COVID-19 and the Dreads of Hospitalization: Connecting With a Recollection of Memories As a Patient of Dengue Fever

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Abstract
I have spent a considerable time in visiting and even staying at various hospitals since my childhood. With many of the memories still intact, the one encounter whose mark is an enduring one in my mind is when I caught dengue fever and was admitted to a public hospital. During this stay, I remember largely being restless inside my room. However, visiting an outdoor ground near my ward was always a rejuvenating experience and made me feel stronger and better. It was during that time when I truly realized the significance of indoor as well as outdoor design quality of health care buildings and how they impact the well-being of their users. To say the least, that short stay at the hospital was one of the major reasons that why for my graduate and undergraduate theses, I chose to explore the role of well-designed and accessible outdoor spaces especially gardens in health care buildings for promoting mental as well as physical health and well-being among users. Presently, as we steer through a deadly pandemic, my own experiences from this hospital stay makes me want to reflect back and reemphasize on why there is a need for health care policy makers and relevant governmental bodies to strategize and prioritize long-term goals for implementing measures such as evidence-based design considerations of hospitals, especially in developing countries, and to promote accessible, inclusive, and safe healing spaces where patients may leave with positive experiences instead of negative reminiscences and where the staff can also use these spaces for respite.

Keywords
COVID-19, hospital outdoor spaces, hospital gardens, hospitalization, patient experiences, developing countries

Introduction and Background
In October 2010, I developed a high fever with severe fatigue and muscular pain, especially a pinching pain in the eyes, neck, and the back of my head. Considering this a common fever, I visited a clinic in my neighborhood and was prescribed some basic medication as there were no severe symptoms. However, after the fever and pains persisted for a few days, the doctor in the clinic told my parents to take me to a nearby hospital as he suspected this could be a case of dengue fever. One of the reasons for this suspicion was that I had lately travelled back from a hillside town that was recently reported to record several dengue fever cases.

By this time, the fever and pain had gotten really worse, and I was soon taken to the hospital where they ran some blood tests and subsequently admitted me for observation. After a day or 2, my platelets level started to drop persistently, and it was later confirmed that this was indeed the dengue fever.

“I had been admitted into a private room on the ground floor of the hospital. I still remember the details which I noticed while walking into that private room; a standard hospital bedroom having a single-patient bed with all the vital medical equipment at the back and an attached bathroom with just a little window on the side of the bathroom, completely shut, depriving any natural light or ventilation to enter the room (!). The room although meagerly ventilated through the hospital’s HVAC system felt to me like a prison.

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With every breath that I would take inside that room, I would feel weaker and weaker, as if the air inside the room was set to kill me. I felt trapped like an insect in a spider’s web that would flutter all it could, but with every little struggle it made, its energy to resist would go feebler. It was an unexplainable feeling; a small window opening (if you get lucky) toward a dead wall at one side and a deserted courtyard on the other, the door to the room opening into a hallway and a stench of smell, the smell of sickness. This all made me feel sicker and weaker than the disease itself did. Like a drowning animal in a bog, the more my mind struggled to get out, the more entrapped I would feel. It did not take me long to notice that I only felt like this when I was inside the room. When I would go out in the open, I could feel fresh again” (1) (Figure 1).

Since I was studying architecture at my university at that time, 4 of my friends would visit me daily on their way back from the university. So, every day I would slowly walk out with them and we would sit outside in an adjacent open space. “With every moment that I would spend outside the room on the little bench facing toward the trees, I would feel healthier. Was it because of the rustling leaves of the trees or the presence of the birds that flew over my head? Was it the fresh air I inhaled or just the sound of the vehicles passing by? Or was it just a self-made psychological assumption? I do not know! But what I do know is that all the things combined out in the open, made me feel better and stronger than I ever was inside that room. Spending just a little time outside would make me feel fresher and more determined, ready to combat the disease with an all new vigor” (1).

Upon my return though, I would start feeling trapped again. I remember after just a few days, I became frustrated and a bit agitated and requested my parents to stop any visitors from coming into my room. I tried to read some books, but that did not help as it would put a strain on my eyes and the pain would worsen. At night, no matter how hard I tried, the pain in the muscles and joints, especially the eyes and neck, would not let me sleep, and I distinctly remember telling the nurses and my parents to “kill me please!” As I lived quite close to this hospital, I remember I used to go to my house every time I needed to use the toilet because the one in the hospital was uncomfortable to use. I also remember my parents would laugh at this as it did not make any sense to them because even that simple trip would make me tired. However, I think I partly did that because I just needed to get out of my room even if it was for a limited time.

These experiences that I had in that time are partly the reason why years later, I chose to make this hospital one of my case studies while formulating design considerations in the existing hospital outdoor spaces.

Discussion

I have shared these experiences because we are going through an unprecedented situation given the COVID-19 crisis and it makes me think of all those patients who have or are experiencing similar feelings while they are admitted for treatment. Hospital environments are generally perceived as “frightening” (2). Moreover, for a patient, the ailment itself may pose as a great cause of pain, anxiety, stress,
confusion, frustration, and, possibly, anger. However, if the hospital environment is pleasant and peaceful, it might calm down some of these feelings and therefore make the patients’ healing process much easier.

Yet many hospitals, especially in developing countries, are unable to provide opportunities for patients’ healing and positive experiences despite the availability of vast literature that iterates the importance of having well-designed, inclusive, and accessible open spaces and healing gardens in health care settings. Multiple accounts of experiences have pictured what the hospital wards looked like during intense waves of the pandemic. One must speculate how the patients would have felt just lying around under strict isolation with no possible means of human interaction beyond limited contact with the hospital staff for critical care. In this scenario, the patients, even if they could walk, are not allowed to step outside the isolation areas. It is hard to imagine their mental state, looking at the medical staff walking around with protective equipment, minimal conversations, masked and expressionless faces, and nothing else. Consequently, there has been a significant increase in studies focusing on the psychological state of patients and the medical workforce during these times. Specialists from all relevant fields have joined hands in sharing their expertise and making valuable insights and recommendations for various implications.

Recommendations

As an architect and a lecturer in landscape architecture, I feel strongly that while many studies have focused on the epidemiological perspectives, there is also a need for health care policy makers and relevant governmental bodies to strategize and prioritize long-term goals for implementing measures such as evidence-based design considerations of hospitals, especially in developing countries.

One of the major strategies should be to promote “accessible” healing gardens and open spaces. I stress here on the word “accessible” because while the private hospitals in Pakistan have issues related to space availability, the public hospitals, on the other hand, have plenty of open spaces and gardens though all of them are being underutilized. These open spaces and gardens are either fenced and entry is prohibited or in those cases, where they are accessible, there is no landscape value that the patients and visitors may benefit from. Therefore, by effectively utilizing and designing the open spaces and gardens, the hospital administration could improve the well-being of patients, visitors, and staff as well as add aesthetic value to the hospital (2). Even enhanced window views may help patients in their healing process (3). Experiencing natural light and views from the windows could be helpful, especially for the mobility bound patients including the isolated COVID-19 patients who may not have any other positive distractions. The health care buildings should promote a sense of personalized care and act as healing spaces; offer contact with natural environment through views, planting, and landscape; make use of natural light and ventilation; and reduce energy consumption (4).

The COVID-19 pandemic will eventually be tackled. However, health care facilities will continue to admit patients coming for treatment of other ailments. While this pandemic has highlighted so many vulnerabilities in our health care systems, it has also presented us with an opportunity to recalibrate our priorities for development. Moving on, we must ask ourselves, if we should just look for short-term remedies to these vulnerabilities or also focus on long-term solutions to some of the most pressing yet frequently overlooked issues such as accessible, inclusive, and safe healing spaces where patients may leave with positive experiences instead of negative reminiscences and where the staff can also use these spaces for respite. Research suggests that collaboration is the key here and planners, health care organizations, local authorities, and so on may all work together for incorporating health and well-being into core strategies for developmental decisions (4).

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Saad Arslan Iqbal is a lecturer of Landscape Architecture and an emerging researcher with multidisciplinary interests in in nature and wellbeing, therapeutic and healing gardens, urban open spaces, outdoor learning spaces and issues in higher education.