



KEY POINT SUMMARY

OBJECTIVES

To identify patient needs and expectations in medical-surgical patient rooms so that these spaces can be more appropriately designed or renovated.

DESIGN IMPLICATIONS

To promote patient comfort, architects could implement designs that grant patients a high degree of control over their immediate environment, such as control over privacy, noise levels, storage within the room, and other room utilities. A balance between patient independence and connection with the outside world via windows and doors visible from the patient bed can help promote privacy while reducing feelings of isolation.

Meeting Patient Expectations During Hospitalization: A Grounded Theoretical Analysis of Patient-Centered Room Elements

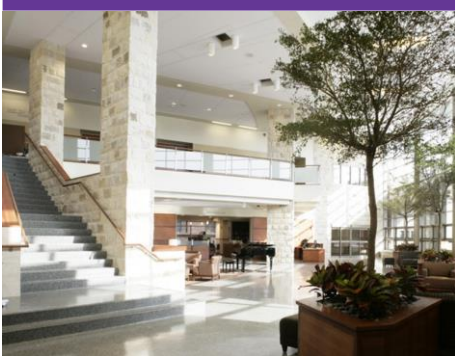
Patterson, E.S., Elizabeth, B., Sanders, N., Sommerich, C.M., Lavender, S.A., Jing, L., Evans, K.D., 2017 | *Health Environments Research & Design Journal*, Volume X, Issue XX, Pages 1-16

Key Concepts/Context

A 2016 study found that tens of millions of patients within the U.S. were hospitalized for an average of 4.8 days, while a separate study found that roughly 65.7 million people (or roughly 29% of the adult population) within the U.S. are considered caregivers for children or other adults. Other previous studies indicate that rooms that are specially designed to support patients and caregivers can reduce patient and caregiver stress and ultimately improve the overall healing processes. These findings, along with increased implementation of single-patient rooms in both new and retrofitted hospitals throughout the U.S., reveal the need for architects and healthcare professionals to better understand individual patient and caregiver needs and expectations within medical-surgical environments.

Methods

A total of 61 family caregivers and patients who had stayed in a medical-surgical unit for a minimum of three days within the previous year participated in this study. Participants completed a survey gauging the importance of 12 different design features found within medical-surgical patient rooms, and subsequently reviewed top-view diagrams of two different medical-surgical rooms. A researcher then guided participants through a simulated medical-surgical patient room, and then led a discussion among participants concerning their thoughts on the room. Audio from the entire session was recorded and transcribed for analysis. Emergent themes and trends were identified from the transcribed discussions.



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Findings

Among the most important design features identified through data analysis were easy patient access to room elements (such as bathrooms, tables, outlets, TV, etc.), visibility of the hallway and the outdoors, privacy, and being able to read the informational whiteboard within the patient room from the bed. Features considered the least important included visibility of the staff sink and the location of the bathroom door in relation to the hallway door. The results generally affirm the notion that patients value design features that enable them to feel connected to others while also being in control of their environment and able to have privacy when necessary.

Limitations

The authors note a number of limitations within this study. The patient perceptions evaluated in the study do not represent the perceptions of all patients, especially those with mobility or cognitive challenges. Insufficient data were collected to differentiate patient perceptions by age, gender, or race; these factors could contribute to notably different design preferences. Factors such as room smell, background noise, and augmented lighting were not explored from the patients' perspective. Although a total of five simulated patient rooms were used in this study, each participant evaluated only two rooms due to time constraints.

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