

The hospital's physical environmental effects on palliative patients and families

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Introduction

- Despite a preference to die at home, over half the population will die in hospitals¹
- Acute hospital environments are often not suitable for palliative and end-of-life [EOL] patients due to clinical ambience, aesthetics and focus²
- Palliative and EOL patients prefer pleasant spaces, privacy, nature views and a slower pace²
- Environmental factors influence behaviour and emotions, affecting quality of life³

Aim

The aim was to conduct a meta-synthesis to examine how palliative and EOL patients and their families were effected by the physical hospital environment when receiving care in the acute wards or palliative care unit

Methods

- A systemised search of published qualitative papers published between 2010 to 2020 following PRISMA guidelines was conducted using 4 databases
- 12 qualitative, international, English research papers focusing on the physical hospital environment affecting palliative and EOL adult patients and families were critically appraised and included for review
- A combination of thematic analysis⁴ and meta-ethnography⁵ techniques were combined to analyse and synthesise the papers as shown in Figure 1.

Methods cont.

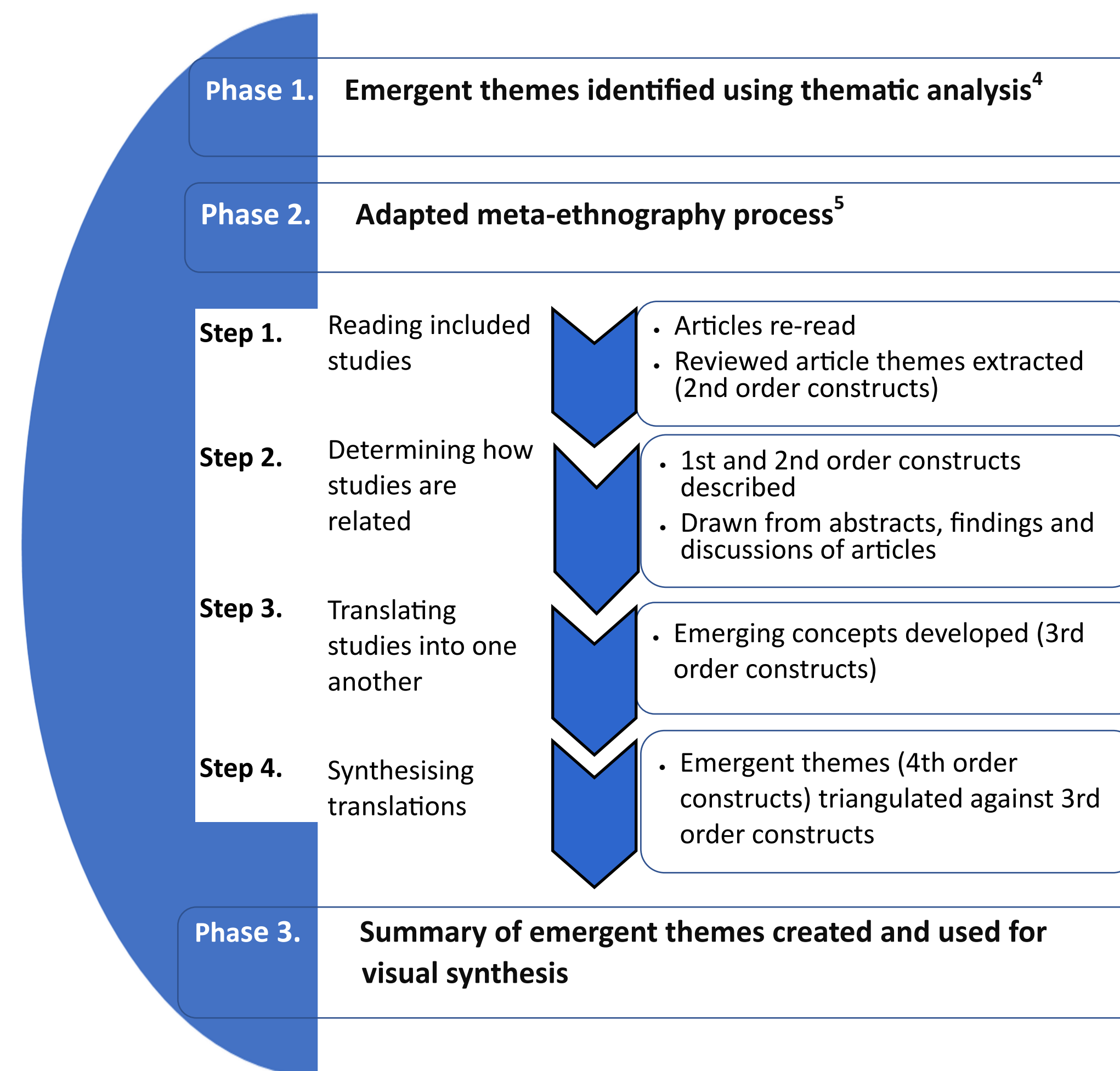


Figure 1. Meta-synthesis process flowchart

Results

- Five themes emerged, represented by the SSAFeR Place approach concept model (Figure 2) of the environmental factors important to palliative and EOL patients and families
- The environmental factors produced emotive responses

Results cont.

- For some patients, hospital felt safer than being at home
- Small personal items helped to create familiarity and belonging

- Shared rooms held advantages such as moral support and socialising but were noisy, lacked privacy and space for visitors
- Seldom were patients asked for their room type preference

- Patients and family wanted a more home-like, peaceful feel with warmer colours, tranquil artwork, cosy nooks, nature

- Large rooms allowing family to gather, sleep or conduct cultural or religious practises, and access to amenities were important
- A private space/room to talk away from the patient was important

- Ambulant patients were able to seek out places to reflect
- Natural light streaming in through a window allowed hope, a distraction and recall of precious memories



Figure 2. The SSAFeR Place approach concept model

References

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- ⁵ Noblit, G.W., & Hare, R.D. (1988). *Meta-ethnography synthesizing qualitative studies*. SAGE Publications, Inc.