Timing is Critical

Waiting Room Design in a Critical Care Unit

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This paper will take on the task of trying to design a space that will create an environment to support users emotions in a very hard time. These emotions will be realized by walking in the shoes of those waiting for a loved one who is in critical care. Because, in order to better understand how to design a waiting space that suits these users we must first understand their total psychological state in this room and this arises from their journey getting here. When we understand these items we can more confidently undertake the task of designing a space that can cater to their emotional needs during their time in that space.

The users of these spaces are adults that are family or friends of patients that are being treated in Critical Care, it is not typical for children to be present for long periods of time in these waiting spaces. (Critical Care Waiting Room, 2009)

These users use the space to wait for either information about their close loved one’s and/or to wait to visit with their loved one.
The Users—Stepping Into Their Shoes

- Upon understanding who the users are and why they are there the next step to better understand the context of their mental state and emotions is to examine at the journey that take prior to arrival at the waiting room.
  - Before ever arriving at the hospital this user needs to find the appropriate visitors area parking. They are unsure of how long they will be visiting but are anxious to simply park and get to the waiting area to again, either find out more information or visit with their loved one.
  - Once they have found parking, they now must find their way to the critical care unit within the hospital. Way finding within hospitals can be a difficult and often stressful process for patients. This is especially true for a user who is going to see a patient in critical care and is under a lot of anxiety already.
  - The process of finding their way to the critical care area could take added time if they rush by signage and this will add frustration to their experience.
  - Ultimately, by the time they reach the critical care waiting room their emotional state of being stressed, anxious and worried for their loved one will be exacerbated by their journey they have just gone through.

- After arriving in the waiting room space their mentality switches from where am I going to how is my loved one doing.

  Where am I going?  ➔  How is he/she doing?

- The experience within this waiting space which is the real focus of the paper will now be examined from the eyes of the users...
This is Dina’s Story...
``Waiting is hard,'' Dina said. ``In the beginning I was worried and anxious and I lost track of the days.'' She shared that the first few days her father was in critical care, when they were not sure what was happening, she couldn't focus on anything." She said, ``I just sat there, wondering and worrying about what was taking so long . . . [and] when they were going to call me to go back in and visit." Dina and her family spent two nights in the waiting room. "Those were brutal," she said. "The night waiting is completely different than the day because it's dark and it's quieter. . . . You start to think the worst, and you keep expecting to hear that something terrible has happened." Although you're trying to sleep, and you're just exhausted, you're always anticipating this horrible event." When she spent nights at home, Dina experienced a "sense of urgency" as she was "getting ready to come back in the morning." She added, "When you are at the hospital, there is not that same sense of urgency because you don't have to be somewhere else. You are where you have to be." Dina said she had completely forgotten what it is like to shop . . . or to hang out with friends. You have to give up that control and just stay put and wait." Dina added, "You know it is a good day when there are signs of improvement." She said, "I am getting used to the waiting now that I know the ropes." Having a volunteer in the waiting room helps. She shared that you feel a bit more in control if there is a volunteer there to answer the phone, and to phone in and see if you can go back in and visit. . . . We're almost intimidated [to do it ourselves] . . . because we don't want to bug them." Dina found that reading and going for lunch helped to pass the time. "It takes your mind away . . . and it helps you, not to forget, but to get a little break because it never leaves your thoughts." Dina was thankful to have her family and friends there to talk to: "Any kind of conversation, any interaction what-so-ever passes the time." She offered, "I feel good about sharing my experiences" with other people in the waiting room. When I see people sitting by themselves, I kind of take them under my wing, and let them know what I have learned about how the place works." The days go by "pretty fast." Dina conveyed that "ultimately, you want to be with your family member as much as possible," but you spend "most of the day in the waiting room" ...(Bournes, 2002)

• This is just one users story... but it highlights many of the key psychological issues, thoughts, and feelings that other users in the waiting room have as well.
• Glimpses into more of these users mindsets are identified on following pages...
Stepping Into Their Shoes

This first group of quotes describe waiting as a focused and persistent process...

``We just seem to get home, and as soon as we get there, we phone and then we sit and talk about what they said. We just kind of wait for the morning to get back there and get back in the groove."
``They certainly answer my questions if I ask them, but there are so many things going on in my head my mind is going a mile a minute. Last night I woke up I’ve times thinking about it. Sometimes when I am on my way in to see my husband, I can hardly catch my breath.``
``Being there to see he is still breathing,``
``Not wanting to go too far away just in case.``
``Looking at your watch every half a second,``

This persistent and focused waiting process coupled with the complexity of emotions is exhausting for families and friends.

The second group of quotes refer to the agony of the unknowing process of waiting...

``Waiting is such an unknown quantity. It's horrendous you're almost suspended. It's like you're frightened and hopeful at the same time. It's all those mixed up emotions fear and uncertainty and worry and tension. You almost feel numb, and you get terribly tired because all this energy is being spent in worry and concern.``
``The big thing about waiting is not knowing. Sometimes we just sat there for days, and it seemed we were getting no information at all. Your mind does all kinds of things it's a real whirlwind. Generally, I have no concept of time it absolutely stands still and yet it goes fast. It goes slow in that I am waiting to see progress, and that's slow. It goes fast in that it's supper time already, and I've been here all day.``
``It's just that normal life is going on while yours is kind of on hold while you're dealing with this tragedy. The people that work here have been home and they're talking about parties and they're sharing their family experiences, and I and that affects my anxiety level. I have a feeling of wanting everyone to go `Sssshhhh, quiet, it's a sick room.' I even found the Christmas decorations disturbing. It's hard to explain that your life is stopped and everything around you seems to move on anyway, and it's troubling. Time passes very slowly when you are waiting.``

All of these quotations were taken from (Bournes, et. al. 2002)
This last group of quotes describe how interactions with others and with their loved one can have a calming and comforting impact on waiting...

"In this experience of waiting ... you look around at other people, and you see them looking very sad and they're alone. I find myself reaching out to all these other people. They respond immediately. It's incredible we're all human. Sometimes I go over and touch their shoulder, and they look up with tears in their eyes and they thank me. It's just about touching the person you don't even have to say anything. We have made human contacts with many families, and there is just this wonderful closeness. It gives me strength. It's unbelievable. I think learning to express feelings, even with strangers, is an incredible experience, a positive experience, even though what is happening is tragic and sad." (Bournes et. al., 2002)

"After a number of weeks you tend to watch what is going on around you, and you connect with other people. We tried to show support to other patients’ families by listening to them when they talked about their stories and about what had happened. For me it was a healing thing to do, to share with other people when they were open to it." (Bournes et. al., 2002)

• All of these testimonials identify the diversity of emotions that go into the experience of waiting in this environment.
  - Anxiety, fear, hope, sadness, helplessness, nervousness, frustration, distressed, numb... just to name some

• This creates a challenge for designers to create a space that works with and caters to these emotions. Although this is a challenge, I think that it is definitely feasible and by stepping out of the users shoes but keeping what they have stated in mind, many new ideas come to light.

• Physical changes of the waiting room can not change completely how a person is going to feel emotionally in the space, however, a good design can help to distract, comfort, and guide users toward having a positive experience.
Utilizing what was said in these testimonials the redesign for the space was broken down into various categories so that it could be tackled most effectively. Just as the testimonials were broken down by their experience each of these categories deals with a different ways in which they will affect the user and their experience while waiting in the space. Therefore, when changing their design it was always brought back to “how will this reflect upon the users experience” as found in these numerous quotes. The categories include:

1. Ambient Environment
   a. Sounds
   b. Smells
   c. Views

2. Comfort
   a. Physical
   b. Psychological

3. Technology
Noise and sounds in the waiting room environment can be both a positive distraction as well as a negative distraction depending on how design is utilized.
- Choose materials that will absorb ambient noise and various conversations, people waiting in this space like to be able to focus on their thoughts and these materials will help them focus. Applications of ceiling acoustical panels could also be effective.
- On the contrary complete silence is not ideal—therapeutic ambient sounds can be calming for people waiting in the space and can act as a positive distraction. This can come from a sound system or could potentially come from a design aspect such as a water feature coupled with therapeutic natural sounds such as a babbling creek. (McDonnell, 2007), (Stichler, 2001)

The sense of smell has a psychological effect on users as they wait in this space. Sterile scent can create pessimistic feelings about the space and has been noted as a negative aspect.
- To overcome the sterile scent disperse small amounts of ambient positive odors such as orange or lavender throughout the space consistently over the course of the day (so there is constantly a low amount of scent in the space). This will work to reduce some of the anxiety of those waiting in the space. (Lehrner et. al. 2005), (McDonnell, 2007)
- As a systems approach, if possible, use cleaning products that have the least strong scent, while realizing that this is a healthcare environment and sterilization is necessary, the smell associated with it is not.

Vision/sight is a very important consider in this space as people are in this space for hours on end and what they see/the light that they see it in greatly effects their mood.
- Provide as much natural lighting as possible, as noted in the testimonials, many of these users stay in this room for days at a time and providing this sense of nature will give them the sense that time is still going on and connect them to the outside world. (Stichler, 2001)
- Artificial light should be gentle and gradient, provide areas for dim lighting and areas for brighter lighting to be controlled by users (desk lamps etc.) This will accommodate napping at various times and will also give the users a sense of control. Control is a major competency that is loss in this waiting period and the simplest form of it, such as being able to control lighting, may ease stress. It will also accommodate reading activities

Key design aspects of the ambient environment that relate to quotations:
- Positive distractions created by therapeutic sounds such as water features
- Control created by addition of table lamps, allowing users to decide what level of light
- Reducing Anxiety through use of small constant amounts of aromatherapy
Redesigned the Space—Comfort

Physical and Psychological

When sitting in a room for days upon days the physical comfort of the space and the seats becomes an important design aspect. While this may not necessarily improve some of the emotions voiced in the quotations, if done poorly, it can exacerbate the negative emotions vocalized.

- Furniture in this space should be diverse in size and shape so that it will fit a variety of users comfortably. This can be in width as well as height off the ground/depth of the seat.

- Material selection for seating should be done with care so that comfort is of top priority. Ergonomic materials that will move with your body and cushioning to support a long duration of being seated is very important.

- Seating should accommodate a range of activities, for example there should be lounge chairs that recline flat completely to accommodate overnight stays and naps, so that in the little time people do get sleep, it is comfortable and the environment suits their physical needs.

Psychological needs are hard to design for and often are ignored in the physical layout of the space. Psychological needs of these users include the need to control one’s privacy, which includes deciding when to be alone and when to be with others.

- This experience of waiting can be an emotional roller coaster and sometimes it is necessary to be alone to collect your thoughts or simply take a break. The physical design should support this in having small alcoves along the outer wall with comfortable seating and adjustable lighting allowing for those waiting to use this as a retreat if necessary.

- It was apparent after reading the testimonials that the users of this space enjoyed and their experience benefitted from being around and talking with others in the waiting room. Therefore, the space should allow for spaces for this to occur, tables with chairs around it where many people can share a meal, groups of lounge chairs set up in a sociopetal arrangement which would encourage interaction. (Stichler, 2001)
Technological advances in the waiting room can help ease tension and stress by creating positive distractions. These design additions can also work to inform and therefore give back some feeling of control to the users of the space as they wait.

• As stated earlier, factors of the environment may not be able to change the way people feel in the space but they may be able to work with those feelings in order to improve the users’ overall experience that takes place. By adding technology that will allow users to learn and educate themselves about what is going on with their loved one may help to ease anxiety of those waiting. Feelings of helplessness and loss of control are specific feelings that would be assisted through the addition of technology that works to accomplish this goal.

• Technology can help would be to create positive distractions. It is not uncommon for TVs to be present in a waiting room, however, what is uncommon is for there to be any way to listen to it, which makes the TV practically useless. Therefore, a way to improve the use of technology’s impact would be to add technology such as wireless headphones. In order to apply these into the space there could be a few options:
  1) Allowing those waiting to borrow wireless headphones from the desk
  2) Attaching a sets to chairs in position relative to the TV so that they would be ideal to watch the TV

The use of this technology would provide a positive distraction and would work with the feelings of constant and persistent thinking about the situation and the restlessness of waiting and would hopefully improve them.

• The focused and persistent process can be supported through other uses of technology as well. As seen in the quotes a great deal of emotion is spent worrying about not being present when information is ready about a loved one or when his/her status changes. In order to make those in the waiting room feel more comfortable leaving the waiting room to go to lunch, or pick up other small grocery items within the hospital, buzzing pagers can be given to members of a family so that when a nurse has information on a patient they can buzz that family. This will certainly not stop the people in the waiting room from worrying, but it will work with their emotions to allow them to do other activities and be distracted for short periods of time.
By adding these smells, tranquil noise, comfortable and flexible seating, refuge, variation in lighting and control in lighting, as well as utilizing technology this new space will work to more effectively enhance the experience of the users and decrease their stressful, negative emotions that can be overwhelming during this waiting period.

This complete process of looking through the eyes of the user made sure that the feelings of the people who would be most affected by these changes were taken into consideration instead of simply thinking about what they would want. By working from these quotations and designing around them we can be confident that these changes will be most effective in providing the best results possible for the user group we’ve identified.
All of the Design Suggestions have been Rated based upon three criteria: Cost, Need, and Feasibility. They have given a rating of “•” to “• • • •”. Where “•” would refer to low cost for example.

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<thead>
<tr>
<th>Design Suggestion</th>
<th>Cost</th>
<th>Need</th>
<th>Feasibility</th>
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<tbody>
<tr>
<td>Acoustical Panels</td>
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Highlighted are options that are seen as highly feasible and/or necessities. These options could be relatively easily implemented into any hospital’s critical care waiting room regardless of location.


