Room for caring: patients’ experiences of well-being, relief, and hope during serious illness


Key Concepts/Context

The positive impact of pleasing hospital aesthetics, both in terms of uplifted moods and improved health outcomes in patients, has been documented and discussed throughout history. From ancient Greeks to Florence Nightingale to modern evidence-based health design, the belief that the hospital environment itself, apart from its technical and clinical abilities, actively contributes to the healing process has resurfaced repeatedly. Despite this, scarcely any empirical research has been done to show how seriously ill patients personally experience their hospital rooms, and what these experiences mean to them during the healing process.

Methods

- Six women and six men suffering from potentially life-threatening illnesses including cancer, severe lung disease, heart embolisms, and liver cirrhosis participated in qualitative interviews with the authors. Ten patients were capable of walking throughout the ward, one patient had very limited mobility, and one was completely bedridden. The length of each patient’s stay in the hospital ranged from only a few days to several weeks.
- Participants were interviewed 29 times over eight months, allowing elaboration and clarification on their feelings towards their environment. All but one patient gave more than one interview; the patient interviewed only once was transferred. Two primary questions were, “How do you experience the room you are staying in?” and “Please tell me about your first impression of the room you are staying in.” In order to incite further elaboration, interviewers would often ask, “Would you please elaborate further on that?”, or “How do you feel about that, could you give an example?” These interviews were 40 to 90 minutes in length, with final interviews lasting only 15 minutes. Data were either tape recorded and transcribed, or documented through field notes.
In addition to the interviews, the authors completed a total of 29 20-minute observations of all patient rooms, writing down field notes immediately after interviews ended.

All patient rooms were in wards on the second and seventh floors of a hospital, all with outdoor views of water, trees, and other green areas. All patient rooms were furnished with white and gray beds, gray bed tables, and brown armchairs. The seventh floor had white walls with no decoration, but had newly added large windows, while the second floor had some light blue and green paint in some areas and smaller windows. All patients were permitted to go outdoors on a terrace near their rooms.

Data were analyzed using Ricoeur’s phenomenological-hermeneutic theory of interpretation, which evaluates text through the three phases of naïve reading, structural analysis, and comprehensive understanding.

**Findings**

Analysis of the interviews revealed that views of nature and natural lighting in patient rooms played significant roles in generating positive, supportive thoughts and emotions in these terminally ill patients. Views of nature were particularly effective in provoking pleasant memories in the patients, which they claimed gave their lives meaning even in the face of serious illness. Textual analysis using Ricoeur’s method showed that nearly all positive sensory impressions arising within the patients were derived from their abilities to come into contact with nature.

**Design Implications**

Windows, especially large ones that let in natural light, were unanimously valued by all participants because of the positive thoughts and memories their views generated. Fresh air and some level of access to the outdoors for the patients could help promote mobility and more positive outlooks. Situating treatment centers near trees, waterfronts, or other scenic environments could amplify these effects. Though only briefly mentioned in this study, certain shades of wall paint, such as light blues and greens, might also detract from a drab environment and promote better moods.
Limitations

This study uses a small sample size of patients over a short period of time within a single location. The data are purely qualitative, and all of the patients are facing similar situations in being terminally ill; this places a unique emphasis on aesthetic importance that might not be as applicable to other patients in other hospitals facing different situations. The textual analyses focuses almost entirely on positive experiences and feelings described by the patients; negative feelings about certain aspects of the hospital could be just as revealing and helpful as positive ones.