



KEY POINT SUMMARY

OBJECTIVES

Based on the outcomes of a study that gathered staff input about the features that most needed improvement, this study evaluated staff response to specific design changes and individual design features (e.g., furniture, plants, wallpaper, paint, and lighting) in a day hall of a psychiatric ward.

Psychiatric Ward Renovation: Staff Perception and Patient Behavior

Devlin, A. S., 1992 | *Environment and Behavior*. Volume 24, Issue 1, Pages 66-84

Key Concepts/Context

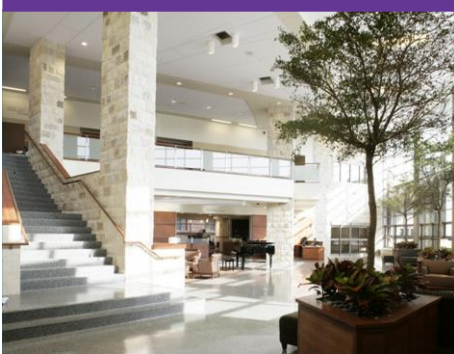
Recent research suggests that the physical environment is important for psychiatric rehabilitation. Even small improvements can create a more caring environment and increase the social interaction among psychiatric patients who are typically characterized by rigid spatial behavior. In planning those improvements, broad input among users, especially staff, has been recommended.

Methods

The researcher surveyed psychiatric ward staff and asked them to rate environmental variables pre- and postrenovation. The investigator also collected behavioral mapping data for both patients and staff on one of the wards pre- and postrenovation.

Findings

The researcher reported that the new furnishings and plants improved staff's assessment of these variables from pre- to postrenovation, with plants being assessed as the most uniformly positive addition. They also noted that the findings indicated that staff desired even brighter lights in the hallways and at the bedside. Further, the investigators stated that the patient population served and personal characteristics of staff were perceived to have a greater impact on staff perception than the environment. That is, staff members who cared for a less difficult population (i.e., geriatric patients) and staff members who were judged to have a higher morale rate environmental variables more favorably than staff caring for more clinically challenging populations (i.e., patients with neuropsychiatric or medical conditions). Finally, the study showed modest behavior change following the renovation, but the overall pattern remained the same (e.g., patients in the day hall and staff at the nursing station). The authors conclude that the outcomes of this



The Center for Health Design: Moving Healthcare Forward

The Center for Health Design advances best practices and empowers healthcare leaders with quality research that demonstrates the value of design to improve health outcomes, patient experience of care, and provider/staff satisfaction and performance.

Learn more at
www.healthdesign.org

study highlight the importance of supervisory support to maximize the benefit of environmental improvements.

Limitations

The findings of this study have limited generalizability, as do all case studies. Other limitations of this study were that there was no control group and the renovation took place simultaneously, which makes it difficult to establish a cause and effect relationship between behavioral outcomes and individual variables. The variables rated as most important by staff (i.e., ventilation and acoustics) could not be attended to as a part of this study due to cost limitations.

Design Implications

Staff areas and patient areas should be carefully thought out to either encourage interaction or provide visual and acoustic privacy. Finishes, furnishings, and equipment should be selected based on the nuances of the populations and areas served rather than purchased in bulk and distributed to all parts of a building. Additionally, furnishings need to be located where the pieces do not obstruct the flow of circulation or inhibit wheelchair navigation. Plants should be integrated to the greatest degree possible with care taken to avoid noxious species. Renovation changes need to be dramatic enough that a change is readily apparent to staff. Finally, it is helpful to work closely with staff to determine which changes are appropriate and to determine when changes need to be taken further (i.e., lighting).

The Knowledge Repository is a collaborative effort with our partners

Academy of Architecture for Health
an AIA Knowledge Community

A-AHF

ASHE
Optimizing health care facilities

Design for Aging
an AIA Knowledge Community

The American Institute of Architects

FGI

NIHD | Nursing Institute for Healthcare Design
TRANSFORMING STUDENT EXPERIENCES

RESEARCH DESIGN CONNECTIONS