



UNDERSTANDING SERVICE SEEKERS PERSPECTIVES OF NAVIGATING IN A HOSPITAL – A QUALITATIVE STUDY.

Occupational Therapist

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ABSTRACT

Background and Purpose: Hospitals have complex functions and programs, and thus their facilities can become mazes of disconnected, disorienting spaces. There are myriad difficulties that patients, patient family members, new employees and visitors of all sorts have while navigating their ways through large hospital settings. Navigating a large hospital may be overwhelming. Navigation infrastructure in a 1400 bedded tertiary care hospital in a crowded metro needs exploration along with understanding the service seekers perspectives. This can help the management to plan and design navigation systems to best suit the service seekers. As Occupational Therapists play an important role in improving the environmental context, it is pertinent that Occupational Therapists work towards improving the navigation system of the hospital for better accessibility.

Objectives: To explore the existing infrastructure in a tertiary care hospital and the patient's perspective regarding hospital navigation.

Study Design: Phenomenological.

Methods: Total 5 participants, 2 patients and 3 relatives (service seekers) visiting a 1400 bedded tertiary care hospital in a metro city were recruited for the study using purposive sampling. Service seekers visiting the hospital for the first time were included in the study. Service seekers having an emergency/ incapacitated/visiting for death of a person were excluded. Data was collected using two methods – Field study and Participant's interview. Based on an analysis of the gathered data, themes were developed.

Results: The results of this study are derived from the Field study and Participant's Interview. Navigation Problems regarding existing infrastructure identified were no layout/ map of the hospital at the entrance, unlabelled buildings, unnamed rooms, inappropriate location of boards, too many boards cluttered together and torn, irregular signages. Text excerpts were derived from Participant's interviews. Subcodes and codes were developed. The themes formed with respect to navigation in the hospital were inadequate navigation infrastructure, different methods of navigation and dissatisfaction and stress amongst service seekers.

Conclusions: Participants reported that an inadequate navigation infrastructure in a tertiary care hospital causes stress in patients and their relatives. There is an urgent need to address the navigation problems in large tertiary care hospitals to improve satisfaction and decrease stress amongst service seekers.

KEYWORDS

Navigation, Large hospitals, Service seekers, Satisfaction, Stress

BACKGROUND

Hospitals have a complex organization of facilities and functions with mazes of disconnected, disorienting spaces. It has always been an overwhelming experience.^{1,2}

Accessibility within Environmental context is an important domain of Occupational Therapists. According to Mosey (1986), a fundamental aspect of the practice of occupational therapy is concern for and use of the nonhuman environment.³ It is important to involve the service seeker as an important stake holder while planning and designing facilities. Clementinah Ndhlovu Rooke in November 2012 developed guidelines aimed at improving methods for developing wayfinding systems and strategies in old and complex hospital environments.⁴ Three targeted factors, namely poor and unfriendly signage; inconsistent utilisation of the numbering system; and difficulty in navigating the hospital premise have been identified to be improved in a study by Nik Atilla Atasha, et al. in 2018.⁵

Accessibility can be viewed as the "ability to access" and benefit from some system or entity. The concept focuses on enabling access for people with disabilities, or special needs, or enabling access through the use of assistive technology; however, research and development in accessibility brings benefits to everyone.⁶⁻¹⁰

Accessibility is strongly related to universal design which is the process of creating products that are usable by people with the widest possible range of abilities, operating within the widest possible range of situations. This is about making things accessible to all people (whether they have a disability or not).¹¹

OBJECTIVES

To explore the existing infrastructure in a tertiary care hospital in a metro city and to explore patient's perspectives regarding hospital navigation.

NEED FOR THE STUDY

Since the service seeker is an important stakeholder of the medical

system, it is imperative to understand his/her perspective about navigation in the hospital. This study can help to understand the deficits in the existing navigation infrastructure and the service seekers perception about it.

STUDY DESIGN

It is a Qualitative study of Phenomenological type where Interpretivism paradigm is used along with Inductive reasoning

METHODS

Approval from Institutional Ethics Committee was obtained.

Participants :

Total 5 participants, 2 patients and 3 relatives (service seekers) visiting a 1400 bedded tertiary care hospital in a metro city were recruited for the study using purposive sampling.

INCLUSION CRITERIA:

Service seekers visiting the hospital for the first time were included. In this study, Service seekers are defined as "those people visiting the hospital as patient, patient's relatives, new recruits and any person seeking service from the hospital".

EXCLUSION CRITERIA:

Service seekers having an emergency/ incapacitated/visiting for death of a person were excluded.

Data Collection:

Data was collected using two methods – Field study and Participant's interview.

Field Study:

The investigators collected data regarding existing infrastructure for navigation- signages, maps, enquiry counters, etc. Data was collected in the form of field notes and photographs.

Participants' Interview:

All the participants were explained about the study using Patient information sheet. Those who agreed to participate in the study were asked to sign an informed consent form. Data was collected using a semi-structured interview method in the form of audio recordings.

Semi-structured interview -

- How did you come to the hospital?
- Which gate did you enter from?
- Did you know where to stop the taxi?
- Once you entered the hospital, were there any sign boards for directions?
- Would you be able to independently move in the hospital premises without asking for help?
- Did you find any staff member to help you with directions?
- Are the directions written in the language you understand?
- Did you ever check the website of the hospital for navigation?
- Did you waste time in finding your place of visit?
- Did you experience any stress?
- Does the difficulty of finding directions affect your interaction with the doctor or hospital staff?

Data Analysis:

All interviews were audio recorded and transcribed verbatim. Data Analysis was guided by principles of thematic analysis. To help ensure the integrity of the qualitative study, guidelines by Standards for Reporting Qualitative Research (SRQR) were followed while collecting and analyzing the data. Transparency of the study was maintained by Member checking and Audit trail. The researchers used reflexive practice journaling of thoughts, impressions and potential biases after each interview. Coding was done manually. Based on an analysis of the gathered data, codes and themes were developed.

RESULTS

Interviews took an average of 20 mins, ranging from 15 to 35 mins. All the participants were females. 2 participants were accompanied by their children and 1 was with a patient on wheelchair. 3 of them were from nearby locations and 2 of them from distant areas. All of them were in the hospital campus for at least 2 hours.

The results of this study are derived from the Field study and Participant's Interview. Navigation Problems regarding existing infrastructure identified were no layout/ map of the hospital at the entrance, unlabelled buildings, unnamed rooms, inappropriate location of boards, too many boards cluttered together and torn, irregular signages.

Results of Participant Interviews:

Observations-

There was frustration expressed due to difficulty in navigating in a hospital. There were tired faces due to long hours in hospital. Stress was observed by service seeker accompanying patient on wheelchair and navigating in a hospital. Small children accompanying their parents were irritated and showing crying spells.

Methods used by the participants for Navigation-

Different methods used by the participants for navigation were Asking someone for directions, Following signages and Following directions given by the respective doctor. Text excerpts were derived from the transcripts. Subcodes and codes were developed from the transcripts. The themes formed with respect to navigation in the hospital were Inadequate navigation infrastructure, Different methods of navigation and Dissatisfaction and stress amongst service seekers.



Figure 1 : Codes, Subcodes And Their Corresponding Text Excerpts

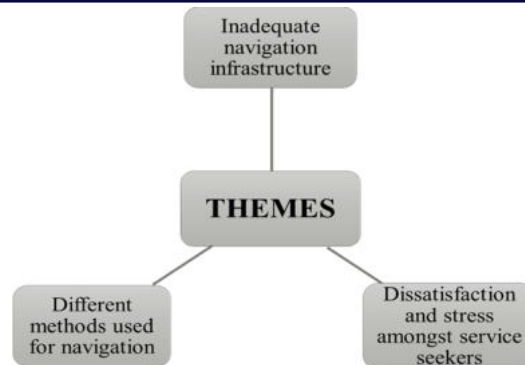


Figure 2 : Themes Formed With Respect To Hospital Navigation

DISCUSSION

Navigating in a complex tertiary care hospital can be a frustrating experience.¹² The study reflected that there was no system in place like an app through which service seekers can get information before visiting the hospital. Although acknowledged, Navigation remains one of the lowermost priority for the administration. There is no systematic approach to designing and it is generally done at the local level. Even if signboards are installed, there's not much attention is paid for its upkeep.¹³ The already distressed service seeker is pushed to the edge because of the difficulties in navigation.^{14,15}

The difficulty in finding places can be one of the starting points of a series of events which may lead to incidents like doctors being hit by relatives. In the past 3 years (August 2016 to October 2019), literature suggests that there were almost 19 incidences of attack on doctors by the patients relatives. According to a study by the Indian Medical Association, over 75% of doctors have faced violence at work.^{16,17}

People use different ways for way finding.

No participant expressed lack of literacy as a barrier, Probably because asking others for directions was one of the common methods used for navigation.¹⁸

It is important for Occupational therapist not to limit their expertise to designing accessibility only through the narrow prism of differently abled. It should also include the general public.^{19,20}

With new regulations requiring hospitals to make seismic upgrades, and with the scheduled construction of many new healthcare facilities, healthcare executives can utilize this time to implement wayfinding strategies for purposes that will benefit their returns on investment and the public.²¹

When wayfinding best practices recommended by experts in the field are followed, wayfinding in healthcare will benefit patients, visitors, staff, and leaders by reducing medical errors, minimizing frustration, increasing satisfaction, and creating cost savings.²²

RECOMMENDATIONS FOR FUTURE RESEARCH

The study should be conducted at different hospitals. Perspectives of the decision makers can be studied.

RECOMMENDATIONS FOR BETTER NAVIGATION

Signages for the hospital on the main roads leading to the hospital. Colour coding and naming the main structures in the hospital premises. A layout map of the premises at prominent places. Uniformity in designing the sign boards. Use of local and universal languages while designing sign boards. Accessibility concerns of differently abled. Use of International symbols on signboards. Help desks at appropriate places. Educating all staff with adequate resources to help the info seekers. Developing an Application for navigation. Regular upkeep of the hospital navigation. Each of the methods should be acknowledged and improved upon.

CONCLUSION

Participants reported that an inadequate navigation infrastructure in a tertiary care hospital causes stress in patients and their relatives. There is an urgent need to address the navigation problems in large tertiary care hospitals to improve satisfaction and decrease stress amongst service seekers.

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