

The physical environment of care for older in-patients at the end of life

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Background

- I have worked for many years as a ‘hands-on’ nurse in palliative care and oncology.
- My interest in the physical environment of hospices developed through:
 - MMedSci dissertation
 - Involvement in an application for DH funding under the Capital Grants Programme (£40million was given specifically to improve the physical environment of hospices for older people).



My Question

- ‘What evidence is there about the specific environmental needs of older people who are near the end of life and are cared for in hospices or similar institutions?’
- Narrative review of the literature, funded by a CECo scholarship.



Inclusion Criteria

- Empirical papers (qualitative and quantitative)
- Published in English
- Published from January 1997 onwards
- All/most participants aged 65 years or over
- Examining care in the last year of life, for older people with any medical diagnosis
- Examining the physical environment, eg location, interior/exterior design
- In-patient units (hospital, hospice, care home)



The literature search identified 575 papers

29 papers met the criteria for inclusion

Country

- N. America: 18
- UK: 6
- Sweden: 2
- Australia: 1
- Switzerland: 1
- Multi- national: 1

Setting

- Care Home: 18
- Hospital: 7
- Hospice: 3
- Multi-setting: 1

Methods

- Interviews: 23
- Observation: 9
- Questionnaires and surveys: 9
- Event analysis: 4
- Focus groups: 1
- Assessment tool: 1

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No. of papers which include the views of patients, families or staff

- Patients: 17
- Families: 16
- Staff: 12

Ethnicity of patients

- Only stated in 15/29 papers
- Predominantly White patients
- Some African American, Hispanic, Chinese and Filipino patients

Diagnosis of the patients in each study

- Non-cancer: 19
- Cancer: 8
- Dementia only: 2

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Four main themes were identified:

- Homeliness
- Social Interaction
- Caring
- Spirituality

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Homeliness

- A difficult concept to define
- Interior design rarely mentioned
- Feelings of attachment to bed area - personalisation of space, dislike of moving
- Feelings of safety vs feelings of 'prison'
- Enjoyment of outdoor spaces

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Social Interaction

- Many patients stated that they were lonely and bored (these issues were rarely mentioned by staff/families)
- Important to maintain contact with family (visits, phone calls etc)
- Some preferred single rooms (privacy and control) but others wanted to share (support and security)
- Patients and families disliked other peoples' noise (TV, radio, staff talking loudly)

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Caring

- Many units had low staffing levels
- Care and support was often provided by families and other patients
- It was often difficult for staff to monitor and care for patients because of the layout of the building (eg long corridors, lack of space)
- Family members often preferred to sleep at the bedside at the end of life

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Spirituality

- Many older people and families had a strong religious faith
- Privacy was often important for worship and meditation
- Chapels/faith rooms and gardens were also used
- Bereaved families often returned for memorial services

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Conclusions

- Important not to make assumptions about environmental needs-more research needed!
- Assessment and review of environmental needs should form part of care planning
- Consider the needs of all users of the building (patients, families, staff)



Outcomes

- Journal article: Rigby, J, Payne, S and Froggatt, K (2010) *What evidence is there about the specific environmental needs of older people who are near the end of life and are cared for in hospices or similar institutions? A literature review.* Palliative Medicine 24(3): 268-285
- July – Sept 2010: Visited end of life care settings for older people in England, Australia and Sweden (funded by a Florence Nightingale Travel Award)
- Received a further small grant from CECo (to analyse application forms for DH Capital Grants)
- Jan 2011 - Part time PhD at Lancaster University

