

Review of: "Controlling Offenses on Health Care Personnel through Environmental Design of Healthcare Environments"

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Potential competing interests: No potential competing interests to declare.

Thank you for asking me to

1. Review this article and
2. Provide helpful comments for the authors.

The authors explore a significant and growing concern in healthcare provision. However, as we know violence or abuse aimed at healthcare providers is not unidimensional. Personal, social, cultural, environmental and many other factors must be considered to understand why it is occurring in a particular situation or context. Before thinking about how a facility design may help reduce and manage violence or abuse, it is really important to acknowledge this complexity. Not understanding this complexity has often left us with a problem of both healthcare providers and consumers feeling 'locked in' in the name of safe care (1). With a better facility design, there is an opportunity to improve safety and overcome the problem of both staff and healthcare recipients feeling 'locked in' (2).

There is no disagreement about the fact that hospitals and healthcare facilities must be designed to ensure healthcare provision can occur in an environment that is safe and comfortable and flows are efficient for healthcare consumers and providers (3-6). The challenge for designers is to be able to do that within a regulatory framework and resources available. Therefore, it is very appropriate for authors to also be concerned with exploring spatial configurations, however, to do so by describing the constraints within which the spatial design considerations are being analysed.

- In this context, it is also important to realise that design considerations in healthcare facilities are dependent upon the type of healthcare provided in those facilities. Considerations to minimise violence and abuse are vastly different in a hospital providing care to people expected to be able to be accountable for their behaviour as compared to those where they may be impacted (sometimes unpredictably) by cognitive, intellectual or other mental disturbance. I would have liked the literature review to explore this aspect further. This is also the reason that the title of this article must clarify that the study is of a specific healthcare environment and it may not be possible to generalise these findings.
- My main concern about this article is that the conclusion the authors have reached is not possible to reach from this research, which is something I would encourage the authors to consider and resolve.
- The authors have explored connectivity and visibility between emergency treatment areas and associated waiting areas as well as exit-related design features. As authors rightly identify in the abstract (and only in the abstract, although not in the body of this article) they were interested in 'the healthcare providers' feeling of comfort and sense

of insecurity.' I would encourage authors to consider whether the abstract reflects the paper, which I would suggest doesn't at the moment.

- A conclusion one can draw from this paper can be about design factors that may allow safe egress but not 'the environmental design aspects that could help in reducing assault on the healthcare providers.' Coming to such a conclusion from this work would be inappropriate.
- I would propose that access control to reduce workplace violence is an important aspect, however, without counterbalancing discussion about how it may make the care environment less accessible, impede with involvement of caregivers and countless other considerations to not make hospitals prison-like, is also necessary.
- Similarly, further analysis of whether disconnected and invisible areas (e.g. doctors' rooms in this scenario) improves safety or potentially make the situation even more unsafe, is also an important discussion point.

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