SYNOPSIS

KEY POINT SUMMARY

OBJECTIVES

To investigate the perceptions and experiences of hospital staff caring for dying patients within a dedicated patient and family room known as the "Lotus Room."

DESIGN IMPLICATIONS

If possible, private spaces for families and dying patients could be provided within an acute care environment. Enough room for family members to visit would greatly enhance the value of the room for both the patient and those grieving. Light colors, natural lighting, plants, and artwork could help improve the effectiveness of the space.

Finding privacy from a public death: A qualitative exploration of how a dedicated space for end-of-life care in an acute hospital impacts on dying patients and their families

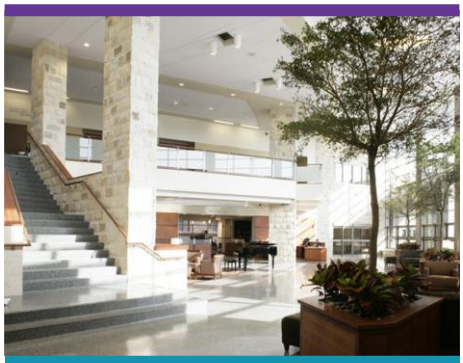
Slatyer, S., Pienaar, C., Williams, A. M., Proctor, K., & Hewitt, L. 2015 | *Journal of Clinical Nursing* Volume 24, Issue 15-16, Pages 2164-2174

Key Concepts/Context

Seriously ill patients die in hospitals around the world, and previous studies have shown that the factors that constitute a "good death" from the perspective of patients include control, comfort, family inclusion, sensitive communication, and peace. The quality of care provided to dying patients affects not only the patients, but bereaved families as well. It is therefore important for hospital environments to carefully consider the resources they provide towards quality end-of-life care. One Australian hospital designed a large space dedicated to dying patients from departments throughout the hospital. This space, called the "Lotus Room," gives privacy to dying patients and allows family members to surround the patient in an area outside of a critical care unit.

Methods

- 17 multidisciplinary staff members were interviewed, including nine nurses, two doctors, four allied health, and two support staff members. Seven families were also interviewed.
- Private interviews were conducted between the authors and individuals in a semi-structured fashion. They were digitally recorded and entailed eight to 10 open-ended questions, such as, "Was there anything that made it easier to care for patients and families in the Lotus room?", "Was there anything that made it more difficult?", "How do you think the family being there affects the patient and staff?", and "Some people have called the Lotus Room a gift; what does that bring to mind for you?"
- All interviews were transcribed from digital recordings and analyzed using the constant comparison method to descriptive level.



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

- The Lotus Room was larger than a standard hospital room: approximately 5m by 6m. Included were painting in pastel colors with framed images on the walls, a hospital bed with advanced functions, a queen-size foldout sofa bed, a coffee table, two reclining armchairs, a portable screen, a wall-mounted television screen, lamps, a washbasin, a refrigerator, a kettle, and crockery and glasses for refreshments. Medical equipment was housed in a small cupboard.

Findings

All families interviewed deeply valued their experiences; there was no negative feedback from this sample group. Multiple staff members commented on the value of privacy and proximity to family, while also noting that the existence of the Lotus Room itself sent a message of caring and nurturing from the hospital.

Limitations

Since this study was performed in one hospital and with a small sample size, the results cannot be generalized to other settings and situations. The authors recognize that staff perceptions do not fully capture the experiences of families and patients.

The Knowledge Repository is provided with the funding support of:

AIA Academy of Architecture for Health of the American Institute of Architects

ASHE American Society for Healthcare Engineering, A personal membership group of the American Hospital Association

AAHF Academy of Architecture for Health Foundation

FGI

Additional key point summaries provided by:

NIHD Nursing Institute for Healthcare Design · LEADERSHIP · EDUCATION · ADVOCACY

RESEARCH·DESIGN connections