



EXPERT INTERVIEW

How to make a more healing environment?

Paediatric anaesthetist Robert Brand explains why it is important for him to think about the hospital setting from the child's perspective – and what that perspective can lead to in hospital design.

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How to make a more healing environment? Take a kid's-eye view

It is an utterly routine part of Robert Brand's work as an anaesthetist at the paediatric hospital "Auf der Bult" in Hannover, Germany, to interact with parents and children immediately before the induction of anaesthesia.

While routine for him, it is anything but for the children he is treating and their parents. These moments directly before an operation involve a difficult separation between parent and child, the fear and uncertainty of the coming anaesthesia, not to mention the physically compromising experience of the operation that is about to follow.

Brand is acutely aware of this. As he describes it, "I'm directly confronted by the fears of parents and children because they experience me in my role as anaesthetist as a sort of escort or guide. I have a kind of transitional function that I provide." It's a responsibility that Brand takes very seriously and which has led him to take special steps to create a more healing environment in his sphere of work.

An outsider's perspective

This attention to the impact that the hospital surroundings have on the treatment process and the immediate experience of his young patients is also heightened in Brand's case by a sort of outsider's perspective that he believes he brings to the hospital setting.

Prior to committing to the study and practice of medicine, Brand took some steps towards a career in theatre, an interest that he continues to honour in a free-time project directing a children's circus. Through this theatrical viewpoint, an additional type of orientation is introduced into the functional world of the hospital setting, where Brand of course is pursuing his main vocation as a physician.

Brand explains: "As a theatre person it might really be that you look at the setting that you're in, your interactions with people, from a different point of view. And so it's become an extremely



Robert Brand, paediatric anaesthetist at the paediatric hospital "Auf der Bult" in Hannover, Germany

important topic for me to look at how I'm behaving, and how I'm interacting and what effects that is having on my patients."

The setting matters

Brand is thus highly attuned to the subjective experience of his young patients and their parents. Inevitably he begins to look with a critical eye at the surroundings in which they are encountering him and receiving treatment. Taking on the viewpoint of an imagined patient, he describes the experience:

"I take a look at my surroundings. When I'm in a room with green tiles, where sharp instruments are laid out, with metal sliding doors and it seems that everything needs a good cleaning, that of course has an impact on me as a person lying there. I see danger all around me. I see sources of risk that could be extremely threatening."

With that as the patient's experience, Brand then recounts his position as the practicing physician: "And as the anaesthetist I have to stand there in this setting and have to say to



my patients or to the parents: Trust me. You can leave your unconscious child here. Everything will be fine. But behind me I have those green tiles that look like a slaughterhouse or a car repair shop.”

Clearly it is not the setting that Brand would choose if he could build his own hospital from scratch. But that's not what a practicing physician is able to do. It is necessary to find the best available solutions under the given circumstances. And that is exactly what Brand has done with the support of the management in his hospital.

Creating better spaces one step at a time

Brand has taken action to alter the setting in two areas where he works so as to improve the experience of his patients and enhance the healing environment in his immediate sphere of activity. These are not multi-million euro projects – but they reflect the attention to detail and the respect for the subjective experience of patients that are always necessary to achieve real improvements in the healing environment.

Reducing stress for more effective treatment

In the course of the renovation of an examination room, Brand was able to introduce a sofa of his own design into this setting, which now makes it possible for mother and child to sit next to each other. Previously, the only seating possibility in this room was provided by roller stools – functional perhaps but basically uncomfortable and offering no possibility for close contact between parent and child.

With the newly introduced sofa, parents can sit closely together with their children – read a book, embrace or relax, as the spirit moves them. Brand has seen an immediate positive effect through this simple alteration: **“When I am dealing with children who are not so scared, I can get a whole new sort of contact with them. Often I'll be called to put in a new venous access. When I have to prick four or five times to get the vein, for example, this new situation gives me a new basis for maintaining trust with a young patient in a difficult situation.”**

Using light to transform the ICU

In his earlier theatre work, Brand was particularly interested in lighting design. This is a source of expertise that he has now been able to apply to good effect in his efforts to improve the working environment in the ICU at his hospital. Brand explains that with its extensive inventory of equipment for specialised medical treatment, an intensive care unit cannot readily be changed in its basic physical configuration. But the lighting that is used in this setting can be altered – with immediate and, one might say, dramatic effect.

Brand knows this first hand having overseen the implementation of a new lighting system in the ICU at his hospital in Hanover, Germany. The system makes it possible to exercise far more control over the lighting conditions in the unit than was previously possible.

With the customized, computer controlled LED lighting system it is now possible not only to recreate a full range of light tones that mimic the natural progression from sunrise to sunset but also to provide differentiated lighting moods throughout the ICU as desired. Night time disruptions have been minimised, the overall atmosphere has been made more friendly and welcoming, and the young patients and their parents have been given more control over the lighting conditions in their respective areas of the unit.



Positive reviews from parents and nursing staff

In this regard, Brand reports an interesting side effect of the improvements. Parents of severely injured children in cases involving burn or scalding accidents, for example, often suffer from a feeling of not having controlled things sufficiently so as to have kept their child safe. With the expanded possibilities provided by the new system to individually set the lighting conditions in the ICU room together with their injured child, such parents now have a small but nonetheless significant possibility to assert positive control over the hospital environment. This has had the beneficial effect of easing interactions between hospital staff and parents, which can sometimes be tense and demanding.

Nursing staff in the ICU also have become strong advocates of the new system. To study the effects of the new lighting system, Brand considered making a comparison between the previous standard lighting arrangements and the new functionality provided by the customisable LED system. His plan was to work for two weeks with the old system to obtain relevant data for a range of care and treatment parameters that could then be compared with those in the new working environment.

To date, the study has not been made because the nursing staff are unwilling to forgo the benefits that the system is providing on a daily basis in their working lives and in the experience of the patients they serve – which could be cited as a relevant study result in itself.



The funding and future of healing environment improvements

The changes that Brand has implemented have taken place as add-ons to smaller renovation projects that were undertaken within the hospital building in recent years. Brand's innovations have been positively received by the hospital management at his institution, but they represent a proverbial "drop in the bucket" in the overall cost scheme of healthcare.

Improvements in the healing environment that are experienced initially on a more subjective level, such as the two projects that Brand has organised, are generally not prioritised in the larger healthcare system, which is characterised by extreme cost pressures and relentless efforts to maximise immediately demonstrable cost efficiencies. As Brand notes, such healing environment changes are simply not in focus in the planning activities of major healthcare payers, nor are they reimbursed in standard insurance schemes. As a result, they are not systematically pursued or developed.

In Brand's opinion, the overall hospital environment suffers significantly as a result. **"A purely economic view leads to decisions that can be disastrous with only economics and egocentric thinking set the agenda."**

In his daily work with children, Brand is often making an effort to reduce the level of fear experienced by his patients. He poses the provocative question, why must it be that not only children, but also most adults, are typically terrified at the prospect of a visit to the hospital. Why do we operate hospitals in such a way that patients come to view and experience this central institution more as kind of "mechanical repair shop than a place orientated to human needs." Finally, if we were to prioritise improvements in the overall healing environment this would benefit everyone – present and future patients of all ages, not to mention the people who work in these environments. As Brand soberly points out: **"It is not so improbable that many or even most of us will spend our last hours in a hospital. Here and there the society as a whole should really think about the situation in which these last hours will be spent."**



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Drägerwerk AG & Co. KGaA
 Moislinger Allee 53-55
 23558 Lübeck
 Tel.: +49 (0) 451 / 882 - 0
 Fax: +49 (0) 451 / 882 - 2080
 E-Mail: info@draeger.com
www.draeger.com