences for one space over another.

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