

The impact of healthcare waiting environment design on end-user perception and well-being

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The main purpose of this study is to gain an understanding of how end-users from the general public perceive the design of healthcare waiting environments.

The body of evidence and research interest in the relationship between built-environment and end-user outcomes has grown rapidly in recent years. However, much effort is spent on improving the functionalities and physical qualities of the built – environments while little attention is paid to the impact of the visual and aesthetic aspect of design on the end-user. In a healthcare setting, the design of waiting environments plays an important role in shaping end-user impressions and experiences of the overall setting and service. Moreover, it is a place that is challenged with the accommodation of multiple end-user groups in a vulnerable state.

The design of healthcare waiting environments often reflects the individual style of decision-makers, designers and architects rather than the needs and preferences of end-users themselves. In order to create better healthcare environments in future, it is important to understand the perception of the people who the design is intended for.

This qualitative study involves in-depth interviews with 24 participants from the general public. In order to stimulate the conversation, various colour images of different healthcare waiting environments were shown to them. Participants are encouraged to share their perception of the presented images, their personal experiences related to healthcare design, and to share their ideas of an ideal healthcare waiting environment. All interviews are audio-recorded and transcribed, and analysed using content analysis. The data reveals that people talk about environmental concepts and the impact of the designs on their feelings to describe the waiting room designs. The perceived impact of the design of healthcare waiting environments is expressed through three categories - emotive, cognitive and associative responses. The emotional dimension focuses on how they the design makes them feel whereas the cognitive responses bring out their evaluation of the perceived design quality. Associative responses refer to places or events people have experienced in the past which are used to compare and form a perception of the other designs.

The results provide an in-depth understanding of the language and dimensions people use to describe the design of healthcare waiting rooms and how it impacts on their perception and consequently, their well-being. This knowledge makes a contribution to the improvement of recommendations for good healthcare design. Architects, designers and the healthcare community will benefit from a better understanding of the end-user perspective and this in turn, helps to create future environments with the people in mind.