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Design for Patient Dignity

Hospital patients' health can sometimes cost them their dignity as they grapple uncomfortably with mixed sex bathrooms, revealing gowns and disorientating transportation. Now an innovative project has seen designers and manufacturers hit back with bed pods, capsule washrooms and a very versatile gown. And it's only taken six months.

Hospital, for most people, isn't an experience to look forward to. Even though there's the prospect of better health at the end of it, the reality of being away from their usual environment and sharing a new and strange one with people they don't know is an uncomfortable prospect.

It becomes even more uncomfortable if, in return for their health, patients have to give up some of their dignity. Feeling ashamed, vulnerable and insecure in hospital is not just unpleasant, it can also hinder a speedy recovery. So it's not just patients who want dignity. Clinicians, staff and hospital managers want to provide it.

That was the trigger for the NHS's Delivering Same Sex Accommodation programme and the 100m Privacy and Dignity Fund, launched in 2009 to eliminate mixedgender wards, bathroom and toilet facilities that just under one in ten patients in hospital for planned care say they experience. And it was the launch pad for a project called Design for Patient Dignity, run by the Design Council and the Department of Health (DH), which asked six teams of designers and manufacturers, as well as healthcare design specialists from the Royal College of Art's Helen Hamlyn Centre, to work with frontline staff and patients to overcome a stubbornly persistent issue.

The teams, chosen following a national call for entries, produced ten designs in all, responding to briefs prepared by an Expert Reference Group of healthcare and design specialists, academics and patient group representatives and informed by in-depth, firsthand observation of hospital environments and routines by design teams. Each team was awarded 25,000 pounds to carry out their own research, develop ideas and take them through to proof-of-concept stage. The result is designs including a patient gown that protects the wearer's privacy while still letting the carer do their job, a bed pod that lets staff reconfigure ward space quickly without the upheaval and expense of rebuilding work and a prefabricated capsule washroom that can plug in to existing services fast without the need for plumbing work.

All the concepts went on display earlier this year at an exhibition in London and hopes are high that they will all go in to production once the designers and manufacturers have done further development work in response to feedback from clinicians and patients. The speed of uptake will depend how quickly they are taken up by the NHS procurement system.

They will be following a trail successfully blazed by an earlier Design Council project, Design Bugs Out, which used the same method to confront the problem of healthcare acquired infection. In around nine months, it produced concepts for furniture and equipment designed to make cleaning easier and faster while eliminating the corners and joins that can harbour bacteria such as *C.difficile*. The results here included an easy-clean, stackable commode, an indicator showing when cannula lines need to be changed, a wipe-clean blood pressure cuff, a plastic wipe-down bedside cabinet and a mattress with a layer of ink that provides an early warning of infection risk by changing colour when the cover has been pierced.

Design Council Project Manager Chris Howroyd says: "The method aims to take the risk out of innovation by providing a neutral space for public sector professionals and staff to come together with the private sector and tackle problems at very low cost. Design allows the ideas to be prototyped and tested and improvements to be made before large sums of money are committed. Design Bugs Out proved the method works and it also showed that it's possible to get the private sector involved in healthcare innovation with relatively small incentives. We were keen to test it further with Design for Patient Dignity, and so was the DH."

People-Centred Perspective

The starting point for both projects was the same as for any good design process: research to define the problem. For Design for Patient Dignity, this meant a literature review and a search for any examples of previous attempts to confront the same issues. These were not abundant, beyond experiments with swipe-card access to same-sex bathrooms and building projects that reconfigured internal walls but caused lengthy ward closures.

The key research saw four different teams spend a week each in four hospitals of varying types and ages. Howroyd explains: "Designers lived and breathed the daily routines of staff and patients and the problems and issues they're dealing with every day. As well as watching everything closely, they're talking to patients, visitors and staff, from doctors to nurses and support people, to gather insights. Designers call this ethnographic research, and, driven by their people-centred perspective, it often yields important insights."

Patients' dignity can be compromised in many ways from the moment they come through the hospital doors to the day they are discharged, says Howroyd: "Your privacy could be threatened by the clothing you're asked to wear, which often exposes parts of your body you'd rather keep covered. Your private details are on display through your notes, which hang on the bed head, perhaps with a sign, 'Mrs Smith – nil by mouth'. Other people may also hear things about you that you'd rather they didn't – a drawn curtain doesn't stop the consultant's voice carrying around

the ward. Also, you will feel embarrassed if you have to use a commode on the ward. And you may feel vulnerable while being wheeled around the hospital on trolleys or in porters' chairs."

"The main issue to crack was dignity in mixed-sex accommodation, but clearly these insights extended to cover the whole patient experience."

The Expert Reference Group and an Advisory Board then grouped the research insights into 20 focus areas, narrowing them down to six specific design briefs, plus one open brief. The focus areas included clothing to protect patients' privacy; equipment or services to help patients feel more secure as they're transported around hospital; products or services to separate male and female patients and give staff flexibility to change areas at short notice; a more dignified toileting experience; ward layouts which can be retrofitted to different ward types to deliver same-sex accommodation; and a system of signs to help patients, staff and visitors find their way round, focusing particularly on toilet signage.

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