

Can an ICU-patient room promote wellbeing and improve healthcare quality?

**Professional Practice topics:** Evidence-based Practice

Berit Lindahl, CCRN, RNT, PhD, Professor (Presenter)

<sup>1</sup>: University of Borås, Sweden, Faculty of Caring Sciences, Work Life & Social Welfare, University of Borås, SE-501 90 Borås, Sweden E-mail: [berit.lindahl@hb.se](mailto:berit.lindahl@hb.se)

Co-authors: Morgan Andersson, architect, senior lecturer Chalmers University of Technology, Department of Architecture, SE-412 96 Gothenburg, Sweden and Isabel Fridh, Associated Professor <sup>1</sup>.

**Aim:** To present novel reflections on environment regarding the design of the patient room in intensive care units (ICUs).

**Introduction:** An ICU and the patient room in particular, is a protected and closed area in that other hospital staff and visitors have no immediate access to such environment. The ICU environment often appears frightening to patients and their loved ones due to presence of technology and advanced treatments. There is evidence that sounds, light, sleep deprivation and ICU delirium impact on patients' health and recovery. Research has described negative effects of ICU environment to staff concerning noise, high work-load, heavy responsibilities and a complex psychological proximity to patients and their loved ones. A health care environment and patient room should be safe and attractive to staff so that they continue to contribute to caring processes. However, research about ICU's physical environment and ICU-patient room design are sparse and thus evidence about how to design such areas is weak.

**Recommendations:** Recommendations based on evaluation of a research program concerning evidence-based design in ICU-patient rooms will be shared. Components like light, sound environment, shape, colours, decoration and view to nature will be presented, pros and con with single rooms and the concepts privacy and control will be articulated. The research program was performed within a caring science perspective and so far it has generated three PhD theses with a fourth on its way. Directions for further research such as interdisciplinary collaboration, the need for development of the meta-paradigm concept environment will be suggested. The latter needs to be theorized, problematized and practically explored. ICU-nurses, nursing researchers and former patients should collaborate with architects, building planners and economists in planning of new ICUs. Concepts like enriching and healing environments should be a part of ICU-nurses education curricula.