

The Building, Growth and Applications of a Model for Holistic Healing Environments

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Introduction

How can we optimize the fit between patients, families, staff and the healthcare environments they use? How can we avoid unnecessary stress, increase well-being and provide for a continuation of everyday life?

The model presented in this study was developed to conceptualize a healing environment for children's hospitals. Over the years, this model has been applied for and adapted to studies in general hospitals, senior housing, and psychiatric wards.

This presentation will explain the development of the original model of healing environments, and its growth and applications to other healthcare settings.

Research question

The primary goal of the original study was to develop a conceptual model of children's hospitals as holistic healing environments. The primary focus of the model is to maintain to the maximal degree possible the qualities of everyday life for children and their families. This is based on the principle of reducing stress while in the hospital and easing transitions into and out of the hospital.

Methods

To build a conceptual model from the synthesis of current knowledge, a preliminary model with seven dimensions of healing was created based on an extensive analysis of the literature on healing environments. In addition, interviews and observations at a children's hospital were conducted with parents, patients, and staff to complement what was found in the literature. This model was then used to design a study of the transition from an old to a new children's hospital building. Interviews, participant observation, behavioral mapping, and questionnaires were used to assess how patients, parents and staff experienced the old

and the new hospital as a healing environment, and to quantify and compare indicators of healing such as mobility and activity of patients. The data found in the case study were used to more richly conceptualize a holistic healing environment for children, to modify the dimensions, and thereby to revise the model.

Result

While previous studies resulted in lists of relevant dimensions of healing for patients (e.g. Rubin et al., 1998) the novelty of the revised model is that it integrates the needs and concerns for patients, parents and staff into *one* model of a holistic healing environment. It contains nine dimensions: meeting basic physiological needs, feeling safe and secure, maximizing agency and control, facilitating social support, enabling everyday behavior, providing distraction and engagement, normalizing the environment, and supporting parents and staff in their caring roles.

Discussion

The significance and unique contribution of the model is that by conceptualizing what a holistic healing environment consists of, and what the primary design-healing relationships are for the different users, we now have a coherent and comprehensive behavioral base for designing healthcare environments with positive effects on the healing process. This model formed the base for the development of instruments that have been applied to various healthcare settings.

The strength of the model is its adaptability to different environments while always keeping in perspective the needs and wishes of the three distinct user groups: patients, visitors and staff.

References

- Rubin, H.R., Owens, A.J., & Golden, G. (1998). *Status Report (1998): An investigation to determine whether the built environment affects patients' medical outcomes*. Martinez, CA: The Center for Health Design.
- Vos, F. de, (2006). *Building a model of holistic healing environments for children's hospitals*. Dissertation, City University of New York.