



KEY POINT SUMMARY

OBJECTIVES

This study examines the perceptions of Indigenous patient populations of waiting room designs and derives potentially beneficial design decisions from these perceptions.

Cross-cultural design and healthcare waiting rooms for indigenous people in regional Australia

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Key Concepts/Context

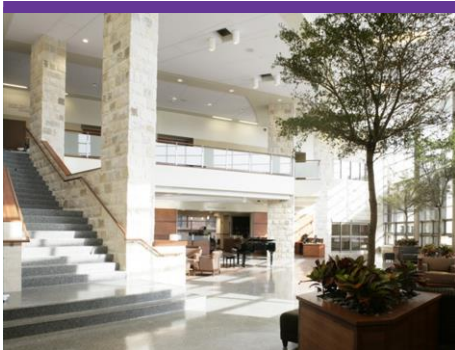
There is a lack of research exploring how modern medical waiting areas are perceived by Indigenous populations, and how these spaces might be improved to enhance the delivery of care. This study indicates that waiting rooms that offer the capacity to visually survey waiting areas and choose from a variety of seating options would be beneficial, as well as alternative waiting spaces outdoors, decorations featuring Indigenous art and social identity, and play areas for children.

Methods

This study took place in northern Queensland, Australia, and involved participants from two distinct Indigenous populations (Aboriginal people and Torres Strait Islander people). Participants provided data by completing surveys or semi-structured interviews in different healthcare locations (Townsville, Mt. Isa, Palm Island, or Dajarra). Specific geographical areas were selected to account for Indigenous patient populations that were historically isolated from access to larger, more modern healthcare facility resources.

602 participants took part in the survey portion of the study. The survey consisted of two parts. The first part featured open- and closed-ended questions concerning attitudes and experiences related to the physical aspects of waiting rooms in healthcare settings, along with other general questions concerning hospital visits, doctor consultations, overall well-being, healthcare attitudes and behavior, demographics, culture, and health conditions. The second part of the survey featured images of healthcare settings and waiting rooms for the participants to rank and compare.

A total of 55 semi-structured interviews (between 30 to 75 minutes in duration) were conducted. The interviews focused on patient and visitor experiences of



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hospital and clinical settings, as well as experiences in waiting rooms. Raw data from all interviews were organized into frequently occurring themes.

Additionally, two group interviews and four individual interviews were conducted with Indigenous Liaison Officers (ILOs), whose role was to engage with patients who identified as Aboriginal or Torres Strait Islander people. These interviews featured semi-structured questions concerning their experiences and observations while engaging with Indigenous patients and their family members.

Findings

Results from the image-based survey found that 57% of participants preferred a double-height ceiling; a significantly higher number of those who chose the high ceilings had received a university education. Participants who had avoided visiting a hospital within the prior 12 months (47% of total respondents) were significantly more likely to choose the higher ceiling.

Primary design-related themes suggested by the participants' responses concerned waiting room circulation spaces and seating arrangements, the availability of alternative outdoor waiting spaces, the presence of Indigenous art and other imagery that promoted Indigenous social identity, and the availability of separate areas for children to play.

The responses suggest that waiting areas and circulatory spaces around the waiting room should be designed to allow for patients to visually survey these spaces more easily, allowing them to choose how to engage with the existing social dynamic within the space. Similarly, a variety of seating options should be offered so that patients are allowed to choose where they sit relative to other people.

The respondents also indicated a strong preference for views of the outdoors, even suggesting an alternative waiting space outdoors that could help decongest indoor spaces while granting added access to nature.

Artwork and imagery related to Indigenous cultures could help promote a sense of welcoming while promoting positive distractions during waiting periods.

Respondents indicated that the presence of such artwork and imagery helped mitigate feelings of institutional racism and associated feelings of shame for entering alien spaces such as modern clinics.

Lastly, separate areas for children to play with space for family support could help visiting patients from feeling like their presence is causing stress for other patients. For some parents, the difficulty of bringing a child to appointments could outweigh the perceived benefits of waiting for and receiving treatment.



Limitations

The authors note that this study focuses on very distinctive Indigenous cultural constructs and perceptions; therefore, the study's findings could be applicable to other cultural groups, but further analysis of other groups' characteristics and preferences is still needed. Images used during the image-based survey depicted a "generic hospital-like waiting room," but respondents were ultimately influenced by their own experiences visiting a range of different healthcare facilities. The authors acknowledge that their results may have had a potential for bias or omissions by virtue of the fact that the research was led by non-Indigenous academics.

Design Implications

In order to make waiting areas more accessible and pleasant for Indigenous populations, designers could consider implementing high-visibility waiting areas with a variety of seating options, optional outdoor waiting areas where feasible, separate areas for children to play with family support, and relevant art or cultural imagery as decoration.

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