

Dissertation Title

“If You Give a Doctor a Break Room: The Impacts of Places of Respite for Healthcare Professionals”

Academic Rationale

The seeds of my research were sowed sitting outside surgical theatres, in intensive care units, in countless waiting rooms, and by my father’s bedside when he received life-saving care. I have distinct images passing his care team in flickering hallways: nurses curled up on cots between shifts, doctors hunched on plastic chairs, hushed voices gathering around pots of stale coffee. Their weary eyes reflected the headlines of newspapers strewn across tables: rising incidents of burnout, poor staff retention, strikes, understaffed care spaces folding into oblivion. I contemplated these issues on comfortable chairs in clutter-free rooms, framed by sunny windows - impactful design choices exclusive to the patient experience. I began to wonder why healthcare professionals, who spend most of their lives in these environments, lacked infrastructure conducive to rest, revitalization and wellness.

The aim of my research is to investigate the current state of places of respite and survey their impacts on allied healthcare professionals in the United Kingdom. While a considerable body of research linking built environments to the patient experience exists, a significant gap remains in understanding how these spaces affect healthcare professionals (Devlin, 2015; Nejati et al., 2016). At the same time, United Kingdom has long faced challenges in staffing its healthcare system (Byrne et al., 2020; Blake et al., 2020). This research has the potential to incentivize the planning and design of therapeutic healthcare environments directed towards staff wellbeing, playing a role in improving staff retention and persistent workforce challenges. This sentiment echoes through Ann Noble’s legacy, who championed the benefits of therapeutic architecture for patients *and* staff in her work (Francis et al., 1999). My research calls for an interdisciplinary approach: one that integrates innovative healthcare design, architecture, and strategic development to envision a future where more emphasis is placed on the value of respite spaces.

Research Methodology

My exploratory research will be conducted with a mixed methodology, grounded in two parts: first, through observation of places of respite; and secondly, by way of surveying current allied health professionals. Visits to healthcare spaces will be vetted, approved, and scheduled prior to my observational research. Observation of places of respite will yield ethnographic data on usage of the space, including staff flows and duration. Furniture, organization of space, amenities and sources of light will be documented through photographs. To satisfy the third research question, which seeks the perceptions and experiences of real healthcare professionals, surveys will be disseminated to allied health professionals. Consenting participants will provide anonymous responses to a survey questionnaire consisting of Likert scales and open-ended questions.

Research Questions

1. Which social, political, and public health events have shaped the evolution of places of respite for allied health professionals?
2. What is the current nature of places of respite in healthcare environments (amenities, fixtures, seating, design, lighting)? How often are these spaces used, and what is their proximity to working areas?
3. How do these spaces impact allied healthcare professionals? Are their perceptions of the quality of these spaces tied to job satisfaction, feelings of restoration, motivation, or burn-out?
4. How may the results from this research influence healthcare policies, healthcare building notes, or guidelines for healthcare development and planning?

Award Expenditure

One of the current limitations of my research is the breadth of cases, which are limited to healthcare spaces in the Greater London Area. This fund would enable me to increase the scope and demographic of my observational research, travelling to care spaces outside London and enriching my findings. If I were selected, a portion of the fund would be used to expense the entrance fee to network at the SALUS European Healthcare Design congress in June, with the ambition to present my research at the 2026 congress. Though this passion project is in its early stages, I aspire to publish this research and delve deeper into these themes in my academic and professional career.

Mentorship from an AFH professional will be incredibly advantageous, allowing me to draw from a role-model's expertise, wisdom, and network. The success of my research depends greatly on approval to enter healthcare spaces and the recruitment of participants: it is exciting to know that both endeavours could be expedited and enhanced through an invigorating mentorship. My final goal would be to host an event for young leaders, consisting of a panel of allied healthcare professionals and planners actively involved in healthcare transformation. In this joint event, hosted by UCL and Architects for Health, Ann Noble and her family would be recognized as the sponsor.

References

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