



## KEY POINT SUMMARY

### OBJECTIVES

To explore the meanings of inhabiting the physical environment of an oncology center through the narratives of patients, significant others, and staff.

## Caring or uncaring – meanings of being in an oncology environment

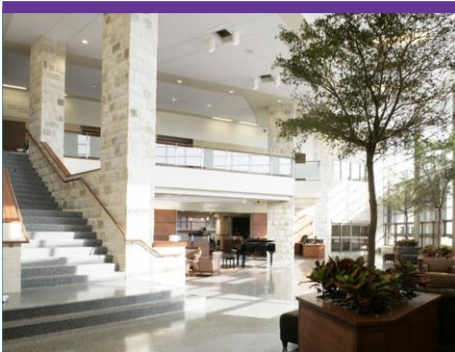
Edvardsson, D., Sandman, P. O., & Rasmussen, B. .2006 | *Advanced Nursing* Volume 55, Issue 2, Pages 188-197

### Key Concepts/Context

The idea that the physical environment impacts health and well-being has been explored throughout history. In modern contexts, studies have been conducted to show how hospital design features such as art and views of natural scenery can positively influence patient experience, and how environmental variables such as sound, architecture, and color can affect different biomedical responses in patients. Many of these studies sketch qualitative conclusions about deeper meanings from quantitative data. There is a lack of research focusing solely on the meaning of these environments and their characteristics from the perspectives of patients, their families, and hospital staff.

### Methods

- Seventeen interviews were conducted with a total of 29 people in a newly remodeled oncology center in the spring of 2004. There were six individual interviews and one focus group interview with oncology staff members, one group interview with the two architects who designed the center's interior, and nine individual patient interviews, five of which featured participation from significant others, but only if they were involved in that patient's "narrative" at the center. All participants had spent time at the center both before and after the remodeling.
- During the open-ended interviews, participants narrated their experiences with the physical environment of the oncology center. These tape-recorded interviews lasted between 32 to 60 minutes and were transcribed verbatim for analysis.
- Interviews were analyzed using Ricoeur's principles of phenomenological hermeneutics, where a "naïve" understanding is first extracted from the general narrative of the interviews, then aspects of the interviews are decontextualized and evaluated to either validate or invalidate the naïve



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understanding, and finally a comprehensive understanding is made through a critical dialectic between the first two steps of analysis.

## Findings

Four primary themes were extracted and interpreted from the perspectives provided by patients, their families, and oncology center staff. Since the oncology center was located in the hospital's cellar, the notion of being relegated to the lowest part of a building for treatment created existential insecurities while highlighting notions of death and feelings of lesser worth. A similar theme emerged from the symbolism participants found in objects such as wilted flowers around the center; not caring for the environment felt like not caring for the people within it. The remodeling of the center included the addition of a reception desk and central waiting room, which helped foster a healthy balance between privacy and social interaction. Windows with views of nature were also added during the reconstruction. This had a tremendously positive impact on all participants, who unanimously claimed that natural elements allowed them to shift their thoughts away from their illnesses and treatments, if only momentarily.

## Design Implications

The psychological effects of receiving treatment in a center located on the lowest level of a hospital were thoroughly explored in this study; the presence of windows facing natural elements and instances of art, color, and nature (by way of an aquarium) seemed to mitigate feelings of isolation and lesser worth. The addition of a reception desk added a much-needed social element to the treatment experience, while also helping to alleviate some of the workload from other oncology staff. The addition of a public, centralized waiting room also helped make families feel more welcome while boosting overall foot traffic and social interaction.

## Limitations

This is a purely qualitative study dealing with a small sample size from a single location. The authors state that their decision to use only convenience sampling and interview data may have limited the depth of descriptions of the hospital environment. The authors also acknowledged that their treatment of family members as only "co-creators" of patient narratives failed to thoroughly account for their unique experiences and perspectives.

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