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Response

RT: Harnessing the Environment—A Response to Haun's Ecological Ideology in Modern Day Healthcare Environments

Case Examples of Mayo Clinic and University of Iowa Hospital and Clinics/Stead Family Children's Hospital

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Introduction

The article applying Haun's ecological ideology to modern healthcare environments focuses on the importance of recreation opportunities and pleasurable experiences within the hospital environment. The authors extensively linked the environment to person and behavior. Although sometimes presented under different names, the authors demonstrate this idea is well established in the literature and consistent with many models of recreational therapy practice.

The authors cited a number of examples of how the Mayo Clinic and UIHC have integrated nature, distraction (art and music), and other aspects of environmental design into the hospital in order to improve the patient experience. We agree that these play an important role in the healing process and provide opportunities to reduce stress within the healthcare environment. Furthermore, there is ample research that suggests the aesthetics of the healthcare environment play an important role in the recovery of patients (Connellan et al., 2013; Park & Mattson, 2009; Ulrich, Bogren, Gardiner, & Lundin, 2019). For example, integrating nature into hospital rooms has

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been long associated with positive health outcomes. Following surgery, patients who have plants or flowers in their recovery room have lower systolic blood pressure and report less anxiety and pain than those in recovery rooms without plants (Park & Mattson, 2009). Similarly, exposure to natural light while in a hospital environment has been associated with lower levels of perceived pain, stress, and depression, as well as shorter lengths of stay by an average of three days (Connellan et al., 2013). Mental health hospitals that provide opportunities for patients to access nature, have spaces with modular furniture that patients can move to modify the social environment, and nature-based art have lower instances of aggression (Connellan et al., 2013).

Within UIHC, these connections to nature and leisure are evident in the improvements observed in patients' mood and perceived stress. One of the most frequently requested intervention spaces is the outdoor patio where a mural has been painted on the wall and patients plant flowers every spring. A tree and flowers accompany the patio chairs and tables that allow for social skills, coping skills, stress management, and other discussions. Patients also do outdoor games, stretching exercises and relaxation sessions on this patio. Patients on the locked psychiatry units might get anywhere from 10 minutes to 60 minutes per session. When asked to rate mood at the beginning and the end of the session, they almost always report less stress by the end of the session than they had initially.

We agree that recreational therapists, along with other allied health and design professionals, should be included in the planning process when it comes to creating these environments. The mural project at the University of Iowa Hospitals and Clinics is a good example of recreation therapy successfully working on the environmental planning.

An excerpt from the hospital magazine describes the role of RT:

> To beautify the space, rehab therapists Jon Mitchell (clinical specialist–recreation therapy) and Sara Hefel (senior recreation therapist) suggested covering the wall with a mural. Steve Blanchard, administrator for the Department of Psychiatry, pitched the idea to Bruce Scherting, director of Project Art at UI Hospital & Clinics, who—along with Volunteer Services—helped fund the project and find an artist to create the work. (Betz, 2018)

Not only do recreational therapists have knowledge of the potential health benefits related to participation, but they also can envision how these spaces could be used in active treatment.

While we agree with the authors' orientation to an environmental approach, the narrow focus on the hospital environment is limiting. Hospitals serve an important role in the treatment and recovery process. However, these don't end when a patient is discharged from the hospital. Often, there are continued treatment services as well as activities the patient is expected to do in order to maintain or continue to improve his or her health. The remainder of this paper will focus on changes within the healthcare system and our understanding of health determinants, which require a shift in how services are delivered.

Expanding the Hospital Environment

Recent research provides insight into the importance of the environment on one's health. Public health research has highlighted the impact of one's zip code as a deter-

minant of health (Roeder, 2014). The American Hospital Association has taken note and is seeking strategies through which they can change the traditional structure of hospitals and make a direct impact in the community. For example, a new hospital is under construction in Cleveland that will reside in 25 acres of green space with walking trails that connect to community trails and healing gardens. The space is designed to be a health asset to the broader community. This demonstrates the expanding role of hospitals in treating not only the primary condition, but also supporting patients to engage in lifestyles that enhance health.

Within the hospital environment, attempts are being made to unite patients with the outdoors and other leisure resources. In 2015, the Massachusetts Department of Mental Health entitled all psychiatric patients in Massachusetts hospitals and residential programs to "reasonable daily access to the outdoors" (Weisman, 2016). However, there are logistical challenges, and many of the Massachusetts hospitals under this requirement do not have outdoor or recreational areas to take patients, nor do they have the funds to create them. In fact, many are seeking ways to avoid complying with the regulations (Bailey, 2016). Specifically, "up to 20 hospitals, including Massachusetts General, plan to seek waivers to the new rules, citing a lack of space" (Bailey, 2016). This may provide an opportunity for recreational therapists to integrate treatment opportunities into outdoor spaces.

Similarly, recreational therapy has the potential to not only provide services within the hospital environment, but also to integrate prevention and treatment-oriented services directly into the community. A recent publication (Sarris, Manincor, Hargraves, & Tsonis, 2019) documented the physical and mental health benefits of interventions rooted in the environment, noting that there is emerging evidentiary support for "'forest-bathing,' heat therapy, sauna, light therapy, 'greenspace' and 'bluespace' exercise, horticulture, clay art therapy activities, and pranayamic yoga breathing exercises" (p. 18). As an example, a facility in Joseph Brant Memorial Hospital in Ontario, Canada offers recreation therapy programs that emphasize connection to one's natural environment. One of their most popular interventions is a trip to the Community Garden each week, which provides opportunities for gardening, fresh air, and sunshine while simultaneously eliciting positive emotions and memories. Additionally, inpatient programming provides support to assist individuals to identify and connect with resources in their own community. This is continued in their outpatient programming, by offering opportunities that occur within the community (Hospital News, 2004). This exemplifies the potential of interventions to expand beyond the hospital environment.

While some may assume this generates the age-old argument of clinical versus community, we believe this provides an opportunity for hospital-based recreational therapists to create a bridge that connects patients to the community upon discharge. Merali, Cameron, Barclay, and Salback (2018) describe a partnership between a hospital and recreation center that offered a post-stroke exercise group to former patients and caregivers. Qualitative results indicate both physical (e.g., balance, strength) and psychosocial benefits (Merali, Cameron, Barclay, & Salbach, 2018).

Fortunately, recreation therapy at the UIHC still has the option to take patients off of the unit. UIHC patients respond in a positive fashion similar to the patients mentioned earlier from the Joseph Brant Memorial Hospital. Hospitals able to provide these outdoor and community involvement options appear to be the exception, not the norm. We agree with the authors that the Haun philosophy of leisure, play, outdoors,

and fresh air are valuable treatment modalities inside the hospital. We also suggest that recreational therapists should extend Haun's philosophy to the community, potentially through collaborative relationships between hospital and community environments.

Understanding the Modern Patient

Haun (as cited in Phillips, 1957) suggests that recreation within the hospital provides opportunities to reduce loneliness. Loneliness is a growing public health concern. In fact, loneliness and social isolation are associated with increased all-cause mortality and poorer mental health outcomes (Leigh-Hunt et al., 2017). Therefore, addressing loneliness and social isolation in the hospital is important; however, it may be more important for recreational therapists to assess loneliness and consider interventions and supports that will address loneliness post discharge.

Recreation therapy in hospital settings often targets social skills and provides both one-on-one and group interventions. These interventions can be greatly enhanced by aesthetically pleasing environments and socially engaging atmospheres. Loneliness has remained a severe problem amongst many populations and older adults, youth, and younger adults seem especially vulnerable. The United Kingdom's Office for National Statistics collects data on loneliness among youth and young adults. The 2018 results indicated that 11% of 10- to 15-year-olds and nearly 10% of people aged 16-24 were "always or often" lonely. When health status is also included, loneliness is more pronounced. Data from the 16- to 24-year-old cohort also indicated that 40% of those with poor health and 18% of those with a long-term illness or disability were lonely "always or often" (Office for National Statistics, 2018). Additionally, a study from December 2018 indicated loneliness predominantly affects people in their 20s, 50s, and over 80 (Lee et al., 2018).

Recreational therapists can approach interventions from a number of perspectives. Interventions may support individuals to identify and access opportunities for socialization; develop social skills; and/or reduce maladaptive social behaviors and thought processes (Patel, Wardle, & Parikh, 2019). The atmosphere of the intervention also appears to be important, as group interventions appear to reduce loneliness more so than one-to-one interventions (Dickens, Richards, Greaves, & Campbell, 2011). While recreational therapists can work with individuals to increase access and opportunities for socialization, it is difficult to increase one's social network in a short time frame. However, interventions that support individuals to reframe negative thought patterns and maladaptive social cognition are also beneficial in reducing one's perception of loneliness.

In addition to loneliness, depression is often comorbid with chronic health conditions (Katon, 2011), particularly those conditions that require repeated or long-term hospitalization (Himelhoch, Weller, Wu, Anderson, & Cooper, 2004). Decreased motivation and a tendency to self-isolate are common among individuals with depression. Therefore, environmental interventions must be integrated into the individual's room (e.g., art, natural light, plants) or recreational therapists must implement one-to-one interventions that promote participation within therapeutic environments outside of the client's room. Otherwise, the client may not have opportunity to experience the aforementioned benefits. This provides an additional example of how recreational therapists can serve as a bridge to health-enhancing environments.

Leisure, Play, and Recreation as a Medical Necessity

Beyond the physical environment, hospitals are required to provide treatment that is medically necessary. Medical necessity often invokes ideas of traditional treatment (e.g., medication, surgeries). The World Health Organization's International Classification of Disability, Function, and Health (ICF) provides a model that suggests participation in daily life activities, including leisure and recreation, provide opportunities to improve one's health and function. Supporting individuals' participation in leisure and recreation, both within and outside of the hospital, empowers them to engage in enjoyable activities while simultaneously improving their health and function. Ideally, therapists, either through discharge planning or through outpatient treatment, are able to support clients continued engagement in health promoting recreation activities post discharge.

The ICF provides justification for the medical necessity of leisure, play, and recreation. This is evident across ages and across populations with disabilities. As an example, adults with mental illnesses are able to identify the resources necessary to participate in community-based recreation and identify the associated health benefits (Snethen, Bilger, Maula, & Salzer, 2016). Play, as a medical necessity, is probably most evident among children. In an editorial column, Hernandez Arenas (2014) discusses the importance of play for children and the role of the hospital environment. According to Hernandez Arenas, play not only provides opportunities for normalization in the hospital, but also has numerous health benefits (i.e., reduced anxiety, stress relief, and promotes normal development) (Hernandez Arenas, 2014). Similarly, adults in stroke rehabilitation prioritized participation in therapy, rest, and recreation opportunities, particularly when those activities align with pre-stroke interests/lifestyle (Purcell, Scott, Gustafsson, & Molineux, 2018).

There are numerous examples that could be detailed here, however, we believe that play and leisure as a medical necessity is a foundational belief of recreational therapists. As such, we chose to elucidate only a few examples. However, the commonality suggests that simply providing the space for recreation to occur many not be enough. Trained professionals, like recreational therapists, should play a key role in facilitating opportunities for health-enhancing leisure, recreation, and play to take place, both in the hospital environment and post-discharge.

Discussion

In summary, we agree with much of what the authors presented. However, at times, we believe even greater application of an ecological approach to recreational therapy is warranted. Recreational therapists should consider connecting patients to environments that facilitate recreation participation both in the hospital as well as a component of discharge planning. Therefore, recreational therapists should be integral members of the team when it comes to decisions regarding leisure spaces within the hospital, with an eye for accessibility and usability as a space for potential treatment.

Not only should recreational therapists be involved in the planning of such spaces, but they must also consider how to utilize them in treatment. Simply creating the space for recreation to occur may not be enough. Many patients experience issues such as loneliness or depression, which may negatively impact one's motivation to engage in such spaces. Therefore, recreational therapists must also engage in the full treatment

process (Assessment, Planning, Implementation, Evaluation, and Documentation [APIED]) in order to identify interests and resources (both in and out of the hospital) in order to support patients' engagement in health-enhancing recreation and leisure activities.

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