

# THE ROLE OF SPACE IN PATIENTS' EXPERIENCE OF AN EMERGENCY DEPARTMENT: A QUALITATIVE STUDY

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## Contribution to Emergency Nursing Practice

- Raising awareness regarding patients' altered experience of the (built) environment when being admitted to the emergency department.
- Providing an improved understanding of how adaptations to the built environment affect patients and can improve their experience, thus impacting on the functioning of the department.
- Better preparing nurses for the role of design team members they are increasingly expected to play.

## Abstract

**Introduction:** Nurses are increasingly involved in the design of health care facilities. Although their experience differs from that of patients, they are often expected to represent patients in design processes. Especially in the context of an emergency department, patients' states of mind alter their experiences. Knowledge about the role of space in ED patients' experience is limited. Our study aims to gain insight into this role and thus provide ED nurses with information to better represent ED patients' perspectives in design.

**Methods:** We conducted qualitative interviews with 22 patients. The interviews were supported by visual material collected through ethnographic methods to facilitate participants' reflections on the role of space in their experience. Participants were selected during their stays at the emergency department by convenience sampling. Interviews were audio-recorded, transcribed, and analyzed in combination with the visual material through open and axial coding.

**Results:** We found that the role of space in ED patients' experiences is affected by their altered sensory awareness and shaped by material, social, and time-related aspects. These aspects are intertwined and influenced by the transient character of the emergency department.

**Discussion:** The study indicates that paying attention to the role of space yields a nuanced understanding of ED patients' experiences. The challenge for hospital designers and staff lies in taking into account patients' altered sensory awareness and in designing interventions that support staff in emphasizing a human approach without counteracting the medical-technical aspect of emergency care.

**Key words:** Material aspects; Patient experience; Semistructured interviews; Social interaction; Spatial experience; Waiting time

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In the next several years, the health care sector will face the challenge of significant renovation, expansion, and construction of new facilities.<sup>1</sup> Involvement of nursing staff in designing these facilities is increasing. Nurses are expected to speak for themselves and are asked to give a voice to patients and their relatives.<sup>2</sup> Often, nurses' perspectives do not coincide with those of patients and their families.<sup>3-5</sup> To have an informed voice, nurses need evidence of the effect of specific design features on patient, staff, and organizational outcomes.<sup>1,6</sup>

If one considers the role of space in patients' experiences, concepts such as healing environment and its hard-core counterpart, evidence-based design (EBD), come forward.<sup>7</sup> The term "EBD" was originally introduced to denote the design of environments that support patients, relatives, and staff.<sup>8</sup> Later it was adapted to evidence-based practice: that is,

design practice based on reliable evidence with clinical outcomes.<sup>9</sup> Until recently, EBD studies rarely addressed the confounding of parameters and failed to consider the impact of outcomes in a holistic way.<sup>7</sup> Most EBD studies focus on patients' primary (clinical) reactions that provide hard objective data and barely address their opinions, ideas, and views.<sup>10</sup> In an ED context, however, patients' altered states of mind have impact on the role space plays in their experiences.<sup>4</sup> Collecting this nonclinical evidence requires a more general understanding of this role, which is what this article aims to provide.

ED patients' experiences are often characterized by vulnerability, anxiety, stress, and fear.<sup>4</sup> Most important to them are the waiting time, provision of information, interaction with staff, but also the ED space.<sup>4,11,12</sup> Patients' experiences are rooted in their personal situations. Their past, present, and prospect shape their encounters with the emergency department.<sup>3</sup> The degree of urgency influences whether they perceive a visit positively or negatively.<sup>12</sup>

For ED patients' satisfaction, actual waiting time and length of stay seem relatively unimportant; what counts is their subjective experience of it.<sup>11</sup> Unoccupied time feels longer than occupied time; planned time differs from unplanned time,<sup>13</sup> and anxiety and uncertainty make waiting less endurable.<sup>11</sup> This might explain why staff members consider waiting far less important than patients do.<sup>14</sup> Patients' experience in waiting is unpleasant because of the typical ED environment, the seemingly unnecessary nature of the wait, and the uncertainty caused by a lack of information.<sup>15</sup>

ED patients' experiences are also shaped by interpersonal relations with staff and their own relatives.<sup>16,17</sup> Visiting the emergency department alters how patients experience their bodies and interact with others. Their connection with nurses is often motivated by the quality of care they desire. To avoid being regarded as unpopular, they show understanding for busy staff and often feel guilty about complaining.<sup>16</sup> They appreciate staff paying attention to them and providing information on expected waiting time or ongoing medical procedures.<sup>11,18</sup> Human care—such as staff members using humor displaying positive attitudes—is highly valued.<sup>16,19</sup> Complaints are directed seldom to staff; mostly, patients complain to relatives.<sup>16</sup> Because relatives complement staff members' roles, they are encouraged to stay with patients, which colors patients' experiences of the emergency department.<sup>20,21</sup>

Typical interior objects have impact on ED patients' experiences, as well. The stretchers on which patients are wheeled from the ambulance into the emergency department and on which patients lie in wait, feel hard and cold when no blankets are provided; this creates discomfort, especially for the older patient.<sup>22</sup> Examination rooms look sterile and dull, offering little relief or distraction.<sup>3</sup> At busy moments, patients and stretchers are parked in hallways, under bright lights, amid noise and bustle,<sup>16</sup> where privacy and, thus, patient

dignity are hard to find.<sup>15</sup> Noise can be disturbing<sup>22</sup> or can raise expectations and create disappointment.<sup>3</sup>

Patients value experiential aspects more than clinical elements.<sup>14</sup> If emergency departments are to become truly patient centered, hospital designers and nursing staff need a keen understanding of the role of space in patients' experiences.

## Methods

### STUDY DESIGN

To investigate the role of space in ED patients' experiences, we adopted a qualitative approach based on open interviews and supported by visual material.<sup>23</sup> As many people lack the vocabulary to express their spatial experiences,<sup>23</sup> we used photographs and videos as foundations for reflection during the interviews.<sup>24,25</sup> This material was collected through visual ethnographic methods,<sup>26,27</sup> permitting to address the complex interaction among different aspects of the built environment. The diversity and flexibility of the approach made it appealing to a diverse group of patients admitted to the emergency department, allowing them to feel comfortable in participating.

### SAMPLE

The first author (henceforth, the researcher) was present at the emergency department for 2 days a week during 4 weeks in April and May of 2013. The staff knew the purpose of her presence. The nurses selected participants based on their medical conditions and ability to participate in interviews (convenience sampling). All patients admitted at the time of the study were considered, without differentiating among specific groups. Seriously ill or injured patients were excluded, as they could not be interviewed during their stay in the emergency department.

Twenty-four patients agreed to partake in the study; 22 actually did (9 men, 14 women). The other 2 never finished the interview because of interruptions for medical treatment. Participants were aged between 18 and 91; half of them were older than 65 and accompanied by relatives. Fifteen stayed in cubicles, and 7 were assigned to rooms.

### SETTING

The study was conducted at the emergency department of a suburban middle-scale hospital (610 beds) in a Belgian city, which was finalizing a refurbishment at that time. Most of the spaces were finished and looked clean and tidy.

### HUMAN SUBJECTS PROTECTION

Approval for the study was given by the hospital's ethical committee. Before each interview, the researcher identified

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