



## KEY POINT SUMMARY

### OBJECTIVES

This study aims to understand the relationship between the physical environment and philosophy of care in palliative care, with a specific focus on staff perception.

## Designing palliative care facilities to better support patient and family care: A staff perspective

McLaughlan, R., Richards, K., Lipson-Smith, R., Collins, A., Philip, J., 2022 | HERD: Health Environments Research & Design, Volume Pages in Press

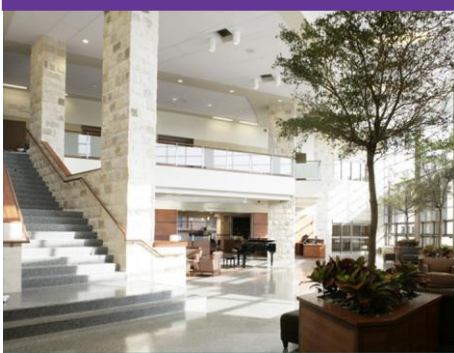
### Key Concepts/Context

There are several factors that make palliative care unique, including longer lengths of stay, the number of visitors, and considerations around end-of-life care. Staff perceive that privacy, a homelike environment, and safety are important for their ability to provide comfort and support to both patients and families. This study highlights palliative care staff insights linking design to the quality of care, as well as the emotional experience of and within these spaces.

### Methods

The research team reached out to hospitals, professional healthcare organizations, healthcare services, palliative care associations, and other professional bodies throughout Australia, inviting palliative care staff to participate. Participants included a range of staff representing several different facility types (43% acute care; 18% subacute hospital; 23% free-standing palliative care units on hospital campus; and 10% standalone palliative care facility). The survey tool, which was developed based on results from six interviews with experts in the field, included open-ended questions around the value of working with this patient population as well as the experiences of patients and loved ones. Questions were focused on how the physical space either supports or obstructs palliative care work, and the philosophy behind it.

The research team used a qualitative descriptive approach to analysis, determining themes and subthemes based on survey responses. Once the themes were developed, the research team asked two palliative care experts to review and validate these themes. The researchers coded the data separately, and then discussed their codes until they came to a consensus.



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## Findings

Eighty-nine participants (including 45 nurses and 34 doctors) participated. Almost half of the respondents indicated that “comfort” and “support to patients and their families” is the most important part of their job. When asked to share “one change” they would make to their working environment, palliative care staff had a lot more to say: there were 151 changes listed, mainly (64%) oriented towards patient needs. There were only 15 “staff-centered” responses, and staff felt that nearly all of these (87%) would improve the quality of care for patients.

Responses fell into three key themes regarding the physical space:

- Privacy
- Homeliness, and
- Safety.

Privacy in these spaces was described as an essential component of palliative care values in order to uphold patient dignity, to support staff-patient relationships, and to minimize distress during the grieving process. Homeliness was highly important to staff in meeting care goals. Safety for patients was discussed in terms of minimizing risk of injury.

Staff working in acute care wards described the challenges of delivering palliative care in noisy, overcrowded wards lacking privacy. The acute care spaces did not appear to provide the “quiet” and “restful” qualities staff mentioned in the freestanding facilities. Staff shared that the atmosphere should feel non-clinical and comfortable, like “home,” to fit with the palliative philosophy of care. Staff suggested that patients should be able to have control over the space, in terms of bringing in personal items and adjusting environmental conditions (e.g., temperature and lighting). Staff emphasized how the environment should support several common end-of-life experiences, like families needing privacy to grieve and leave the facility without having to walk through public corridors. Participants also remarked on the benefit of access to outdoor environments, especially green space.

## Limitations

This study took place during the height of the first wave of the COVID-19 pandemic (summer 2020), which may have impacted how staff responded to certain questions. However, the authors note that only two responses in the survey mentioned infection control issues, so they did not feel COVID was top-of-mind for the Australian staff participating in the survey. This is likely in stark contrast to other areas of the world where lock-down restrictions were in place and organizations were faced with surge conditions and high death rates.



## Design Implications

Findings suggest the following considerations when designing for palliative care:

1. Separation from other types of inpatient care to support a quiet, calm atmosphere;
2. Non-clinical aesthetic to support “homeliness;”
3. Private bedrooms and bathrooms to maximize dignity;
4. Options for personalization and control;
5. Space for end-of-life rituals and overnight guests;
6. Technology to support telehealth and virtual connections;
7. Provisions for patient handling equipment;
8. Communal spaces away from the bedside;
9. Access to outdoor spaces; and
10. Separate circulation for grieving families.

Staff also noted the need for dedicated staff respite space.

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