Executive summary

Health Council of the Netherlands. The hospital as a healing environment.The Hague: Health Council of the Netherlands, 2009; publication no. 2009/14.

In addition to providing optimal care, new style hospitals also aim to provide a healing environment for their clients. Can the architectural features of such hospitals really make patients feel more comfortable, and help them recover more rapidly? If this is indeed the case, then what architectural characteristics and environmental variables have the greatest effect? These are the main issues dealt with in this horizon scanning report, which was drawn up by the Central Committee on Medical Technology Assessment (MTA) of the Health Council of the Netherlands.

In the Committee's view, scientific research in this field is both heterogeneous and fragmented. Furthermore, the methodology employed often does not stand up to close scrutiny. Despite these reservations, however, some useful results have been obtained. Of these, the finding with the best supporting evidence is that good natural ventilation with fresh air does indeed promote healing. There is also substantial evidence that 'views of (real or depicted) natural landscapes', together with building measures to combat noise nuisance and hospital-acquired infections, have beneficial effects in terms of patients' healing and recovery. However, it is not always clear which of these measures is most effective in this respect.

Things are less clear-cut, however, in the case of numerous other environmental variables. People appear to differ substantially in terms of their preferences for certain factors (or combinations thereof), such as light, colour and sound. Moreover, there is insufficient evidence that preferences of this kind are

associated with beneficial health effects. In addition, no definitive conclusion has yet been reached concerning the potential benefits of single rooms.

Further research may help to clarify this situation. In this context, the Committee has raised several important points. Methodological quality has the highest priority, both for studies into the impact of design variants and for research into possible correlations between environmental variables and health effects. Furthermore, greater efforts must be made to distinguish between the actual (and potential) impact of such factors in terms of (1) patient health and (2) patient wellbeing. Each type of effect is valuable in its own way. The two can co-occur, but this need not be the case.

In practice, the architectural features of hospitals (or of individual wards) are also primarily aimed at facilitating and encouraging new developments in the provision of healthcare itself. These include partnerships between different medical professions and auxiliary services, or between caregivers and researchers. In this connection, there is also a need for analyses in which the various objectives being pursued are evaluated in terms of their cost-effectiveness.

Finally, the Committee indicates the importance of something that, to date, has not traditionally featured in hospital construction: the effective exchange and dissemination of tried and tested concepts. It takes the view that the Architecture in Health innovation platform can be an effective player.