

## Young people and healthcare. Part I: Experience of the hospital environment.

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## **Abstract**

National Health Service policy in the UK recommends that the hospital built environment should cater for the needs of younger and older children, adolescents and carers. However, previous studies have indicated that it is a challenge to address the needs of such a wide age range, and that hospital design and systems typically are more age-appropriate for young children than for adolescents. The aim of the present study is to explore how adolescents who have not been regular patients experience the hospital environment. Using a qualitative methodology, we explore the responses of four young people who participated in a hospital intervention study. Results suggest that a paediatric ward designed specifically for adolescents was experienced positively by participants. Other areas of the hospital serving a wide age range of patients (Emergency Department and Radiography, for example) were not experienced as positively. Implications for hospital design, staff training and future research are explored.

**Keywords:** hospital environment, adolescents.

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## Introduction

Each year 16% of 5-15 year olds are admitted to hospital in the UK; children account for 30% of the workload of Accident and Emergency departments; and every major general hospital in the country has a Pediatric department. Therefore anything that affects the experiences that children have in the hospital environment in a positive way will benefit a large proportion of the population (UK Department of Health, 1993).

The 2001 Kennedy Report was highly critical of hospital facilities that failed to acknowledge the differing needs of children and adults (BRI Inquiry Final Report, 2001) suggesting that ‘children and their healthcare needs must be given a higher priority in the NHS’ (p12). Current policy for the built hospital environment aims to meet the ‘differing needs of small children, older children, adolescents and carers’ (NHS Estates 2003). Government initiatives such as the National Services Framework for Children, Adolescents and Maternity Services (Department of Health (DoH), 2004a) and Improving the Patient Experience (DoH, 2004b) have emphasised the need to make hospitals more child-centred.

There is limited research focusing on child and adolescents’ views of the hospital environment. Most research focuses on adolescents’ anxieties and experience of outpatient and inpatient stays and procedures. Studies suggest that preoperative anxieties include separation from parents, unfamiliar routines and environment and fear of medical equipment (Jelbert R, Caddy G, Mortimer J, Frampton I., 2005). Fear appears to be one overarching aspect of children’s experience of the hospital environment.

More recently Curtis (2007) conducted the ‘Space to Care’ study exploring children’s perceptions and experiences of hospital space. During this study a structured interview format was used focusing on children’s perceptions and experiences of internal hospital spaces. These data were analysed using thematic analysis and the following key themes emerged: anticipatory fears of hospitals; hospitals were not age appropriate places; opportunities for children to socialise were limited (Curtis, 2007). This qualitative

research is helpful in illuminating the actual experience of children and adolescents and the physical environment of the hospital, but it is not able to contribute to our understanding of the wider experience that adolescents have including the emotional and social impact that the hospital environment can have.

Although recent National Health Service documents have emphasised the need to make hospitals more child-centred, up until now, for the most part, it is adults who have been consulted about what this might mean. There has been little research that has explored what adolescents think about hospitals and how, as patients, they experience them.

Therefore the current research begins from the perspective that the inclusion of the 'voice' of children and adolescents in research and theoretical development is of paramount importance. The method of qualitative Content Analysis was chosen for the present study to represent adolescents' experience and perceptions of the healthcare service in an open and unrestricted way. Hsieh and Shannon (2005) describe this as "a research method for the subjective interpretation of the content of text data through the systematic classification process of coding and identifying themes or patterns" (p.1278).

The overall aim of the present study is to explore what adolescents' experiences are of the hospital environment. The intention is to explore the themes that emerge for adolescents on a tour around the hospital environment, in order to influence service design and provision for adolescents in these environments.

## **Method**

### *Participants*

Participants were adolescents living in the South West. Four adolescents took part in this study. Interviewees ranged in age from 13 to 15. Three female and one male participant took part. All participants were Caucasian and British. Potential research participants were identified through the local Youth Forum.

The following inclusion and exclusion criteria were adhered to when recruiting participants. These criteria were: the adolescents taking part in this research were between the ages of 13 and 18; valid consent was obtained from guardian/parental to take part; all were living at home with their family and were in full time education. The exclusion criteria were: people who were not able to understand and speak fluent English; adolescents with a moderate to severe learning disability and adolescents with known pre-existing physical or mental health issues who had had previous inpatient admissions.

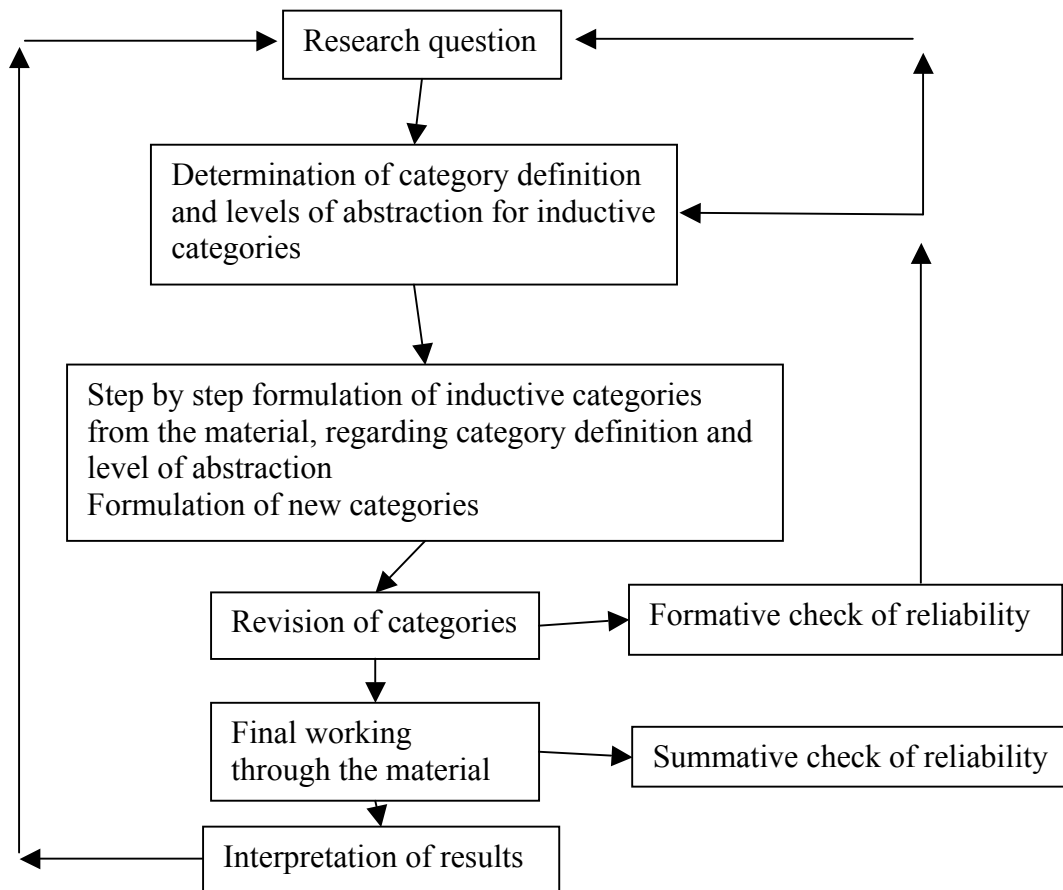
### *Procedure*

The four adolescents took part in an in-depth semi-structured interview following their participation in a structured intervention designed to explore their experience of the hospital environment (further details of this intervention and the accompanying Stepping Into Shoes DVD are available at: [www.realideas.org/real/work/stepping-into-shoes](http://www.realideas.org/real/work/stepping-into-shoes)).

Participants were individually interviewed to explore their perceptions and experiences of the hospital environment. Informed consent was obtained from parents and adolescents at the beginning of the interview. The interview followed a topical outline which was developed from relevant literature on adolescents' experiences of the hospital environment. In-depth interviews aim to explore issues or topics in detail and are often used in health research (Boyd & Hunsberger, 1998; Greenhalgh, 1997). The interview schedule was reviewed to verify the validity and appropriateness of questions by a Consultant Clinical Psychologist. Interviews generally took between 20 and 40 minutes to complete and were audio taped for subsequent analysis.

*Analysis*

The researcher conducted all interviews, which were then transcribed verbatim. Through this process and coding all transcripts it was possible for the researcher to be closely immersed in the data. Qualitative content analysis was used to code the transcripts into thematic units based on Mayring (2000); see Figure 1.



**Figure 1:** Step model of inductive category development (Mayring, 2000)

Each transcript was read before coding, and all participant answers and paragraphs were numbered. The researcher used themes as coding units, which meant looking for the expression of ideas (Minichiello, 1990). Codes were assigned to chunks of message that

represented a theme or issue of interest and then these were developed into categories and a coding scheme. The categories and coding scheme were derived from the data itself and the emergent themes and is known as inductive category development (Glaser and Strauss, 1967). When sufficient consistency was achieved, the coding rules were applied to code all the interview transcripts. After this process the researcher interpreted the analysis. The names of the participants have been changed to protect anonymity.

## **Results**

### **Physical Space and Environment**

#### Environmental Advantages

Participants expressed positive views and opinions about the physical environment and space. Participants saw the overall hospital environment as acceptable; ‘My experience in the hospital was actually quite good. I was scared it would be like boring or like really intimidating’ (Jessica).

Participants described specific areas or departments as catering to adolescents’ needs. The adolescent ward was seen very positively by participants; ‘the environment was nice, the cubicles were suited to like our age group and the needs of the adolescents’ (Thomas); ‘That was one of the best places that we went, because with the décor and everything, all of it had been designed with adolescents in mind. And also, the adolescents had helped to design it, and so it really showed that it was what they wanted’ (Rebecca). These comments illustrate the importance and impact that adolescents’ involvement in the design of environments can have on their overall success.

In addition to this some areas catering for differing age groups were also seen in a positive light by participants: ‘Going to the GUM Clinic was, I thought it was really good actually...I wouldn’t have felt as embarrassed as I thought I might...and also, it was quite empty; there wasn’t many people there’ (Rebecca)

#### Environmental Drawbacks

The layout and overall size of grounds and the hospital was a main issue that participants spoke about: ‘I thought it was an awful layout in the hospital...it was very difficult to navigate myself around...if you have got like a broken leg, you don’t really want to be stumbling around looking for the right Reception...it just seemed like it ought to be compacted more’ (Amy).



Signposts and maps were highlighted as problematic; ‘The maps were ridiculously impossible to read, and they took us quite a while to get from one area to another’ (Amy); ‘Finding my way around was really difficult, because it wasn’t well signposted’ (Jessica).

Participants also commented on the internal environment of the hospital and its size; ‘Going to the A&E Department...their waiting room was quite small, and we thought that if there would have been an emergency with a lot of people...then they wouldn’t have enough space.’ (Rebecca); ‘when I went into A & E, I was very surprised by the very, very small waiting area that was there’ (Amy). The general décor was also viewed negatively; ‘the rest of it was very grey and empty...very dull and dark’ (Amy); ‘the environment wasn’t good, it was kind of bland, colours weren’t very good...the general corridors themselves, the floors aren’t very good...it is kind of like bumpy if you were going over it in a bed or a wheelchair’ (Thomas).

Participants also talked about some areas feeling patronising because of the decoration; ‘I found that A&E was quite patronizing...there was lots of swans and rabbits and things like that, and after asking the doctor they said it was up to the age group of 16. And if I came in as a 16-year-old, I wouldn’t be happy to be in the environment where there was fluffy rabbits, geese and fairy princesses’ (Thomas); ‘I thought if you were a teenager you might feel a bit patronized by it, because on the walls there were little pictures of like castles and pretty flowers and everything’ (Rebecca).

Participants also talked about environmental risks and dangers alongside general concerns and issues about the environment: ‘anyone could just walk along the corridor, pickup any unhygienic materials that are in the bins...they are not locked up they are in compartments that do say locked, but they’re not locked anyway’ (Thomas).

## **Hospital Staff**

### Experienced Positively

Participant’s described how staff within certain areas of the hospital, were skilled at meeting the needs of adolescents. Specifically the adolescent ward; ‘the ward for

adolescents was very good, the staff were friendly...It was good because the staff were very engaging and actually took an interest in what we were doing' (Thomas). Participants spoke about how their needs were met differently by staff in this context: 'the staff were really nice, because they didn't treat you like a baby...they would help you to become as independent as you could, which is really important if you are like a teenager' (Rebecca).

These feelings of approachability and friendliness varied across departments in the hospital: 'in some departments you felt more like you could approach them more...you could definitely talk to them and they just chuckled and gave you some wrist tags' (Amy). Even in the areas not specifically designed for adolescents like the GUM clinic participants felt that staff members were friendly: 'the staff there were really friendly which was more reassuring' (Jessica).

In turn these positive views of staff were accompanied by participants talking about staff skills and attributes. Participants talked about what it would be like to be a member of staff: 'to be a member of staff, I think...you would have to be tolerant' (Jessica). They were respectful of the skills necessary to work at the hospital; 'I think it's probably quite a hard job to be a member of staff at the hospital, because you are always having to change the way you talk to people...and you have to accommodate for everyone's needs' (Rebecca); 'I think, you would have to be quite strong to work there...you should be nice and friendly, even when people are being horrible to you' (Amy)

Participants talked about how their expectations of hospital staff were directly challenged: 'the staff were more friendly than I thought' (Jessica). In addition participant's spoke about how there views of staff/patient relationships were contradicted; 'I looked around the pediatrics ward, and there were cards from patients for nurses and stuff...I guess, it's changed how I think of the hospitals, about how the patients and the staff interact with each other, and what sort of bond and relationships are formed there' (Amy).

### Experienced Negatively

The adolescents spoke about how they felt some staff and departments treated them inappropriately. Participants talked about feeling patronised by staff: ‘I think it should, they should like find like a medium between adulthood and childishness and realize that teenagers do come into the hospital, it’s not just young children’ (Jessica). They talked about how staff did not meet their needs; ‘when a young person approached the desk, they didn’t seem happy, they didn’t seem concerned about that young person’s needs’ (Thomas).

They discussed how they felt staff attitudes were biased: ‘I think staff are more welcoming to the younger person than they are to teenagers...their preference was adults and younger children’ (Thomas). These led to participants feeling that staff judged them; ‘The staff...some of them were quite rude and looked down on you a bit’ (Jessica) ‘the receptionists weren’t very friendly... [the receptionist] seemed very harassed sort of, as if we were a hindrance’ (Amy)

Participant’s spoke about how they felt excluded by staff through the language that they used; ‘sometimes when the doctors talk to you, they used words that we wouldn’t understand and it was really complicated’ (Jessica). This exclusion meant that participant’s felt confused and that they didn’t understand what was happening; ‘Going into radiology, the woman didn’t really explain to me what was happening, so I think I would have felt quite nervous...she wasn’t very clear...it took quite a lot of time...I didn’t even know that she had taken one x-ray till she said *I am going to take another x-ray*’ (Rebecca)

### **Patient Needs**

#### Needs Met

Participants talked about how the hospital catered for the needs of different age groups: ‘it’s nice to see like what they do for different age groups’ (Jessica). They spoke about how young children’s needs were met: ‘there was fluffy rabbits, geese and fairy princesses...the hospital accommodates very well to younger children and they have lots

of toys around because they are in waiting rooms, just general open spaces, the wards generally accommodate the adolescents, that have pretty pictures, fish and things like that.’ (Thomas)

They also talked about how the departments designed for adolescents dealt well with their requirements; ‘the ward for adolescence was very good...suited to like our age group and the needs of the adolescents’ (Thomas); ‘I thought that the areas with the teenage ward was quite good, because they had like a playroom and stuff with like things that adolescents would like...and the school part was good’ (Jessica).

### Unmet Needs

Participants viewed some areas of the hospital meeting their needs, however they talked about departments and areas which could be improved. Participants talked about the changes they would make: ‘if I could change anything about the hospital, it would probably be distinguishing more between younger children and older children, because although they did have some places for adolescents, it wasn’t in every area that they had something where teenagers could feel more comfortable’ (Rebecca)

Participants felt critical of areas of the hospital that appeared to meet the needs of the very young and adult population and felt that these areas did not cater for their needs: ‘when we went to radiology and A&E...it isn’t like a happy medium...they kind of focused trying to meet young [patients], not really adolescents feel comfortable, or adults feel comfortable...the adult one you would find it intimidating, so there is no bit in the middle’ (Jessica); ‘they had everything for the younger children, they had everything for adult and then there was just a big gap in the middle for adolescents and teenagers’ (Thomas)

In addition to meeting their needs they suggested that the hospital was lacking in offering adequate facilities to all age ranges. In terms of space and facilities participants felt that these were lacking in certain areas such as A&E: ‘if you had like a broken leg or something you would probably be made to stand up if there wasn’t any seats, and it’s not

really catering to like, not just adolescents but old people which is not very good'  
(Jessica).

## **Discussion**

The current study aimed to develop and explore the themes that emerged related to how adolescents experienced the hospital environment. A numbers of themes emerged from the data based on the experience of four adolescents who had experienced a tour of the hospital. The themes presented suggested that the environment, staff interactions and patient needs were at the core of what adolescents experienced.

### The Environment

The research findings suggest that participants preferred the environments specifically designed by adolescents. However the overarching theme was the environmental drawbacks. Participants highlighted areas for improvement including the hospital layout, signposting, decoration, size and environmental risks. Research reveals that the effects of the physical environment and its quality are as significant for children's development as psychosocial characteristics such as relationships with parents and peers. The physical environment has been found to influence developmental outcomes such as academic achievement, cognitive, social and emotional development (Evans, 2006). The present findings highlight the importance of the physical environment for adolescents. It is evident that the adolescents in this study did not feel that the environment was suitable in meeting their needs.

### Medical Staff

For all participants the medical staff on the adolescent ward were seen as friendly, not patronising and approachable. Participants talked about the skill set that staff have and a deeper appreciation of these attributes and the relationships they had with patients. To counter-balance these views participants also talked about staff outside of the adolescent ward as being patronising, biased and feeling excluded through the type of language that professionals used.

Research suggests that most complaints by patients and the public about doctors deal with problems of communication not with clinical competency (Richards, 1990). Studies

have found significant positive associations between doctors' communication skills and patients' satisfaction (Haes, Hoos & Lammes, 1995). Reviews have also clearly shown a correlation between effective communication and improved health outcomes (Stewart, 1995). The current research supports these findings with medical staff and their communication skills being the focus for participants and their level of satisfaction.

### Patient needs

Participants described how the hospital provided suitable facilities for differing age groups specifically younger children and adults. Participants described the adolescent ward as meeting the environmental and staff interaction needs of adolescents. They emphasised the fact that other department and wards had no specific areas for adolescent treatment and in some areas spoke about how the hospital was not suitable for all age groups.

The views support the research conducted by Curtis (2007) suggesting that the decoration of hospital spaces, and the facilities for recreation, are geared towards very young children and older children see these environment as rather babyish environments. As stated current policy aims to meet the 'differing needs of small children, older children, adolescents and carers' (NHS Estates 2003; para 2.19). From participants views it does not appear that all the adolescents' needs are being met within the hospital environment at present.

### Implications for policy and clinical practice

This study suggests that more could be done to follow current governmental guidelines and recommendations. The government policies such as the National Services Framework for Children Adolescents and Maternity Services (DoH, 2004a) and Improving the Patient Experience (DoH, 2004b) have emphasised the need to make hospitals more child-centred. The current research suggests that younger children are the focus whilst older children's needs are being neglected.

The model highlights experiences of adolescents in the hospital environment. The recommendation of the BRI Inquiry Final Report (2001) that all healthcare staff who treat children must have specific training in caring for children is supported by the current research. However the project also suggests that staff in general areas such as A&E and Radiology catering to a wide range of age groups should receive training in communicating with adolescents. This should be a focus for professional training programmes and for generic training across staff groups within internal hospital training schemes.

### **Critical Evaluation and Directions of Future Research**

The themes developed offer a contribution to the field of hospital design and care delivery and suggests areas for further research. There are constraints in this research in terms of its generalisability to other populations and contexts. The themes that emerged from the current study need to be interpreted in the context of socio-cultural background with all participants visiting a South West hospital and being White British. Future research drawing from alternative samples from different geographical areas, ethnic minorities and socio economically deprived families may be able to shed light on the above issues.

Researcher biases were explored as far as possible through stating the researcher position, research supervision, validation and credibility checks of transcripts with peers, consultation with other professionals, participant validation and the use of memos.

This study explored four adolescents' viewpoints and due to the limited existing research in this area can be seen as a starting point for future studies. Therefore the study opens the way for larger and further research exploring different perspectives. In addition it would be valuable to carry out a qualitative study exploring adolescents' experiences as inpatients and outpatients in order to replicate the findings of the present study and to offer new insights into the experience of being in hospital.



## **Conclusion**

In summary, although they perceived that the needs of children and adults are well catered for, adolescents do not experience the hospital environment as being designed specifically to meet their needs. Future research should explore how to overcome this perception and to make the hospital environment more appropriate for adolescents.

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