



KEY POINT SUMMARY

OBJECTIVES

This study aims to describe hematological cancer patients' experience of the hospital environment especially in the context of private and public spaces.

Healing Environments in Cancer Treatment and Care: Relations of Space and Practice in Hematological Cancer Treatment

Hoybye, M.T.2013 | *Acta Oncologica Volume 52, Pages 440-446*

Key Concepts/Context

The author refers to the growing contribution of design in shaping hospitals that are environments of healing. This study aims to widen the understanding of these healing environments in the context of its social dynamics. The research involved an ethnographic study of patients undergoing treatment for hematological cancer in a hospital in Denmark. Practices of self, creating personal space, social recognition, negotiating space, and the ambiguity of space and care were key concepts that emerged at the end of this study. The study concludes with a call for hospitals to be designed as flexible spaces that cater to specific and changing needs of patients

Methods

This ethnographic research used participant observation and interviews to collect data. Data collection took place between March and September 2011. Participants were patients admitted for treatment of different types of hematological cancer. Their length of stay varied from one day to two months. There were 20 participants, of whom four were shadowed through multiple treatment procedures, while the rest were shadowed on selected procedures. Participants were also asked to take photographs of their environment. Most patient rooms in this hospital were two-patient bedrooms with a curtain for privacy.

Findings

Five key concepts emerged from the study:



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- Practices of self: The hospital environment makes a patient look at oneself with a different perspective as one accommodates oneself to new routines, regimens, practices, and a new environment.
- Creating a personal space: Patients would personalize their space with pictures of family, home, artwork, and poems pinned to the whiteboard at the foot of their bed. This personal space, however, was often encroached by charts and other medical information pertaining to the patient.
- Social recognition: Sharing a room with another patient was welcomed at times because of the scope it provided for making cancer a shared experience. At other times patients did not take to a roommate kindly because it also meant sharing the noise and commotion associated with one's suffering and pain.
- Negotiating privacy: Patients in the same room preferred keeping the curtains drawn during most of their stay. Sometimes conversational interaction with their roommates, or if the patient not occupying the window-side bed requested, motivated them to open the curtains.
- Ambiguity of space and care: The patient's perception about the hospital environment as safe and caring depended on the patient's sense of well-being.

Design Implications

In light of the above findings, the author suggests that single-patient rooms may not always cater to the psychological well-being of a patient and suggests a combination of multi-bedded and single-bedded patient rooms to meet patients' needs for privacy and social interaction.

Other implications for this study:

- Space/scope for personal effects of patients to be displayed

Limitations

The authors do not mention any limitations for this study.