

EMPATHIC ENVIRONMENTS:

ART, SIGNAGE, AND OTHER WALL POSTINGS

Empathy, or lack of, is communicated through the environment as well as in interpersonal interactions. Signage, art and other wall postings are an especially powerful way to show care and respect for those who are in the environment. Unfortunately, these visual indicators are also a powerful way to convey the opposite of empathy when they are not carefully considered. The following suggestions apply to public spaces such as waiting rooms, offices where patients are seen, and staff areas.

⊘ **Avoid:**

Art from only white culture on the walls; English-only signage

☑ **Instead:**

Art reflective of the population served, including race/ethnicity, gender, age and body size. All signage reflective of languages of populations served.

⊘ **Avoid:**

Signs with command language. Command language is anything that starts with a 'NO', such as 'NO SMOKING' or 'NO FOOD OR DRINK' or 'NO CELL PHONES' or 'NO VISITORS BEYOND THIS POINT'. Commanding the people we serve is not how we want to build relationships. It places the organization with power and authority over patients- not the collaborative dynamic we want.

☑ **Instead:**

Ensure all boundaries are communicated in a friendly and kind manner. 'NO SMOKING' can become 'Org X is a smoke-free environment'. Communicate the 'why' of the boundary, making sure the 'why' is around patient safety and well-being. For example: 'For your safety, and the safety of other patients, your family, friends and our staff, only you will be able to come into the exam room'. We can also show empathy through apology or wishes in our written communication, for example we could add 'we apologize for this difficulty' to the above boundary.

⊘ **Avoid:**

Unreasonable Boundaries. While some command sentiments just need to be reworded, most are best just abolished. A 'no food or drink' rule, no matter how it is worded, is disrespectful. Patients wait in our waiting rooms, sometimes for over an hour, sometimes with children, and sometimes with conditions such as diabetes or hypoglycemia. We want people to be comfortable, to feel they can bring a coffee drink in, or give their child a snack if they need or want to. These types of rules, like 'no cell phones', reinforces a power and authority dynamic with patients.

☑ **Instead:**

Minimize the number of rules/boundaries. We often make rules for the 1 in 100. Someone is talking loudly on a cell phone, we can approach and kindly ask if they would be willing to go outside; if a child leaves cracker crumbs, we can sweep up. Consider the 'if it was me test' and only institute boundaries that we ourselves would be happy to follow if we were patients (the 'fancy office' test works too: would we see this in the nicest office we've ever been in?) In rare cases where someone is leaving cracker crumbs or talking loudly on their phone, we can clean them up or politely ask them to go outside.

⊘ **Avoid:**

Front-loading boundaries. There are many pieces of information we want to share with patients about what our clinic can and can't do. Avoid posting all of them in the reception area, when possible.

Otherwise, patients might come to the front desk and see multiple flyers papering the area '5 days' notice for disability forms', 'we no longer take CareMore', 'all co-pays must be paid at time of visit', 'If you are over 15 minutes late, your appointment is cancelled'...this creates a waterfall of negativity in the location where we most want to welcome patients.

☑ **Instead:**

Do a 'negativity' count of all information at the reception desk, in the waiting room, and in the exam rooms, tallying all of the limits, rules or can'ts. Minimize as much as possible. Instead, **Share these notices verbally with patients, in a simple, attractive, brochure, or in the patient health portal online.** Post equal or greater number of yes, permissions, or encouragements messages, such as 'we have coloring supplies!

Please ask if you'd like them' or 'we are happy you are here today!' or 'please let us know if you have any paperwork you need us to fill out, we are happy to do it!'

⊘ **Avoid:**

Bare walls. Large expanses of bare walls feels cold and unwelcoming. It can make the space feel temporary, like it hasn't been moved into yet.

✔ **Instead:**

Hang calming, framed art that is reflective of the cultures of the employees and population served. If there is a diversity, inclusion or equity task force, or a cultural responsiveness committee, this is ideally where art decisions are made.

✘ **Avoid:**

Taped notices on desks, counters or walls. Papers that are taped to the surface of counters or walls looks unprofessional and hasty. Tape quickly cracks, curls and dirties, worsening the appearance. Clinics that have multiple taped notices on walls or other surfaces look uncared for, and by extension, can give an impression of a lack of caring.

✔ **Instead:**

Anything important and appropriate enough to be posted should be framed, including patient rights and other mandatory postings.

✘ **Avoid:**

Communications intended for staff within the vision of patients. Sometimes we have lists of extensions, directions for handling pre-authorizations or other staff-specific information, posted on walls for staff.

This gives the impression of an organization thinking about itself, as opposed to patients.

✔ **Instead:**

Post all staff communication out of sight from patients.

✘ **Avoid:**

Not paying attention to all postings in staff areas such as break rooms and communal charting offices.

✔ **Instead:**

How we treat staff is modeling how we staff will treat patients. Ensuring staff areas are as calming, positive and well decorated as the best patient areas in our clinics demonstrates empathy for staff, just as it does for patients.