The Role of Healing Gardens

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OBJECTIVE

The overarching objective of this research is to expand the dialogue of the role of healing gardens in hospitals. In order to understand the role of healing gardens in hospitals, it is important to determine how and to what extent the healing garden is being used. By expanding this dialogue we can reaffirm the legitimacy of current approaches such as design criteria and the program. When the perception and role of healing gardens in hospitals is understood, research based design decisions can improve the quality of life for patients, providers, and visitors.

LITERARY RESEARCH

Three distinct groups of people may use or interact with a healing garden: the patient, the provider, and the visitor. Previous research recognizes and distinguishes between these three user groups. For example, a study of 1965 users observed 14% patient, 4% visitor, and 82% provider (Shen et al., 2005). The study also noted the importance of patient and provider interaction, which was observed in a healing garden observational study conducted in 2005. This study is typical of current approaches such as design criteria and the program. In the plan of the research with 1965 users, 4% patient, 4% provider, and 92% visitor (Shen et al., 2005). The next step of this research would be to develop and distribute design guidelines for this design typology.

RESULTS

Three distinct groups of people used Randall Children’s Hospital's Healing Garden. Of the total amount of users, 59% were visitors, 14% were patients, and 27% were providers. User group identification was determined through dress and activity (Fig. 5). The range of use of each distinct group of people was: eight (8) patients, nine (9) providers, and two (2) visitors. User group identification was determined through dress and activity (Fig. 5).

Patient room, patient interaction, natural features, let children play, cell-phone, lunch, work meeting, walking, sitting and relax, and quick chat were the most reported activities and their activity percentage in past research. During observation, eleven (11) of the thirteen (13) observed activities were present in the Healing Garden. The number of people using the Healing Garden was eight (8), patients used it less than five (5) minutes, providers used it five (5) to ten (10) minutes, and visitors used it ten (10) to fifteen (15) minutes.

Each study has slightly different results. For example, Fig. 2 shows the percentage of users who stayed 5-10 minutes inside a healing garden. 9% stay 6-10 minutes, 9.5% stay 11-20 minutes, and 15% stay 21-30 minutes. This study is typical of current approaches such as design criteria and the program. In the plan of the research with 1965 users, 4% patient, 4% provider, and 92% visitor (Shen et al., 2005). This study is typical of current approaches such as design criteria and the program.

The definition of these three distinct groups of people used Randall Children’s Hospital's Healing Garden is as follows: Patients are defined as those who have been or will be treated in the hospital. Visitors are defined as individuals who are not patients but view the healing garden from an interior space within the hospital. Providers are defined as those who are employed at the hospital and are engaged in the delivery of health care services. Each study has slightly different results. For example, Fig. 2 shows the percentage of users who stayed 5-10 minutes inside a healing garden. 9% stay 6-10 minutes, 9.5% stay 11-20 minutes, and 15% stay 21-30 minutes.

The purpose of this research was to understand the role of healing gardens in hospitals. In order to understand the role of healing gardens in hospitals, it is important to determine how and to what extent the healing garden is being used. By expanding this dialogue we can reaffirm the legitimacy of current approaches such as design criteria and the program. When the perception and role of healing gardens in hospitals is understood, research based design decisions can improve the quality of life for patients, providers, and visitors.

USE PATTERNS OF A HEALING GARDEN IN A PEDIATRIC HOSPITAL

METHODOLOGY

In collaboration with ZGF, a children’s hospital was selected for its fairly recent completion (2012), design goal to merge hospitality and healthcare, and interior healing garden. The interior garden was selected as the garden for some of its unique design intent and ability to monitor access. It is located for the third floor with programmatic views for confidentiality and intrusion control. Each infusion bay has a window with views to the garden. The access to the garden is only accessible to recognized patients, visitors, and providers of the children’s hospital. It is open from 5am - 11pm every day.

LITERATURE REVIEW

There are three distinct groups of people who may use a healing garden: the patient, the provider, and the visitor. Previous research recognizes and distinguishes between each of these three user groups. For example, a study of 1965 users observed 14% patient, 4% visitor, and 82% provider (Shen et al., 2005). The study also noted the importance of patient and provider interaction, which was observed in a healing garden observational study conducted in 2005. This study is typical of current approaches such as design criteria and the program. In the plan of the research with 1965 users, 4% patient, 4% provider, and 92% visitor (Shen et al., 2005). This study is typical of current approaches such as design criteria and the program.

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