



KEY POINT SUMMARY

OBJECTIVES

The study examined the social implications of changing the waiting room/treatment experience in a pediatric BMT clinic from a traditional layout with individual treatment rooms and a common waiting area to a layout with one large room that was used for waiting and treatment, except under some very specific situations requiring more privacy for patients/caregivers (i.e., a thorough physical exam of the patient was required or doctors want to talk privately with parents).

Parental Views of the Social Environment of an Outpatient Bone Marrow Transplant Clinic

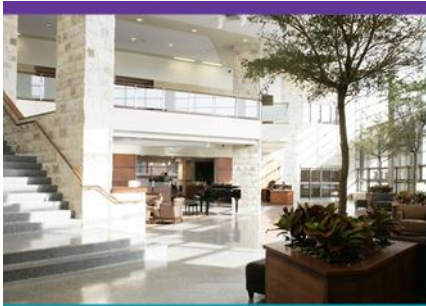
Pritchett, J. K., Buckner, E. B.
2004 | *Journal of Pediatric Oncology Nursing*
Volume 21, Issue 5, Pages 264-270

Key Concepts/Context

Researchers learned that when the waiting room was eliminated and all patients and caregivers at a pediatric bone marrow transplant (BMT) clinic waited and received treatment in a single room with all the other patients and caregivers (except for in certain specific situations, as noted below), a social environment developed that was, the authors state, “complementary to the technical aspects of medical care.”

Methods

The pediatric patients whose parents answered questions on a written survey were 1.5 to 19 years old and visited the BMT clinic one to three times a week for periods of between 2 and 8 hours. The survey had 20 questions, and completed questionnaires were placed in a folder in the clinic. Responses were confidential. Seventeen surveys were returned, which was viewed as a fairly good response rate by the researchers because of the small size of the potential survey sample. All questions were answered on a 5-point scale (with a neutral middle option) ranging from strongly disagree to strongly agree. Topics covered included social support, privacy, quality of care, whether parents compared their children to other children being treated, how well the parent thought they were coping with their child’s illness and transplant, if the clinic met the parent’s and child’s needs, and demographic information about the parents and children. Parents could also make suggestions or provide comments.



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Findings

Parents preferred the one large waiting and treatment room layout to a more conventional design with a communal waiting room but individual treatment rooms. The informal social support experienced by the parents and patients was seen as a particular strength of the single large room configuration. Parents felt that their children were treated more quickly in the one large room configuration and that they could also communicate more easily with healthcare providers in this environment. Some parents did have issues with privacy, but, the authors state, “Overall, the parents reported the advantages of this clinic [one large room layout] outweighed the possible negative aspects.” As a result of the Health Insurance Portability and Accountability Act (HIPAA) that was implemented in 2003, a change was made after the study period to the way the large room layout areas were used; patients were assessed in the private treatment rooms after HIPAA’s implementation.

Limitations

- The sample size was small.
- There was no control setting.
- All research was conducted at a single site and differences might be found with treatment facilities in other states and countries.

Design Implications

As the researchers state, “Waiting rooms and clinics have the ability to foster [through their design] a social environment that can complement the technical aspects of medical care.” All facilities developed must now reflect HIPAA requirements.