



KEY POINT SUMMARY

OBJECTIVES

To identify the factors within garden environments that influence usage by elderly patients in elderly care facilities (ECFs).

What makes a garden in the elderly care facility well used?

Shi, S. L., Tong, C. M., Marcus, C. C. 2019 | *Landscape Research, Volume 44, Issue 2, Pages 256-269*

Key Concepts/Context

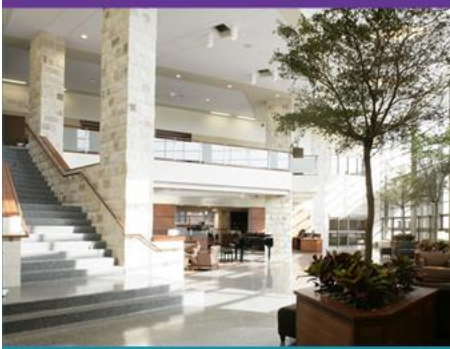
The World Health Organization estimates that by 2050, 22% of the world's population will be over the age of 60. As the population of this age group continually increases, healthcare providers are constantly striving to improve the quality of long-term care facilities so that they can provide better experiences for elderly patients. Several previous studies have shown that providing access to natural environments, such as garden areas, can reduce stress, promote healthy recovery, and improve the overall quality of patient life in elderly care facilities (ECFs). In order to optimize the benefits associated with patient access to gardens, further research is needed to understand which specific garden features play significant roles in promoting positive patient experiences.

Methods

The authors identified two ECFs that featured garden facilities and recruited them for involvement in this study. ECF 1 featured a ground-level garden with a total area of 8850 m² and was newly renovated in 2012 (two years prior to this study). ECF 2 was a "podium rooftop garden" with a total area of 160 m². The authors noted the physical features of each garden, including patient access routes, plant populations, and overall maintenance conditions. Individual and semi-structured group interviews were conducted with ECF patients and staff (17 residents in ECF 1 and 20 residents in ECF 2; 16 staff in ECF 1 and 11 staff in ECF 2) to gather qualitative data on perceptions and uses of the gardens. Field observations of garden usage were conducted during the hours of 9:00-13:00 and 14:00-18:00 on one weekday and weekend in both March and April of 2014.

Findings

Important features and characteristics of both gardens were revealed through the staff and patient interviews and field observations. Organized activities within the



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gardens were valued by both parties, and limited access to such activities was seen as a major detriment to usage and overall enjoyment. Particularly popular activities included the planting and harvesting of vegetables. Garden size played a large role in activity levels and yearly cycles of maintenance. The authors deduced that gardens should be scaled adequately to the ECF's overall size, but generally smaller gardens could be easier to maintain and access.

Limitations

This study took place at two facilities within a densely populated urban region; the preferences for garden sizes, activities, and general appearances may vary widely depending on patient and staff populations. All data were gathered over a relatively short period of time (four days in total, eight hours on each day); a longer study period may have produced different outcomes regarding observed garden usage and patient preferences over time.

Design Implications

Garden spaces within elderly care facilities can help promote healthy activities and higher quality of life among both patients and staff; as a general guideline, the authors suggest that smaller gardens with space for planned activities might suit most facilities. Providing easy access to gardens is a necessity for regular usage and maintenance.

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