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**Paper 1:** Healing environment: A review of the impact of physical environmental factors on users

#### **Lessons learned:**

- Health is a state of complete physical, mental and social well-being, and not merely the absence of disease of infirmity
- The Cochrane Methodology was interesting to learn more about.
- It is interesting that providing patient with some choice/control over their environment (e.g. light and temperature) reduces stress and anxiety.

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### My questions:

- The degree of reliability is introduced in the paper is not clear. Is it same as correlation?
- Why patients and their families were considered as one category while their state of mind and needs in the HCF could be significantly different.
- It is mentioned in the paper that "identical rooms" provides same distribution, layout and lighting for the occupants. However, lighting is arguable because even rooms in the same side of the building with identical layout might absorb different lightings.
- It is stated that "study showed first-time visitors performed significantly better on objective measures of cognitive mapping than nurses with two years of experience at the hospital". I am curious what the reason might be?
- It seems that causal relationship between the staff and patients has not been considered in the
  literature. The authors brought up the scarcity of evidence for staff outcome. However, it would
  also be interesting to study how the impact of healing environment on staff indirectly influences
  the patient outcome.

**Paper 2:** Field evaluation of the circadian stimulus potential of daylit and non-daylit spaces in dementia care facilities

#### **Lessons learned:**

- A light stimulus in the early morning will advance the circadian clock and light received in the evening will delay it.
- Interior spaces should be designed in a way that introduce daylight from multiple direction and allow for all seating locations to have a view either directly facing or perpendicular to windows. This is essential because social activities in dementia healthcare facilities require occupants to face in multiple directions.

## My questions:

- Why in did they measure the light at a single location? If one location is enough, why 4 directions are considered?
- There were other questions while I was reading the paper. However, majority of them are included in the limitations section.