

## **How does the environment impact on the quality of life of advanced cancer patients? A qualitative study with implications for ward design**

**Reference:** J Rowlands Department of Palliative Care, Velindre Hospital, Whitchurch, Cardiff and S Noble Department of Palliative Medicine, Cardiff University and Royal Gwent Hospital, Cardiff. **Palliative Medicine (2008); 22: 768–774**

**Presented by:** Dr. Genevieve Eder, June 11, 2014

**Abstract:** It is well recognized that the ward environment has an effect on patients' quality of life and may, therefore, impact on the quality of end of life care. The body of evidence that informs ward design policy recommends single-bedded rooms on grounds of reduced infection risk, noise and versatility. Considering the majority of anticipated patient deaths occurring in hospitals, the quality of life aspects of ward design should also be considered. The aim of this study is to explore the views of patients with advanced cancer on the effect the ward environment has on their overall well-being. Semi- structured interviews exploring the experiences of 12 inpatients at a regional cancer centre were recorded and transcribed verbatim. Transcripts were analysed for emerging themes until theoretical saturation. Four major themes emerged: staff behaviours, the immediate environment, single vs. multi-bedded rooms and contact with the out- side environment. The attitude, competence and helpfulness of the staff creates the atmosphere of the ward regardless of layout, furnishings, equipment and décor. The majority of the patients in this study expressed a strong preference for a multi-bedded room when they were well enough to interact and a single cubicle when they were very ill or dying, which opposes the current advice for building new hospitals with all single rooms. Although the current policy recommends the use of single-bedded rooms, this study suggests the need for a mix of multi-bedded wards and single rooms with respect to the impact of the environment on patient quality of life. *Palliative Medicine* (2008); 22: 768–774

### **Strengths:**

- Phenomenological approach
- Reasonable variety of age groups represented
- Heterogeneity of cancer diagnosis
- Patients had advanced cancer (so it is likely applicable to a palliative population)
- Checks in place to avoid interviewing patients who were confused/delirious

### **Weaknesses:**

- Very small sample size (N= 12)

- Single UK hospital
- Very specific population of patients
- Female predominant (8/12)
- Cancer patients only

**Applicability to Palliative Care:** The common belief that patients prefer single rooms (as shown in other studies conducted mainly in the US) was challenged in this article. Patients going through similar struggles and challenges may offer therapeutic benefit to others around them, and this benefit may be increased if patients are housed in the same hospital room. The option of moving to a private room, should the need arise, was important to most patients. These findings may help guide hospital policy makers to either increase the amount of space set aside for common areas, or to consider creating a balance of both private and semi-private rooms, with flexibility of assigning patients to either room depending on the individual clinical picture. Future hospital designs may benefit from more windows with views towards nature/outdoors. If this is not possible, artwork with nature themes hung in patients rooms was listed a possible counter solution. Whether or not the results from a small group of UK cancer patients is generalizable to the average Canadian palliative patient remains to be determined.