



KEY POINT SUMMARY

OBJECTIVES

To show how building layout can affect crucial communication between people involved in providing healthcare services.

DESIGN IMPLICATIONS

The authors suggest that by integrating caregivers in a shared, open area while simultaneously segregating patients appears to result in effective all-around communication patterns.

Evidence-based design: The effect of hospital layouts on caregiver-patient interfaces

Pachilova, R., & Sailer, K. 2013 | *Design 4 Health* Volume 2, Pages 174-184

Key Concepts/Context

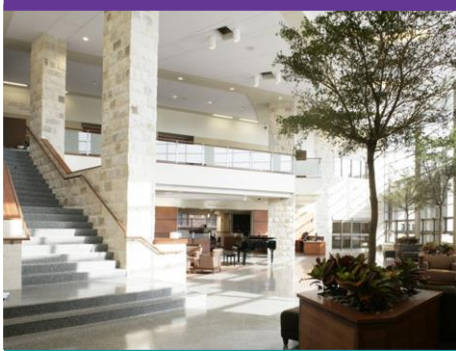
This article suggests that the field of evidence-based design (EBD), which considers information from case evaluations and credible research during design-related decision processes, has only marginally examined hospital layouts and their effects. As a result, this study attempts to build on the tradition of “Space Syntax” research, which is a theory that explores how space controls and generates encounters between inhabitants and visitors of certain spaces and how these two groups engage in communication.

Methods

The authors compared five corresponding outpatient clinics from two different hospitals. The hospitals were selected due to the notable contrast in their spatial organization and setup. Hospital A represented new and innovative models of healthcare, while hospital B represented more traditional forms of organization. Three methods were used to analyze these spaces: Space Syntax, which examined the spatial configuration of the buildings, Social Network Analysis, which was used to study results from an online survey concerning communication patterns, and direct observations, which gathered quantitative data on the social life within both institutions.

Findings

Hospital A’s caregiver-to-caregiver interface allowed for intense and frequent communication among staff members from both different and shared clinics. The authors attribute this to the fact that the structure created close proximities and featured an open-plan layout. Hospital B’s caregiver-to-caregiver interface was characterized by lengthier and more programmed conversations that focused within rather than across professions, as well as within rather than across clinics.



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The authors attribute this and the lower ratings of building satisfaction to greater spatial distances within the structure, as well as its general configuration.

Limitations

The authors note that observations were conducted during exam hours, and in outpatient clinics only, meaning the social behavior in public areas was not fully addressed. Additionally, the online survey involved in the study had a relatively low return rate, which weakens the authors' multi-layered data. A relatively small sample size of two hospitals was used.

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