



**Buildings and Human Habitation, Department of  
Environmental Health September 2016, 4th Year**

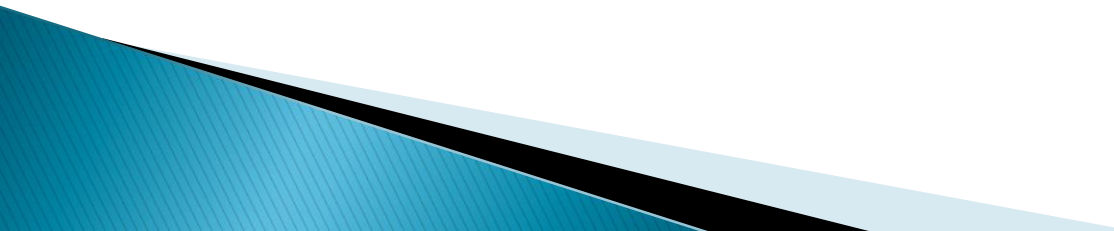
# **Hospital Building – Part 2**

# Structure

1. Waiting area
2. In patients room
3. Consultation area

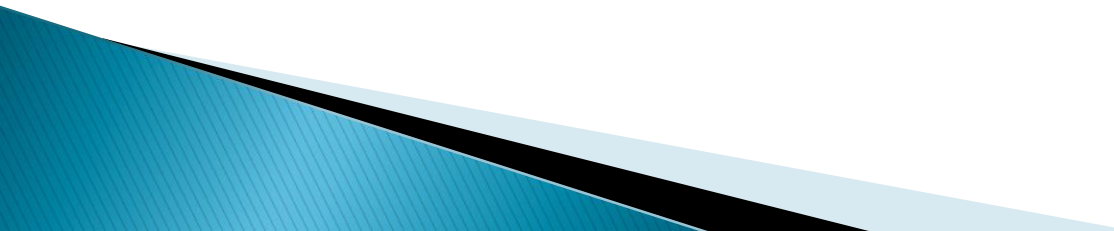
# Waiting areas

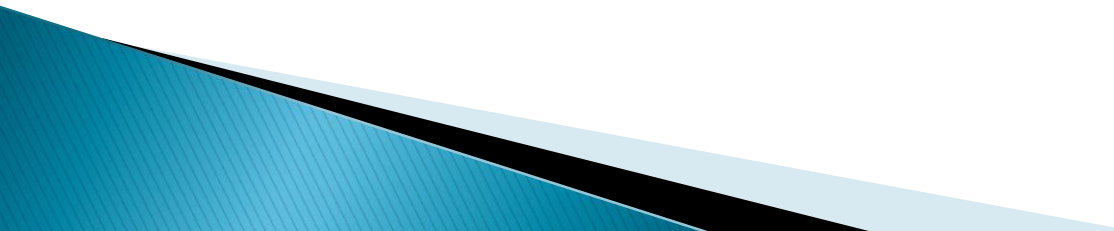
This includes all locations where waiting takes place. However, such places should, as much as possible, be combined with other activities. People do not normally choose to wait. The challenge is to make places that do not emphasise the emptiness and purposeless nature of waiting. Making people comfortable and giving them other distractions is a prime objective. In healthcare buildings many people may be anxious, so gentle rather than frantic distraction is recommended. Consider where possible linking these places with retail, refreshment and performance places. Consider using patient call systems that allow people to move around and choose where to wait.

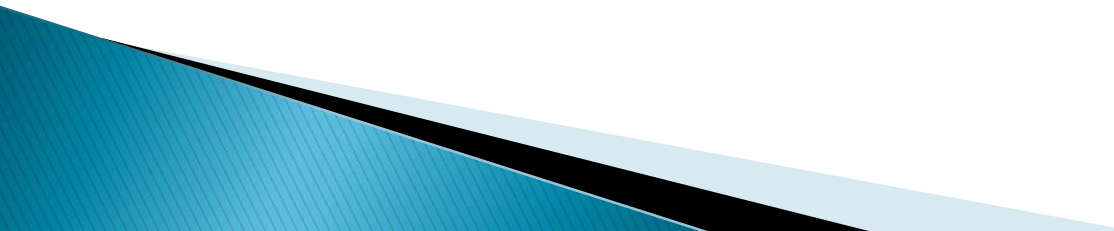


# Waiting areas

Patients and staff like to be able to control their privacy and their interaction with others. In buildings and places where they are able to do so, people report increased satisfaction with their environments and in turn with their treatments. Therefore;

- Waiting must provide as much privacy as possible, especially as people may be injured or distraught.
  - Defined and separate personal space is of crucial importance in a waiting area
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- It is crucial that people can see the reception/staff area.
  - Outside views are calming, provide distraction and reduce claustrophobia.
  - Views of nature are beneficial to reducing anxiety while waiting.
  - Comfortable seating is a prerequisite if people are waiting a long time.
  - Views of reception and staff are crucial to feeling in control.
  - View of a clock and being able to keep track of time helps people feel in control.
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- Access to communications (telephone, internet etc) helps people feel in control and connected.
  - Refreshment should be readily available and close to the waiting area.
  - The location of toilets should be immediately apparent and within convenient reach.
  - Entrances to toilets should be discrete and not in view of the waiting area.
  - Reading matter should be available, interesting and up to date.
  - There should be plenty of tables provided on which to place drinks, books and belongings.
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# Waiting areas

Light + airy atmosphere

A variety of seating arrangements:  
Sociopetal seating to encourage interaction.  
Sociofugal to promote seclusion

A visible + easily recognisable reception/information point

A well-organised uncluttered focal point with visible members of staff

A minimum of essential directional information

Re-orientation space for arrival/departure that recognises different modes of arrival/departure

Visible /discrete toilets to freshen up + in case of emergencies

Light, spacious + airy atmosphere through plenty daylight + double-height space

Plants to give a homely + non-institutional feel

Obvious visual cues for wayfinding + easy transition (stairs, sculptures)

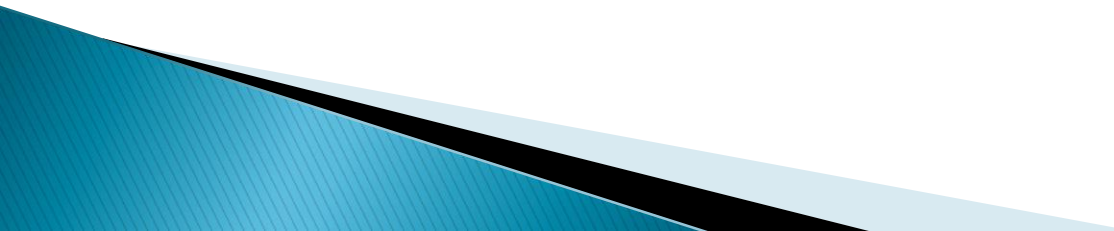
A high standard of finish to inspire confidence + give a positive image of the organisation



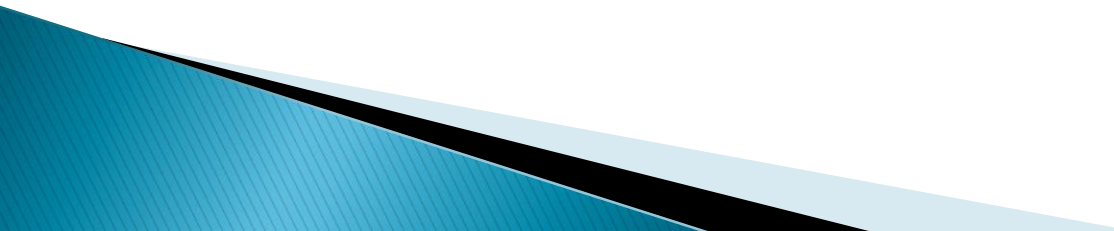
# In-patient rooms

- Carers must have access to at least one side of the bed.
- Doorways and circulation space must allow for trolleys and wheelchairs.

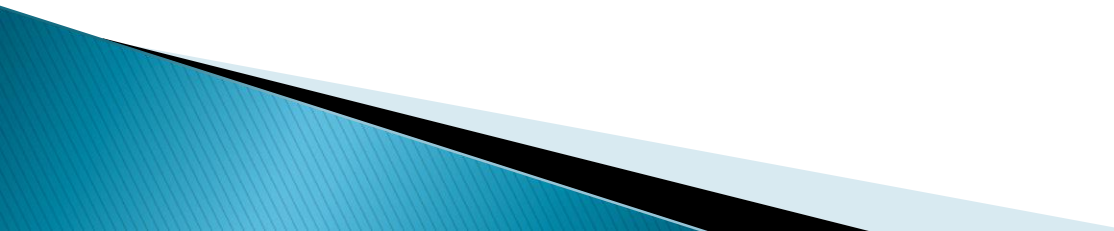
Evidence suggests that where adequate provision is made for relatives to stay with the patient there are many benefits including reductions in nurse-call button activity, in patient falls etc, this included:



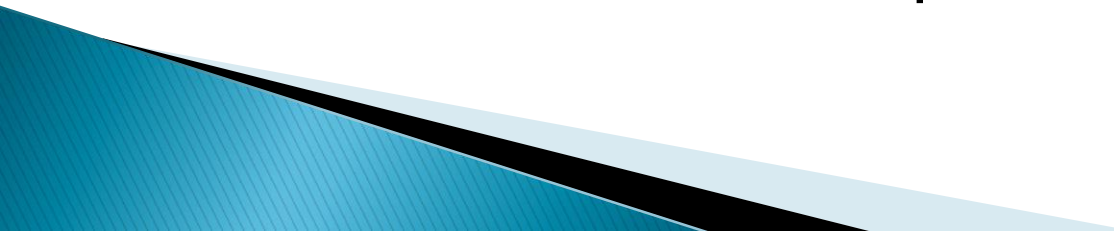


- Creating zones for patients, visitors and carers within the bed place helps each feel a greater sense of ownership and belonging.
  - Providing a sofa or sofa bed for visitors to sleep on encourages them to stay with the patient for longer periods.
  - Providing facilities (such as a desk) for visitors while the patient may be resting encourages them to stay.
  - Every bed place should have handwashing facilities.
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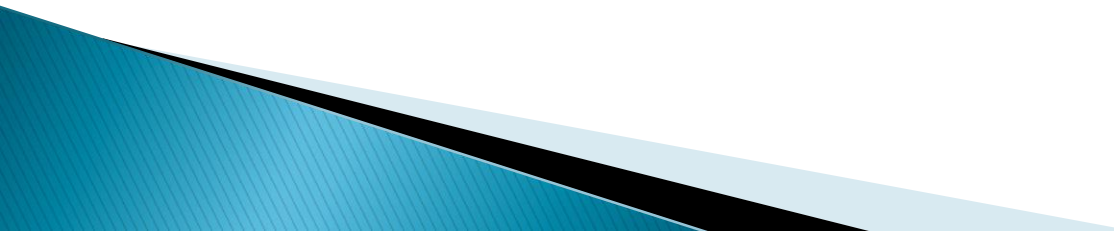
Patients and staff like to be able to control their privacy and their interaction with others.

- Personal space and a feeling of privacy is crucial to avoiding distress, discomfort and upset to patients in bed.
  - Visual and audible privacy for patients undergoing treatment are crucial to maintaining patient dignity.
  - Single patient bedrooms provide the highest levels of privacy and dignity.
  - Furniture, screens and the positioning of beds can create a more personal space in multi-bed rooms.
  - Providing opportunities for displaying pictures and other personal possessions is important.
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# Daylight

- All bed places should ideally be exposed to daylight.
  - Daylight is important for confined patients to maintain a sense of time and natural body rhythms. A lack of daylight will depress confined patients and could add to despondency.
  - Direct sunlight should be avoided or shaded as it can be uncomfortable and irritating for patients in bed who cannot avoid it. Bedside controls of blinds and curtains helps reduce frustration and restores a sense of independence.
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# Artificial lighting

- Patients should be able to control their own lighting.
  - Artificial lighting should be of a variety of types and levels to provide for different activities.
  - Low level task lighting should be provided for reading and watching TV.
  - Soft indirect lighting is comforting.
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## In-patient rooms

Views: design to give users views out of buildings

Design to give people contact with nature

Family zone: design to give people privacy, company + dignity

Art: use art to provide stimulation and distraction

Finishes: provide a variety of colours + textures, balance noise reduction versus cleanability

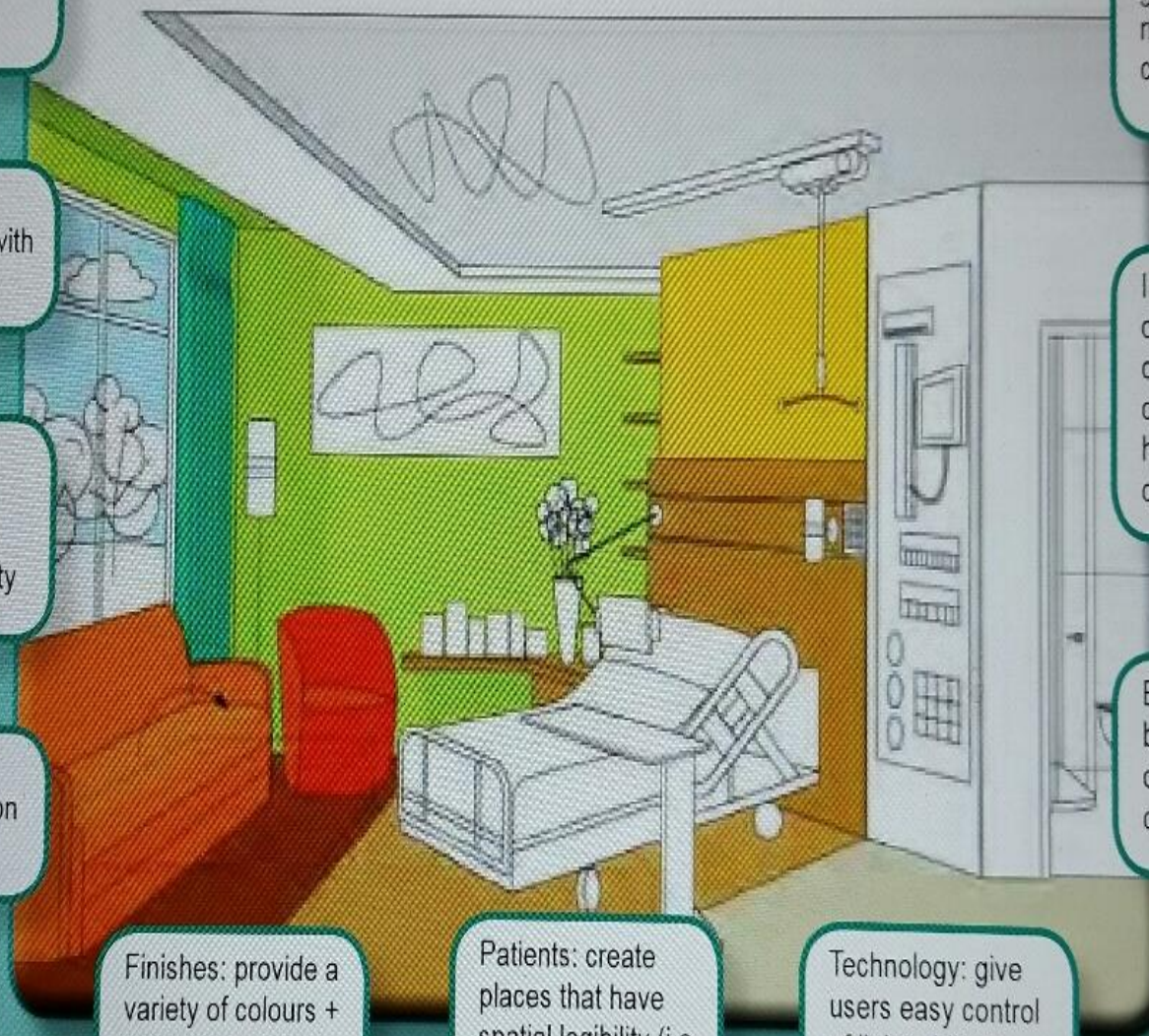
Patients: create places that have spatial legibility (i.e. understandable + navigable). Design for autonomy

Technology: give users easy control of lights, blinds, temperature, power, televisions

Comfort+ control: give users environmental comfort + control over it

Interior appearance: design to inspire confidence + a well-cared-for look (i.e. homely, light + airy, clean + tidy)

Ensuite shower/ bath. Give occupants a choice of shower or bath






# Consultation Area

Research shows that scenes of nature whether actual or reproductions help to reduce stress in these areas. In places where patients may be undergoing stressful or lengthy treatment, art and views can offer calm distraction

Patients are increasingly in dialogue with the consultant rather than just receiving information. The consultant is very likely to interact with a computer and may want to show the screen to the patient at times. It may feel discourteous to patients if the consultant has to turn away to work at a computer.




Research shows the benefits of views when people spend long periods of time in a space.

- Being able to see the sky and nature gives people a feeling of wellbeing. It can even counteract the feeling of being temporarily cut off from the normal world. This will also be important to consultants who may spend long periods in these spaces.

people not only like to feel comfortable but also like to control their environment.

- Patients may sometimes feel vulnerable or faint. Being able to open windows, change lighting and shut out background noise are important.



# Consultation

Distraction may be needed in stressful situations

A simple, calm and understandable place is highly desirable. Provide sociopetal seating to encourage interaction

Patients may commonly be accompanied by a carer, partner or parent

Surfaces: sound absorption to facilitate listening and being heard

At all times patients should feel they have both visual + acoustic privacy

Views + appropriate artwork can help to create a supportive environment for counselling

Soft furnishes + lighting to help provide a calming atmosphere.

It is likely the consultant will need to write + the patient may need to make a note.

Adequate storage is essential not to clutter the place, which should look clean + tidy

