

Space to Care: Children's perceptions and experiences of hospital space

Allison James (University of Sheffield), Penny Curtis (University of Sheffield) and Jo Birch (University of Sheffield)

Background

Spaces are often seen as central to how children come to learn about the world and about their position in it. However, many outside spaces reflect adults', rather than children's concerns. While previous work has focused on children in 'outside' spaces such as the street and the neighbourhood, not much is known about how children view and experience 'inside' spaces. This Space to Care study looks at the inside space of the hospital. In 2001 the Kennedy Report criticised hospital facilities for not acknowledging the different needs of adults and children. The report identified the need for 'child friendly' spaces; what child friendly meant was not made clear, however. By focusing on children's experiences, our study goes some way to exploring what child friendly means.

Aims

To explore how children perceive and experience the spatial and internal characteristics of different hospital environments.

1. To document the physical and social characteristics of the spaces provided for children within a range of different hospital settings.
2. To explore children's own experience and use of these different internal spaces and the meanings they attribute to them.
3. To develop strategies that enable children's needs to be considered alongside those of adults in the planning and utilisation of internal spaces in hospital.

The study

- 3 different kinds of hospital sites.
- Interviews and observations were undertaken on one ward and in the outpatient department of each site.
- An image analysis tool was used during interviews.
- 255 children and young people took part in the study.

Key Findings:

- Despite the assumption that hospitals are scary and unfriendly places for children, this was not the case.
- Only hospital spaces associated with 'needles' are scary. Children find having intra-venous lines and blood tests traumatic and frightening.
- Children as young as 7 feel the needs of only the youngest occupants are being met in hospitals in relation to kinds of décor, activities, privacy and personal space. Older children feel it is a babyish' environment.
- Being able to socialise with others is important. Family visitors and staff were highly valued conversational partners. Technology such as texting and using computers was an important way to stay in touch with friends when in hospital.
- However, the current set up of hospital space limits social interaction; open plan spaces mean children are constantly watched; some spaces are too small; other spaces are locked and not readily available.
- Children do not like untidy, dirty or crowded hospital spaces.
- Children like to personalise space, making it more familiar by bringing things in from home. A lack of storage space makes this hard.
- Being able to access outside space is not seen as necessarily important by children.

Findings

Despite the longstanding belief that hospitals are scary places for children, this was not the case. In fact, children could mostly not remember previous experiences. What they did remember about being in hospital usually related to the specific clinical procedure that took place. Some children have had frightening experiences and it is these that they remember not the spaces in which treatment is provided. The key exception to this throughout the study was that having an intra-venous line and blood taken was frightening. This experience transformed hospital spaces into scary places. Older, rather than younger children revealed some anxiety about being in hospital, drawing on personal experiences including the media.

Although current policy aims to meet the different needs of children, this was not the case; instead hospital spaces are meeting the needs of only the youngest children. This study found that children aged 7-16 feel that hospital décor was too babyish and only appropriate for infants. Also, the activities and entertainment available were considered babyish, with baby toys and art activities not appreciated by older children. All children preferred watching TV and DVD's, playing computer games and using the internet. Older children wanted to read and play music which they were often unable to do. Decorations specifically including clowns, were disliked by all children, older and younger.

Socialising was important for children and girls preferred to be in multi-bed bays so they could talk to each other. Socialising in hospital could, however, be limited by medical condition and treatment. In addition, across all sites, hospital space limited opportunities for socialising. In out-patients, the activities in the centre of the room were aimed at under 7's and older children felt out of place and disliked being watched. They therefore sat round the edges of the room with parents. When children were in-patients, they felt they were constantly being watched but in one hospital the special room for teenagers was kept locked. These restrictions meant children resorted to the corridors for socialising. One site, however, successfully transformed a corridor into an open all hour's teenage zone social space. Socialising with staff was also important and nurses were especially valued for talking to in contrast to play workers. They were seen as organisers of activities and not to facilitate communication. Also, staying in touch with family and friends using text messages and computers was important, but again sometimes restricted.

The quality of the space was important for children. Surprisingly, children noticed and criticised untidy, dirty and crowded spaces. Bed spaces were too small and could not

Research Impact

- The study shows that the social needs of children aged 7-16 are not being met by hospital spaces; decor, access to space and entertainment activities are age inappropriate or limited. The design and planning of hospital spaces and the organisation of activities that take place within them should be used as an opportunity to tackle this.
- Children's concerns around noise, size, cleanliness and tidiness match the worries of adult patients. This has not been acknowledged within policy and research debates and this should be addressed.
- A set of evaluation tools has been produced for architects / planners, healthcare professionals and children to help review children's healthcare facilities.

accommodate visitors properly. Children did not like shared bathrooms, particularly between patients and visitors. They saw this as unhygienic. For long-stay patients or those who shared a multi-bed space, personalising this space was important. Children did this by bringing items from home such as toys, activities and photographs. However the lack of storage space meant some children could not do this and they were asked to take items home. Other restrictions included lack of control over lighting, the noise made by crying babies, out of date entertainment equipment and the legal requirement of attending hospital school.

All children experienced restrictions in using hospital space. Children wanted more entertainment activities available that they could use without asking. They were critical when there were not enough TVs, or if they had to ask to watch TV. Older girls wanted to read magazines, but were not allowed in case younger children got hold of them and their adult content. Yet the books that were available were childish.

Further information

Project website: <http://www.cscy.group.shef.ac.uk/research/spacetocare.htm>

This project was funded by the ESRC Grant Number - RES-000-23-0765
www.esrc.ac.uk

Written by Allison James, Edited by Natalie Hammond, Department of Sociological Studies, University of Sheffield www.sheffield.ac.uk/socstudies

Contact Details

Professor Allison James.

Department of Sociological Studies, Elmfield,
Sheffield University

Northumberland Road.

Sheffield S10 2TU

Phone: +44 (0)114 222 6452

Email: A.james@sheffield.ac.uk