



KEY POINT SUMMARY

OBJECTIVES

This study sought to understand the impact of four design interventions (positive distraction, elimination of environmental stressors, access to social support and choice, and connection to nature) on anxiety and stress in children.

DESIGN IMPLICATIONS

The research suggests that when designing pediatric environments attention should be given to employing design interventions aimed at reducing anxiety and stress within children of varying ages using multiple design strategies.

The Healthcare Environment Through the Eyes of a Child - Does It Soothe or Provoke Anxiety?

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Key Concepts/Context

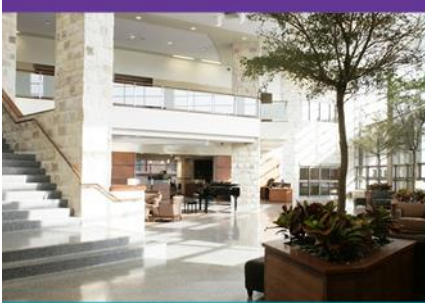
Research has shown that the hospital environment can be distressing to a child. However, introducing design features that spark a child's imagination can help to reduce anxiety.

Methods

The study used the Joanna Briggs systematic search strategy to conduct a literature review. A search of databases for English articles from 1980-2012 initially retrieved a total of 129 articles that were evaluated based upon inclusion criteria. After narrowing down the article choices to exclude duplicates, two independent reviewers appraised the articles against the outcomes of interest. One study sought to assess physical design features through physiological measures, while the other 19 studies utilized mixed methods, descriptive experimental design, and various qualitative research methodologies. The 20 studies were conducted in both the ambulatory and acute care settings, and included a sample size of 10,673 children.

Findings

The results showed that while the available research regarding healthcare environments and their impact on anxiety and stress within the pediatric population is lacking in rigor, studies do show a clear relationship between the physical design and subsequent anxiety of the pediatric patient. Key findings from this literature review suggest the need for engaging, age-appropriate design, a non-intrusive presence of clinical support, the ability to accommodate peers and parents, and interior design strategies that acknowledge the needs of adolescents. The results



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also reported the lack of design interventions that were specific to adolescents and event-related anxiety.

Limitations

While this research does provide practical application for implementing the specified four design interventions within pediatric environments, specific measures were lacking relating anxiety and stress in children to the specified four design interventions.