



KEY POINT SUMMARY

OBJECTIVES

This study investigated adolescent preferences for the healthcare settings they experience.

DESIGN IMPLICATIONS

Healthcare facilities that will be used by adolescents should be designed to reflect their environmental preferences.

Are Pediatric Practice Settings Adolescent Friendly? An Exploration of Attitudes and Preferences

Tivorsak, T., Britto, M., Klostermann, B., Nebrig, D., Slap, G.
 2004 | *Clinical Pediatrics*
 Volume 43, Issue 1, Pages 55-61

Key Concepts/Context

Adolescents would like the treatment settings they experience to be designed to reflect their design preferences. This is a comprehensive, early study clearly delineating the details of those preferred environments.

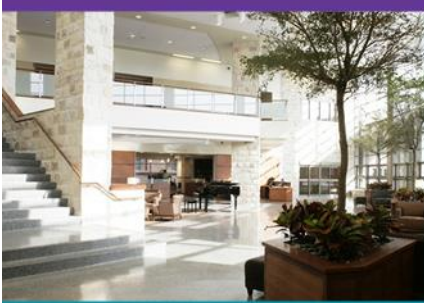
Methods

Data were collected via discussion groups conducted with adolescents (aged 11 to 19). Twelve focus groups were held, with 54 total participants. Separate groups were organized for adolescents in good health and for those that had been diagnosed with one of the following conditions at least 2 years before the first discussion: cystic fibrosis, juvenile rheumatoid arthritis, sickle cell disease, or inflammatory bowel disease. Separate discussions were held with male and female adolescents, and group members were also segregated by age. One set of groups included 11 to 14 year olds, and a second set included 15 to 19 year olds. The topics covered with each group included the preferred design of waiting and exam rooms. All data collected were content analyzed to identify themes and patterns in the material provided by the adolescents.

Findings

Adolescents involved with the study preferred that:

- Décor be less geared toward young children. In practical terms, this means, for example, less art that includes pictures of cartoon characters.
- Treatment and waiting areas be more homelike, i.e., designed to look like a “normal house.”



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- More neutral colors, as opposed to bright colors, be used.
- Facilities include realistic artwork.
- Medical equipment be out of sight in exam rooms until it needs to be used, and that medical artwork (such as diagrams of human bodies) be visible only as needed during the course of a focused discussion.

Limitations

- Information was not analyzed to uncover differences in preferences that might be tied to ethnicity or socioeconomic status.
- Perceptions of quality of care were not investigated.