

Evaluation of Importance and Status of Cure-oriented Spatial Planning in Facility Hospice

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Extended Abstract

Today, Korean society has entered the 'aging society' where average life expectancy has been continuously extended. As the stage of old age is being extended, dealing with remaining life and facing ideal way of death are emerging as significant value [1][2]. In Korea, the recent legislation on hospice passed the National Assembly (2016). This indicates the emphasis on the social need for 'death', which allows meaningful service to the last moments of life by receiving services that respect human dignity and value [3]. The importance of space for healthy death is also emphasized. The purpose of this study is to evaluate the planning elements of hospice space for physical, psychological, social and spiritual healing and to suggest better space planning to help beautiful finish of life while improving the quality of life of patients and their families.

The study was conducted subjecting 2 facility hospices in Ulsan Metropolitan City from 18 September, 2016 to 30 September, 2016. Trained researchers conducted using the checklists on the status of spatial environment, which is utilized the planning and components of hospice space for physical, psychological, social, and spiritual healing based on previous research. For the visible matters, they were directly filled in and evaluated. For matters that cannot be confirmed, they contacted the manager of the facility to check and evaluate the situation, and gave 2 for ●, 1 for ◐ and 0 for × and combined the scores. And researchers interviewed 20 employees in the hospice on the importance of each spatial planning element, and it was evaluated as "very important" as 5 and "not important at all" as 1 point.

1) Overview of facilities and interviewees

Hospice A was built in January 2010 and has a capacity of 115 people, with a basement floor and five floors above ground. It is stand-alone building with ward hospice. Hospice B, constructed in January 2015, is a ward-hospice located in a floor of a second basement, nine-floor university hospital. It has a total of 12 beds, single room, 5 men room, family room, treatment room, and bath room. Also, female employees were more involved in interviews than male employees were, and more than 80% of the participants (nurses, employees, etc.) were over the age of 41 were found.

2) Evaluation of environmental characteristics and significance

On the result of checklist regarding physical, psychological, social, and spiritual environment on hospice space, of the 20 items in the evaluation items of physical environment such as noise, humidity, air, lighting, safety and barrier free, Hospice A scored 33, the degree of achievement(acquisition score/number of items*2*100) is 82.5%. Hospice B scored 34, 85.0%. Among the 16 psychological environmental evaluation items evaluating privacy, natural environment, aesthetics, and livability, Hospice A had 28 points, 87.5%, and Hospice B got 28 points, 87.5%. Among the 11 items of the social environment evaluation of the convenience, leisure and social space planning of the family, Hospice A had achieved 8 point, 36.7%, and Hospice B got 16 points, 72.7%. Of the three evaluation items of spiritual well-being, Hospice A had 2 points, 33.3%, and Hospice B got 4 points, and achievement 66.6%.

The evaluation of the achievement of the planning element for the spatial environment of the hospices was in the order of psychological, physical, social and spiritual environment in the two hospice ward. Especially, Hospice B had much higher score than Hospice A on the planning elements of social and spiritual environment. The cause is that, as Hospice B

is located in large university hospital, it is considered that the atmosphere of Hospice B gives relatively more attention to the social environment and spiritual well-being.

According to the interview, hospice staff rated the importance of physical, spiritual, and psychological environment regarding spatial planning 3.48, 3.49, and 3.40 respectively, the social environment was rated as the lowest level of 3.25. Particularly, the elements of spiritual well-being found to be a high importance perceived by the employees, but they were planned to be relatively low in the evaluation of the achievement.

Based on the results of the research, the study gives the following conclusions and suggestions.

The degree of achievement of the planning elements of hospice space was in order of psychological, physical, social, and spiritual environment. According to the result of the survey regarding importance of the planning elements of hospice space answered by hospital staff, the importance of physical, spiritual, and psychological aspects, especially due to the special case of hospice, was highly evaluated. On the other hand, the social aspect of the hospice space did not get much attention. The hospice space should be planned in such a way that the physical, emotional, social, and spiritual aspects are properly met, based on the basic concepts for the concluding of a harmonious life. Recognition transformation and spatial planning in the social and spiritual environment as well as the physical environment should be reinforced. In the case of hospice ward, it is suggested that promoting the environment for the morgue room, the religious room, the space for family and the space for emotional well - being should be considered.

References

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