

# DESIGN FOR WELL-BEING IN HEALTHCARE ENVIRONMENT: REHABILITATION OF STROKE PATIENTS

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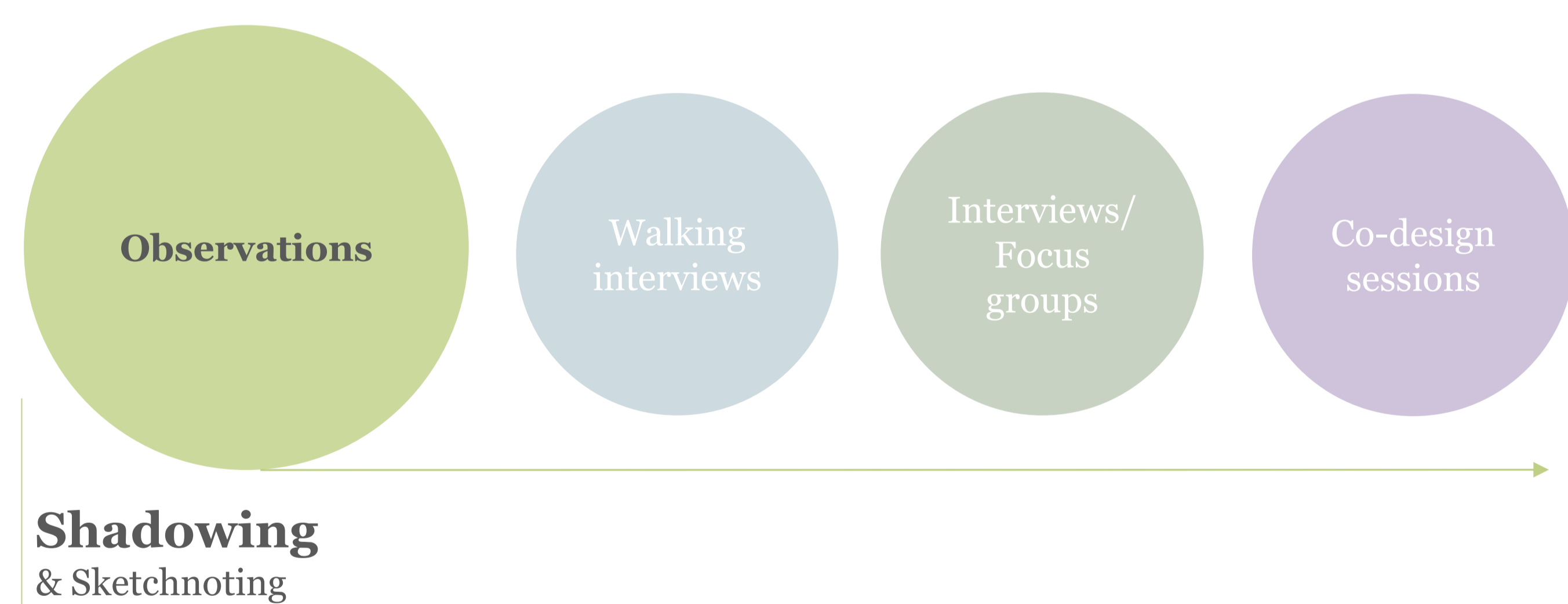
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## Background

This four-year PhD project founded by the BOF scholarship focuses on the contribution of architecture of post-stroke rehabilitation hospital services to the well-being of patients, more specifically stroke patients. Due to their stroke accident, these long-term patients have to (re)learn skills and abilities they lost in the healthcare spaces. This creates a particular relation between the patient and the built environment. The patients are not the only actors included in this study. This is extended to the well-being of all those involved in the rehabilitation: employees and caregivers, be they formal (doctors, nurses...) or informal (close family, relatives...), managerial and maintenance staff.

## Progress

The actual stage of the PhD research is a first exploratory step consisting of the observation of the rehabilitation service with several key stakeholders. The main objective is to identify the different key spaces and moments in the life of the service. Once identified, it will nurture the following methodological steps (Table 1) by first defining the relevant elements to work on in this specific context. It will also enable to gain a better understanding of the daily life of the service, the role of every stakeholder, and the specific issues of post stroke rehabilitation. The opportunity to initiate contacts with the service will hopefully make easier solicitations for future more active engagement in the next steps of the research.



**Shadowing**  
& Sketchnoting

**Table 1.** Overview of the PhD research steps methodology with the highlight on the actual steps of observations

## Methods

Observations will be divided into two phases: shadowing (current work) and sketchnoting (future work). Shadowing enables to follow different stakeholders during their daily

routine for +/- 3 hours (depending on their profile) (Table 2). These were selected because of their essential roles in the life of the service. Thanks to the collaboration with University Hospital Centre of Esneux (CHU, Belgium) eight shadowing sessions will be conducted. As M. Kevdzija argues, using shadowing offers “*potential for research looking into the role of the built environment in the experiences, behaviours, and activities of patients in healthcare facilities*” (2024, p.13). The sketchnoting phase will complement by catching more passive moments in the service. All the drawings will be used in the following methodology steps (for example in interviews/ focus group) to provide visual supports. The whole methodology process (Table 1) will be duplicated to the two other collaborating rehabilitation services also located in Belgium: CHU of Fraiture and ZOL hospital.

## Results

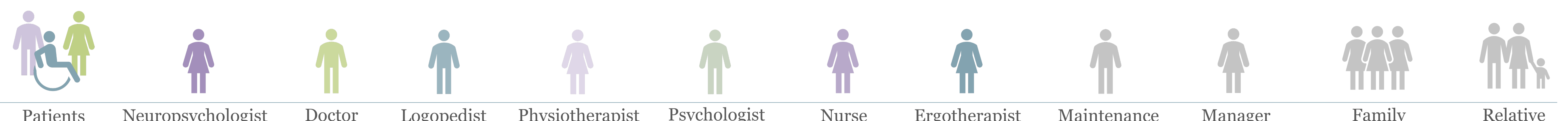
This section presents here the premises of the shadowing results (1/8). Further results will be collected in June 2024 and discussed at the conference. Hypotheses emerged for the most key spaces to be explored later: the distinction between static spaces (e.g., consultation office) and active spaces (e.g., ergotherapy room), the difference between long-term patients spaces and punctual spaces, and the potential of two adaptive apartments in the service for patients at the end of their rehabilitation.

## Conclusion

In conclusion, various points were raised during the planning and execution of certain shadowing projects. The first was the difficulty of gaining access to the site due to requests for authorization from the ethics committees. The difficulty of adapting the methodology to each of the different profiles was also identified when planning with the various stakeholders. This difficulty may be amplified in future stages with the addition of further profiles. Finally, attention had to be paid to the balance to be struck in shadowing, so as to be able to make oneself known without having an overly intrusive approach, especially during the more intimate time.

## References

Kevdzija, M. (2024), Shadowing Stroke Patients to Explore the Rehabilitation Built Environment: Approach, Insights, and Lessons Learned, *Qualitative Health Research, Vol 0 1-15* (2024), p.13



**Table 2.** Overview of the different stakeholders involved in the PhD research project with the highlight on those included in the shadowing part.