



KEY POINT SUMMARY

OBJECTIVES

The purpose of this study was to understand the perspectives of various user groups regarding how outdoor spaces impact patient experiences in a post-acute care setting.

Double dynamic lighting, or electronic lighting that changes intensity and color in response to natural shifts in daylight, can have a positive effect on the visual comfort, work engagement, and overall perception of the atmosphere among staff working indoors.

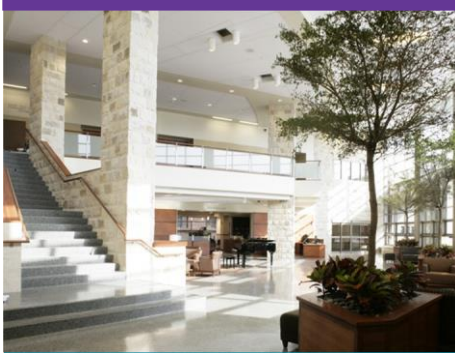
Tseung, V., Verweel, L., Harvey, M., Pauley, T., Walker, J., 2022 | HERD: Health Environments Research & Design Journal, Volume 15, Issue 1, Page(s) 256-267

Key Concepts/Context

The impact of outdoor views and spaces on patient and staff outcomes has been studied, but using outdoor areas for therapy programming in post-acute and rehabilitation care requires further research. The authors of this study used a pre-occupancy evaluation to collect information from patients, family, and staff involved with rehabilitation activities in the outdoor areas of an existing hospital to inform the design of a new facility.

Methods

Researchers interviewed various user groups from a Canadian rehabilitation and long-term care hospital as a pre-occupancy assessment that would inform the design of a new facility. In order to ensure sufficient familiarity with the outdoor spaces of the facility, eligible participants included in-patients with a minimum of a two-week stay, outpatients with a minimum of three visits, family with a minimum of three visits, staff with a minimum of one year of employment at the facility, and volunteers. Semi-structured interviews with various user groups first addressed topics including outdoor space accessibility, frequency of use, activities, safety, and social interactions. Secondly, participants were asked how both outdoor views and direct access to outdoor spaces impacted their mood and treatment experiences. Additional questions regarding integration of outdoor spaces into patient therapy and satisfaction with integration were also included. Interviews were conducted by the project coordinator or research assistant and were recorded and transcribed verbatim. Interview data was analyzed using inductive thematic analysis and



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qualitative data analysis software. Descriptive analysis was used on demographic data.

Findings

After completing a total of 74 interviews (24 inpatients, 15 outpatients, 11 family members, 23 staff, and one volunteer), researchers identified three overarching themes. First, outdoor spaces and views benefit patients by helping them focus on life beyond their illness. Access to the outdoors provided positive distractions including fostering connections to life outside of the facility, the seasonal changes of nature, a sense of autonomy about when and where to experience the outdoors, and an opportunity for authentic social interaction. Views were especially important to those not able to access outdoor spaces. The second theme was multifaceted and captured design elements that can support patient access to beneficial outdoor spaces including year-round access or at least year-round visual access to outdoor spaces, green space variety including: trees, fresh air, birds & wildlife, greenery, flowers, water elements and sunlight; a balance between challenging surfaces and grades that support therapy and those that create barriers to users with mobility issues; easily accessible safety stations; clear signage for trails or paths starting from within the facility; different options for seating to facilitate social gatherings with friends and family; chairs with arm rests; and separate spaces for patients/families and staff to avoid awkwardness. The third and final theme identified encompassed deliberate design of therapeutic outdoor spaces to promote healing and recovery. Within this theme, patients and staff mentioned their appreciation for the option of using outdoor spaces for therapy and suggested areas for nature walks or gardening. Staff indicated several considerations influencing their use of the outdoors for therapy including: patient preference, rehabilitation goals, type of therapy and equipment required, patient physical and cognitive abilities, scheduling and availability. Staff also recommended including not only spaces for individual activities, but also covered areas and areas for outdoor classes.

Limitations

There are two main limitations for this study. First, as this is a single-site study, the results are not definitive. Second, those who elected to participate in the study may have been more likely to use outdoor spaces and may not represent the full complement of user perspectives.

Design Implications

Design considerations include year-round access or at least year-round visual access to outdoor spaces, a variety of natural elements such as trees, wildlife, flowers, water and sunlight; a balance between challenging surfaces and grades that



support therapy and those that create barriers to users with mobility issues; easily accessible safety stations; clear signage for trails or paths; different seating options for social gatherings; chairs with arm rests; and separate spaces for patients/families and staff.

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