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Technical Note

Creating a better healing environment in Qatari healthcare sector: Exploring the research agenda for the future

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Abstract

Healing environment and Health Associated Infections (HAI) have been researched for more than 30 years globally. There is definitely a consensus among the researchers and practitioners about its importance. A range of issues such as knowledge management, performance management, design management and process management have been highlighted as major contributors to healing environment and HAI. This paper presents the results of a workshop conducted in Doha, Qatar with the purpose of exploring the problems encountered in the Qatari healthcare sector regarding HAI and healing environment. The major findings from the workshops indicated that there is a need for more research in the areas of knowledge management and performance management in order to better maintain healthcare facilities. The design of healthcare facilities and the implementation of green building guidelines in Qatar also need to incorporate design practices and features that can improve healing and have been researched in other parts of the world. This paper compiles the research agenda for future researchers to pursue and improve the performance and healing environment in Qatar.

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1. Introduction

Hospital design process has evolved from being just the design of a building to designing a facility that facilitates

healing and reduces the possibility of any Health Associated Infections (HAI). This has moved the focus of designers to the post-occupancy phase analysis, while conceiving the building design. There is a lot of research to suggest that issues such as knowledge management and operational occupant performance management also have to be taken into account while designing hospital facilities (May and Pitt, 2012). In addition, there is research to indicate that subtle design decisions such as location of windows and use of wall colour can have an impact on patients' healing (Mourshed and Zhao, 2012).

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The last two decades have also seen the emergence of green building guidelines across the world. The first green building guideline called Building Research Establishment Environmental Assessment Method (BREEAM) was introduced in the UK in 1990 (BRE, 2007). Since then, there has been a rapid growth in the number of green building guidelines in the world (Potbhare et al., 2009). However, one of the issues with these guidelines is too much focus on building performance and, arguably, not enough on occupant performance (Turner and Arif, 2012). One of the countries that have seen similar growth in awareness of green buildings is Qatar. Showing its commitment to green building movement Qatar launched its own sustainability rating system in 2009 that is designed to assess the environmental friendliness and energy efficiency of construction projects (Hassan et al., 2012). Initially it was called Qatar Sustainability Assessment System (QSAS). This name has now changed to Gulf Sustainability Assessment System (GSAS) reflecting the wider outreach of this assessment system.

GSAS was an attempt to address all the three dimensions of sustainability: economic, environmental, and social. Fig. 1 summarises the intent behind the development of GSAS.

GSAS has some generic principles but also has 10 application specific guidelines with one of those applications being in the healthcare sector. These guidelines deal with the project design, construction and performance. However, it is interesting to see what impact these guidelines have on the performance of healthcare facility occupants which include both staff and patients. This paper presents an exploratory study focused on healthcare facilities in Qatar. The purpose of this study is to identify the major gaps in the implementation of green building guidelines and occupant performance in healthcare facilities in Qatar. The gaps identified will help set the research agenda for the future of healthcare facility design in Qatar. The remainder of this paper is divided into five sections. The next section presents a review of the literature; it is

followed by a section on methodology. After the methodology section there is a section on the analysis of data from a workshop. This is followed by a section on discussion and finally major conclusions are presented in the last section of this paper.

2. Literature review

The review of the literature section is divided into two sub-sections. The first one discusses the performance related issues of the staff in healthcare facilities. The second one discusses the summary of the literature in the area of patient performance and the effect on their healing through the design of facilities. These two sections will represent two major stakeholder groups in any healthcare facility. The discussions presented could then be taken forward to identify issues that could be incorporated in the green building guidelines such as GSAS and address the issue of occupant performance of these healthcare facilities.

2.1. Staff performance

Healthcare Associated Infection (HAI), according to Horton and Parker (2002), is “infection which was neither present nor incubating at the time of admission but has developed during the course of a stay in hospital or other facility”.

One of the most significant challenges that hospital management faces is the prevalence of HAI (Liyange and Egbu, 2005). Perhaps one of the most famous personalities of the nursing domain; Florence Nightingale who worked in a military hospital during the Crimean was one of the pioneers of infection control. Her works are still regarded as authoritative in the nursing sector. Now it is widely recognised that a high frequency of HAI is evidence of poor quality of health service delivery, and leads to avoidable costs (World Health Organisation, 2002). This cost should be taken into account while reviewing the performance of healthcare facilities.

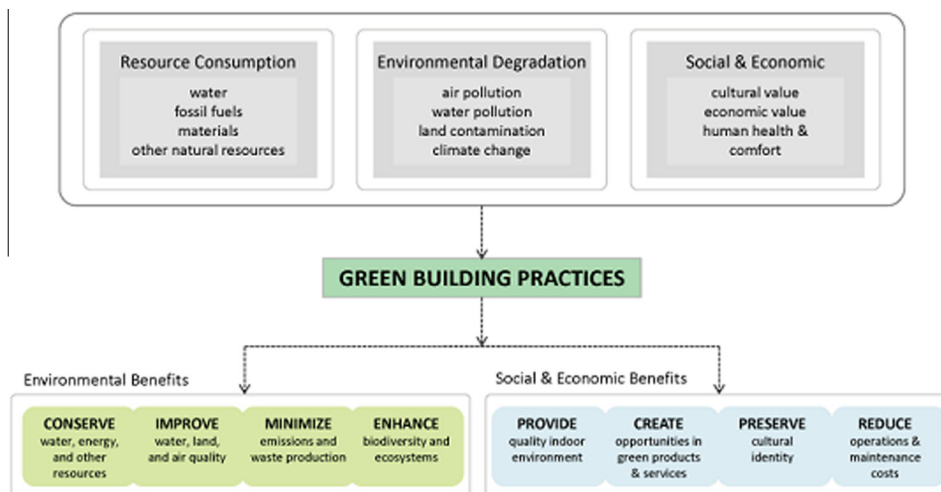


Fig. 1. GSAS vision (GORD, 2013).

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