



EVIDENCE SPACE

Designing the experience of healthcare public settings

By Dr. Giuseppe Lacanna

Experiences sensed in healthcare settings can have either a detrimental or supportive effect on hospital users. User experience is, therefore, a crucial issue to take into account when planning healthcare facilities.

Thinking about hospital users, for instance, it is important to consider not only patients, but also visitors and medical staff.

The effect of designing healthcare facilities around medical staff and technology only is known. There are still nowadays many examples of these rigid old fashioned typologies, characterized by clusters of spaces exclusively tailor made for the needs of the medical staff. This is considered obsolete and also negatively impactful.



The design of new contemporary facilities for cure and care are characterized by what is known as *patient-centred* approach. That is very good, because finally planners started to realize that the main actors of the healthcare environment are the ones in need of care, the ones for which the caring institution exists: the patients. Their needs and expectations have to find resonance in the environment which surrounds them.

However, considering only the *patient-centred* approach as another "tailor-made" planning policy might be risky. Planners should not forget in any way the medical personnel, which remains in any case an important category of hospital users.

Therefore, to think in terms of *user-centric* environments might help designers to create inclusive spaces rather than exclusive ones.

Public spaces in healthcare settings, especially in large hospital complexes, have to be as inclusive as possible of the widest spectrum of users' categories and their needs. The more a certain space is able to include, respond, adapt to variety of users' emotional statuses, the more flexible and positive it will be perceived.



The contact with the physical environment, above all the first one, is crucial for the generation of impressions and emotions in users' mind. Psychologists describe this process in terms of "evolutionary adaptation". In this framework, they highlight an acute sensitivity to recognize possible threatening environments, that developed in parallel to the evolution of humankind; thus it characterizes every human being.

Such considerations assume a relevant meaning in healthcare contexts: especially in those spaces that users come in contact with just after having overcome the threshold of the hospital entrance hall.

The contact with the medical environment is more likely to leverage on a preexisting subconscious fear that is even more stressed by the exposition to an unusual environment, equipment, views of patients in wheel chairs and IV poles.

Hospital experiences are destined to remain impressed on users' minds: above all the one of patients.

The physical space, therefore, contributes strongly to the way a particular experience of the space used is memorized. It is responsibility of the healthcare architects to find the right solutions that support a more positive and softer remembrance.

Functional and dispositional details act, therefore, at the same extent of notes available to a music composer. The only difference is the name of the end product: user experience for the first, and symphony for the second.

The combination of these factors can generate a harmony from which to take benefit and support, or which can trigger harm and discomfort.

Researchers have identified some patterns to follow when planning the experience of healthcare public spaces, so that design choices can be made based on scientific considerations. The coexistence of the functional zones listed below is considered highly impactful on hospitals users' experience.



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Functional typologies of efficient healthcare public spaces

Collective spaces:

These are accepting and orienting spaces with high populations. They are active and have increased noise levels. They encompass activities of: social interactions, information exchange, and action. They belong to the social dimension.

Contemplative/introspective:

These are accepting but calming spaces. They also feature high populations, but are personal, quieter and highly passive. They belong to the perceptual dimension.

Target oriented spaces:

These are spaces with specific functions. They are service-based and feature various user volumes. Noise levels are usually moderate in these dynamic spaces. They belong to the functional dimension.

Switchboard spaces:

These are spaces of orientation and wayfinding with consistently high populations. These dynamic spaces feature moderate noise levels and organizational clarity.

Mover spaces:

These are spaces that facilitate clear movement along the public areas. They are aimed at distributing the flows of user volume.

Concession spaces:

This category of the functional space program represents all of the areas devoted to commercial concessions that generate revenue for the hospital. In general, these include food/beverage, news/gift/sundry, rental car, and other revenue-generating functions. These amenities serve two vital functions: they provide the different users with necessary services during the hospital experience; and they provide revenue to the hospital itself.



After having identified the typological character of the specific public space, it might be useful to take into account certain other aspects that help in defining the identity of such spaces:

Environmental factors

They relate to the healing properties of daylight and air quality: parameters that promote a healthy and peaceful environment. Also the acoustical properties of the surfaces characterizing the built surrounding environment should not be neglected. Acoustical stress has serious effects on hospital users experience: both patients and medical personnel. It impacts the liveability of the space as well as the working efficiency.

Groups of users

These include diverse groups of users: patients, medical staff, visitors, service staff. Interaction is the keyword in this context. Supporting interaction is the final aim.

Public vs private

The limits between the public and private environments should be respected.

Context of body health

This takes into account the support of the users via the provision of a wide range of ailments.

Passage of time

Since in a hospital there is a difference in the duties each user has, reflected in different experiences of the space, time is perceived differently in the health care environment by patient, family and staff. It is useful to look at the retail and shop industry when taking into this aspect. Look and feel are crucial in the framework of passage of time. The more hybrid the public space is, the better opportunities of positive distraction will be provided.

Emotional disposition

Patients in a health care setting tend to amplify the perception of environmental inputs, generating positive or negative emotional peaks. The exposition to neutral color palettes, combined with tactile sensory stimulation (i.e. perceived when touching a wrinkled surface) are highly suggested.



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However, the good examples are still a limited number across Europe. This means that, while there is always room for improvement for the existing ones, there is still a lot to do to promote a new generation of healthcare facilities, that supports positive user experience. Because experience matters in healthcare settings!

Looking critically at these aspects several important considerations can be elaborated. The identification of formal typologies refers to the fact that healthcare public interiors can assume different geometrical configurations, support a wide spectrum of functions and generate different patterns of use. It is significant to mention that whether they are principal spaces, such as entrance halls, corridors, internal squares, or secondary supportive spaces, they can exist also at a clinical level. This is the case, for example, of the waiting spaces of the polyclinics, often directly linked to the main public artery.

Hospital public interiors, can be defined successful in terms of supporting the patients' experience only if the five different space typologies, with the appropriate considerations over their attributes, coexist at the same time. It is difficult, indeed, to think to address a wide range of users' needs simply focusing on one the formal typologies only; the diversity of the nuances constituting the user experience has to be taken into account. Formal interaction doesn't just come occasionally, but it might be supported by the right environmental choices.

The UMCG of Groningen, in the North of the Netherlands, has succeeded very well in creating a rather harmonious urban experience, within its public space domain.

The Maggie's centre for cancer care in Southampton, England, is also an excellent example of well designed users experience of the medical public environment. The same can be said about the St. Olavs hospital in Trondheim, Norway.