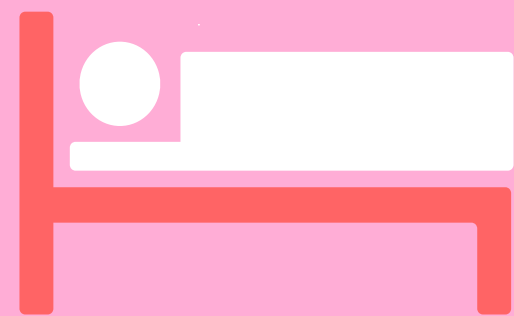


***“DWELL: Design for
wellbeing in healthcare environments »»***

Louise MASCIARELLI

Doctoral Consortium

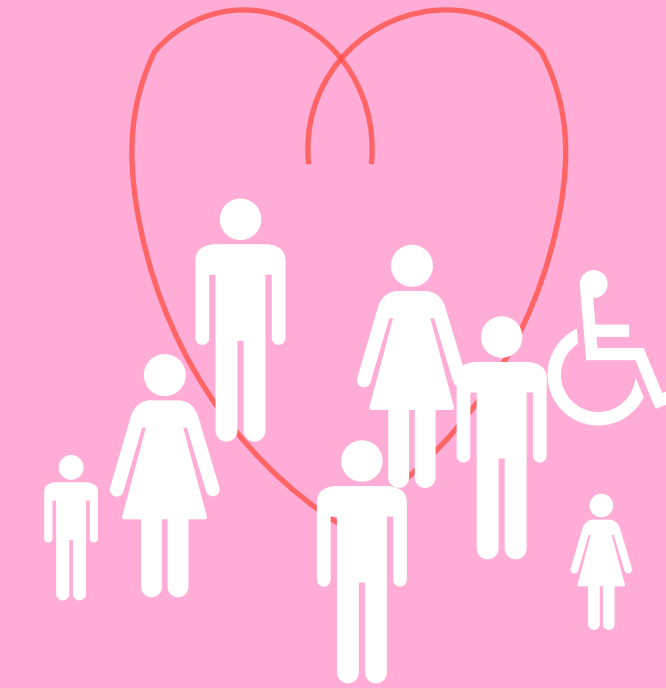
3 Observations...



Optimize «patient circuits» in order to diminish the costs associated with long-term stay [1-3]

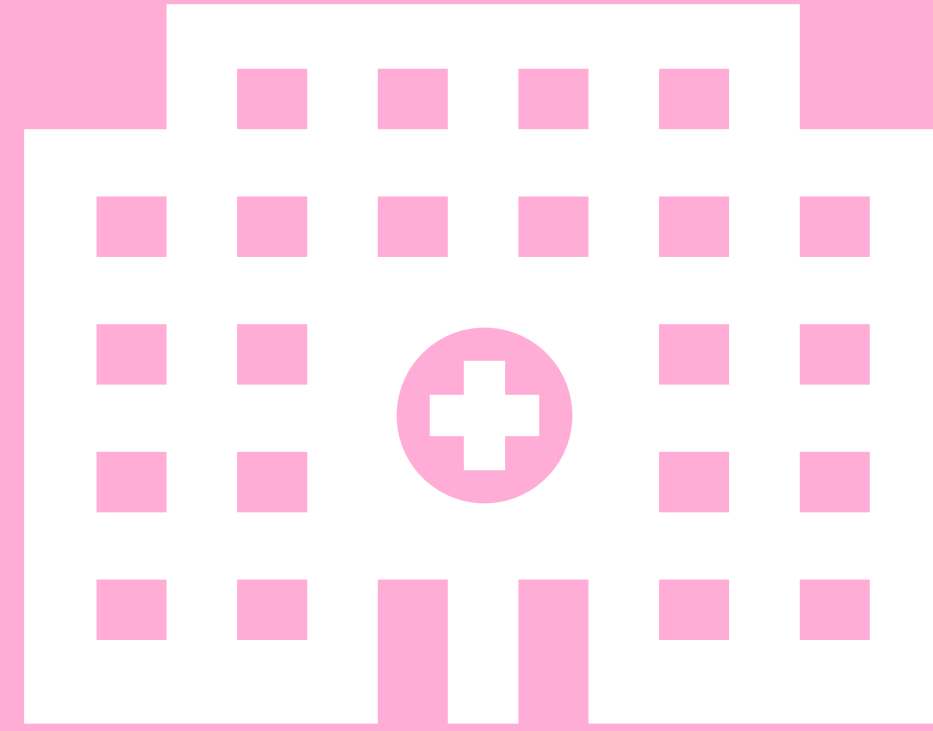


Improve hospital infrastructure without significantly increasing global cost.
Hospital design should become polyfunctional, adaptable, process-oriented and patient-centered [3; 4]

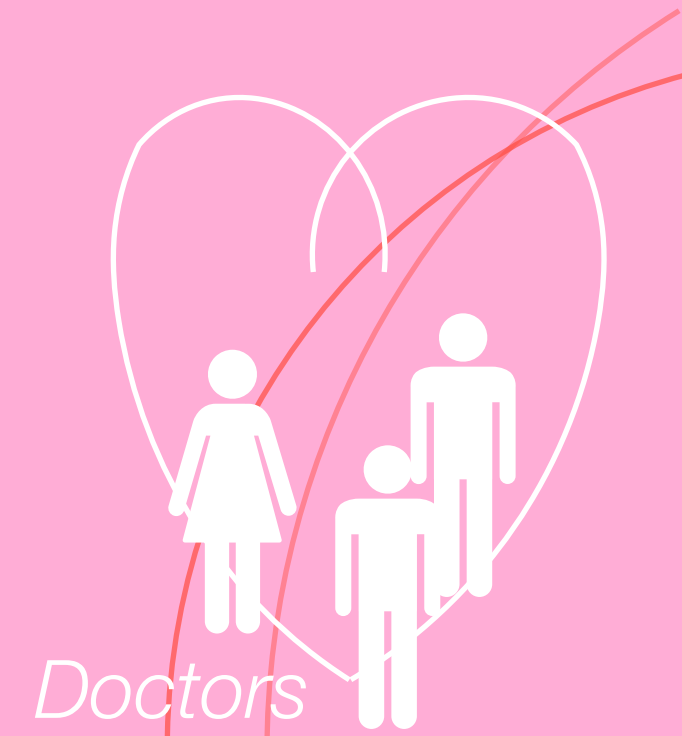


Influence of the environment on Wellbeing has been demonstrated.
Need for humanization principles of spaces of care [5; 6]

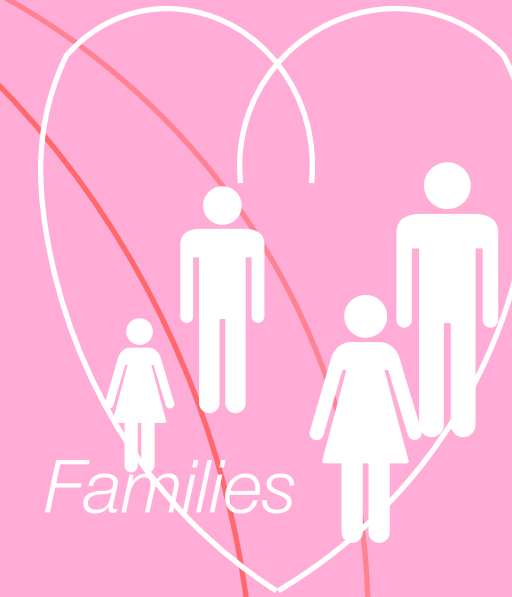
Physical rehabilitation



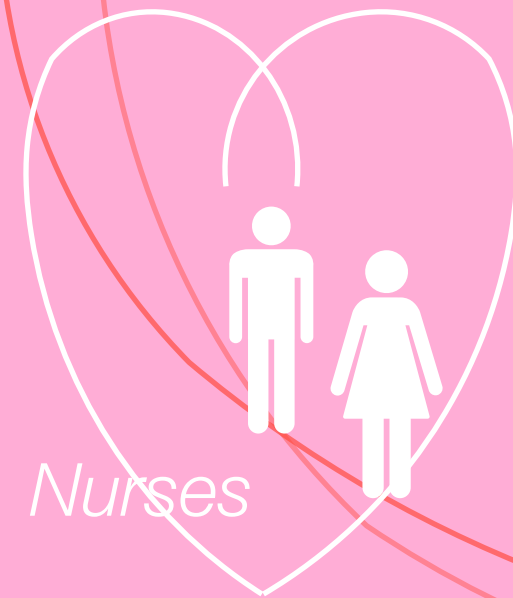
FORMAL



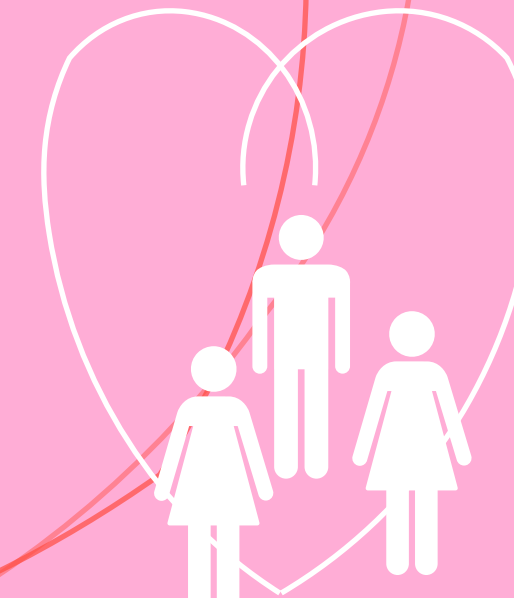
Doctors



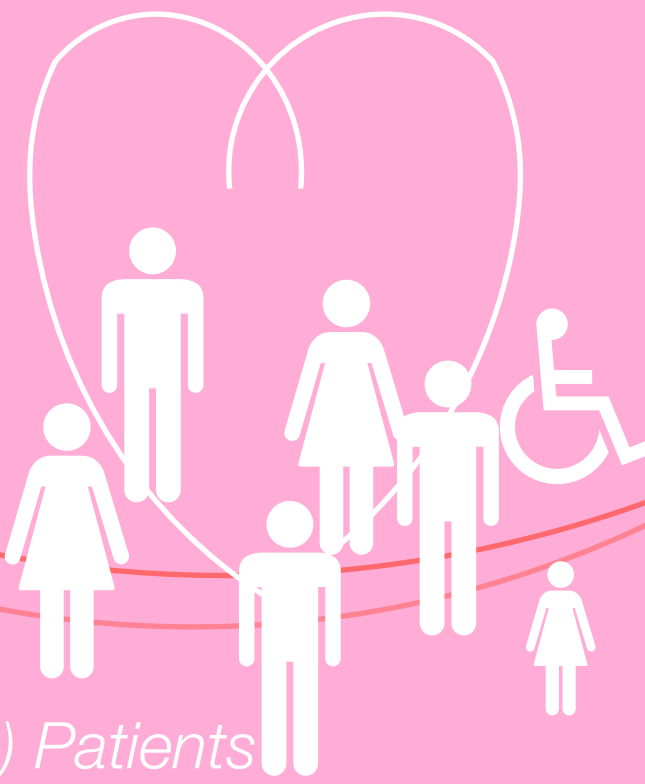
Families



Nurses



Relatives

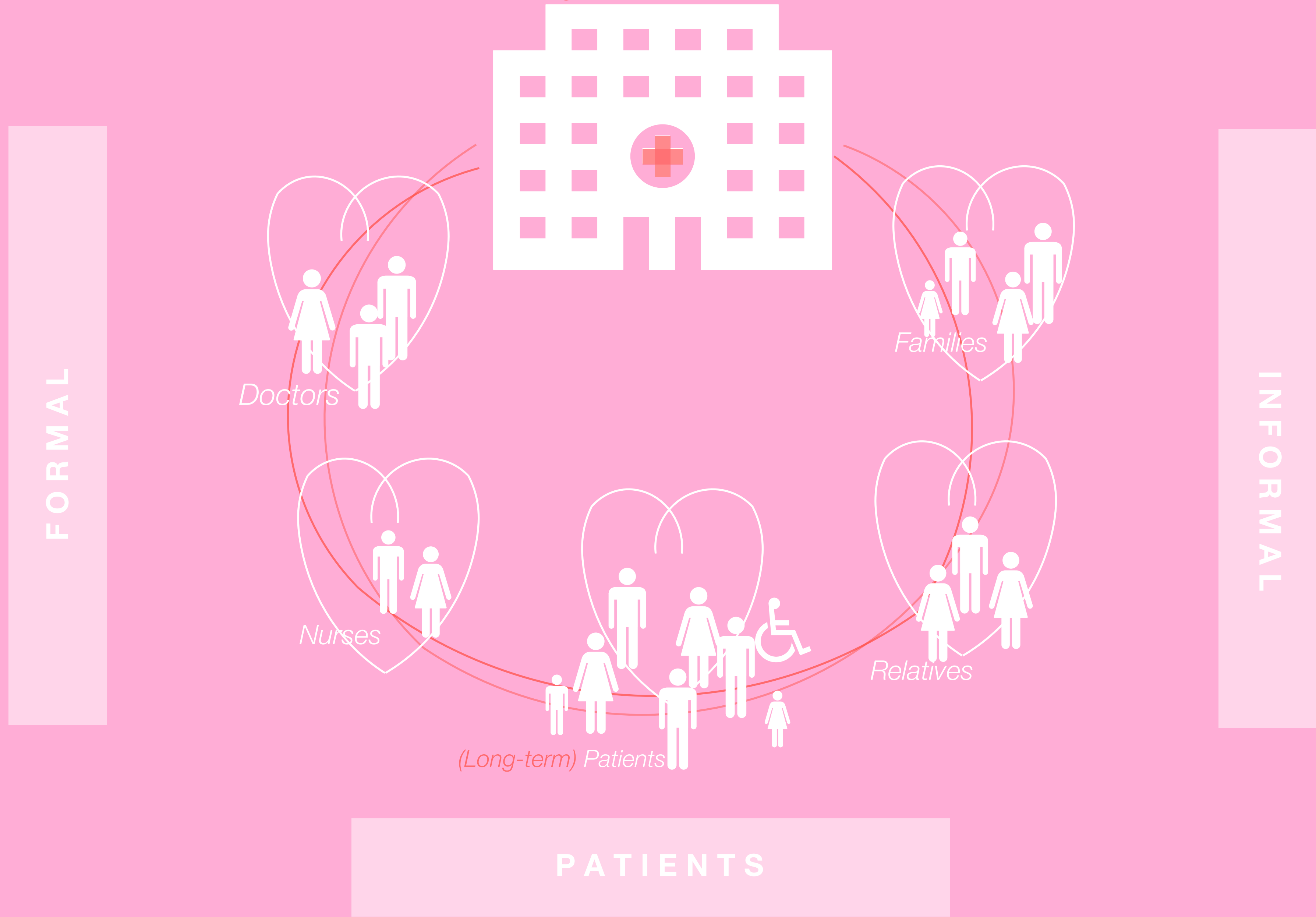


(Long-term) Patients

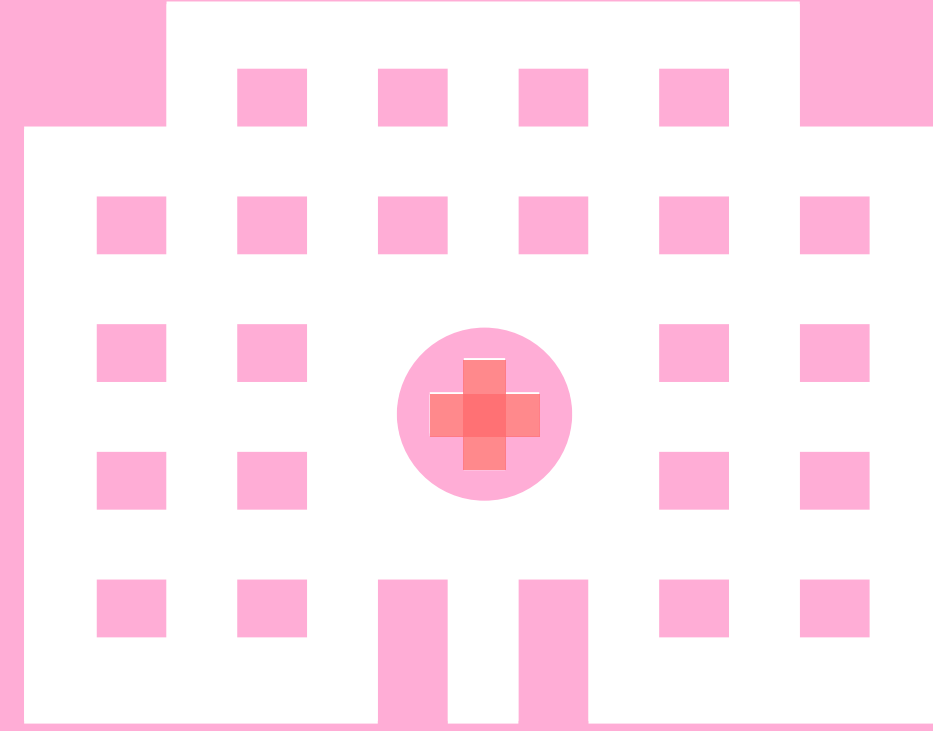
INFORMAL

PATIENTS

Physical rehabilitation



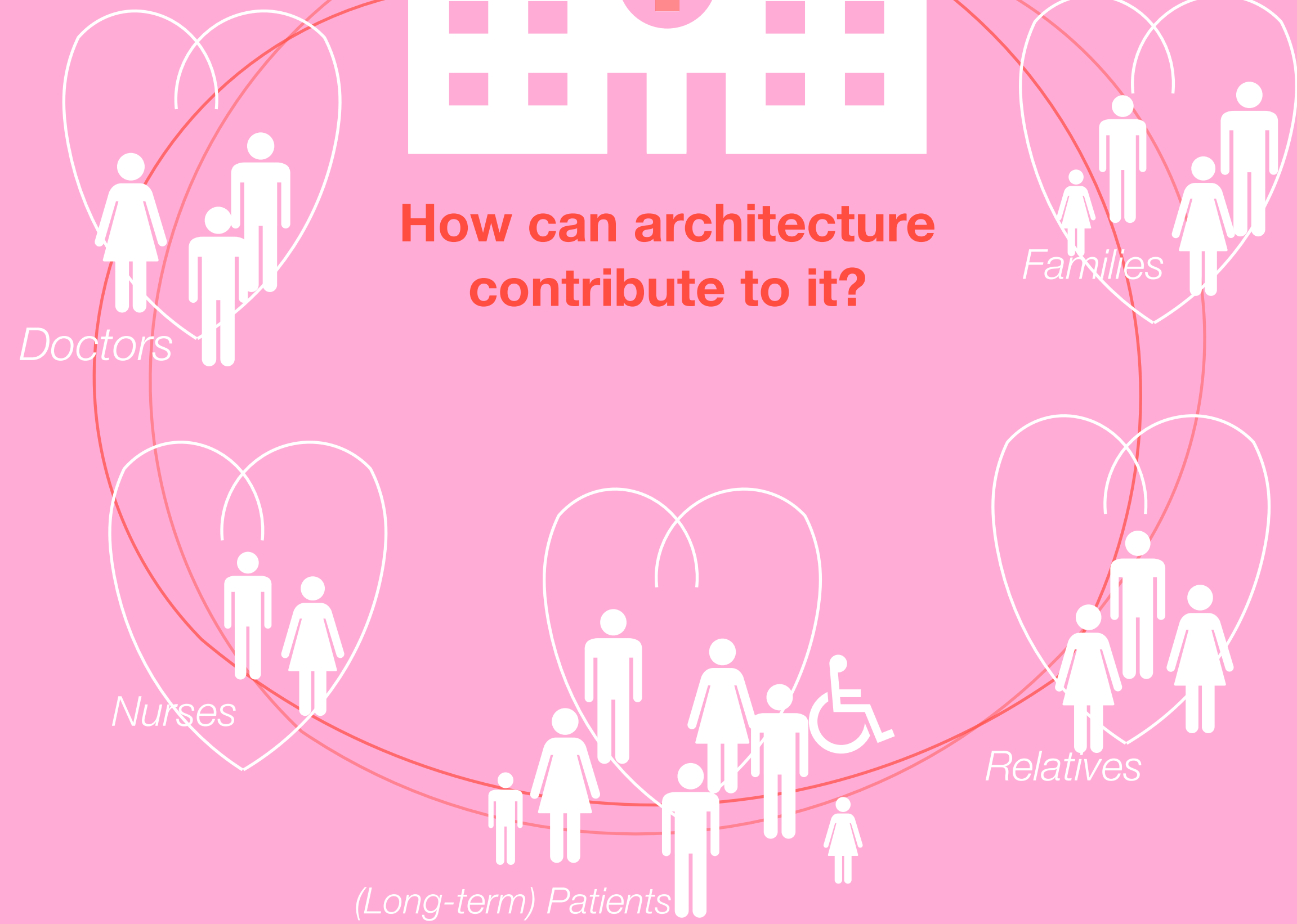
Physical rehabilitation



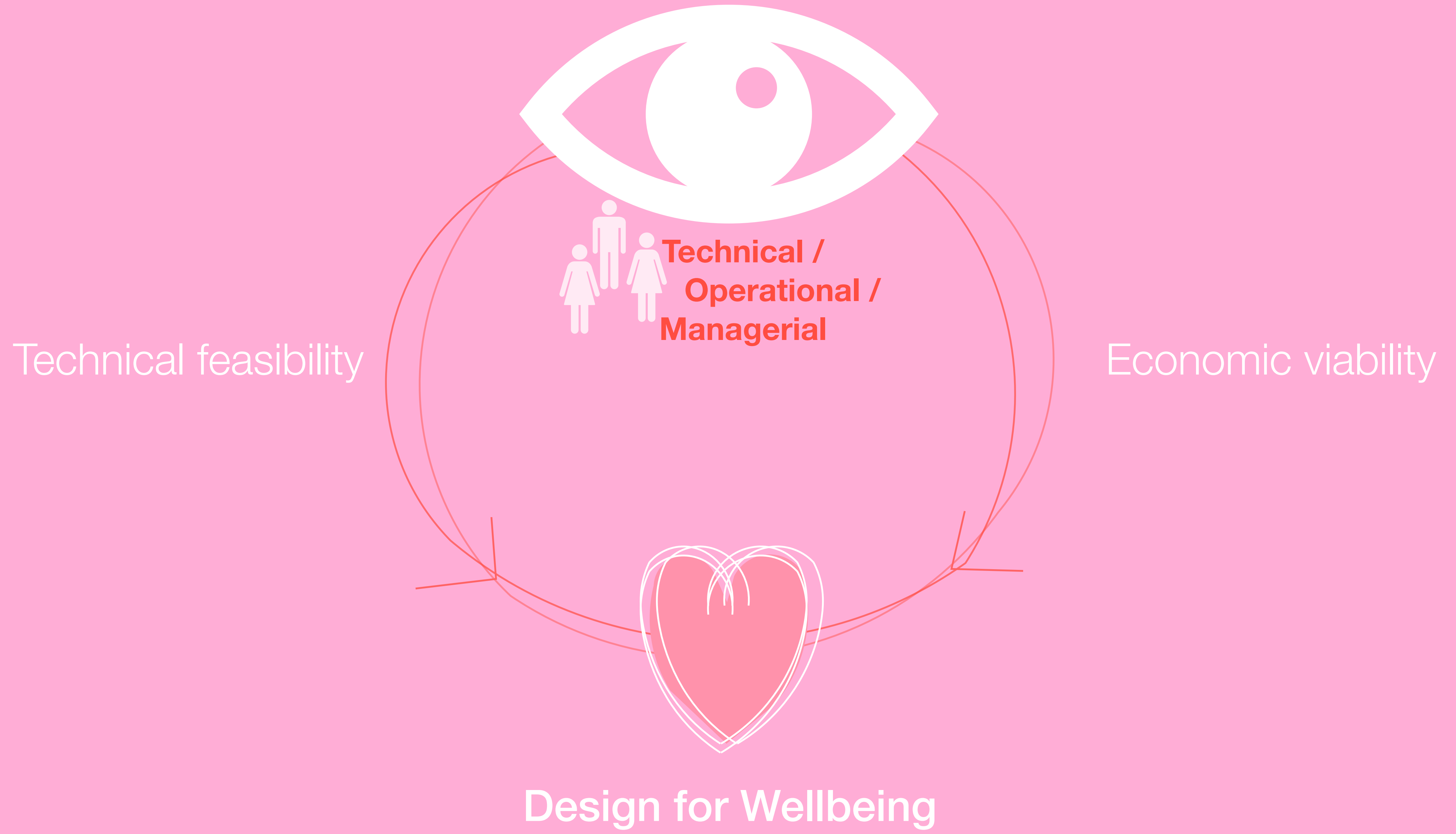
How can architecture contribute to it?

FORMAL

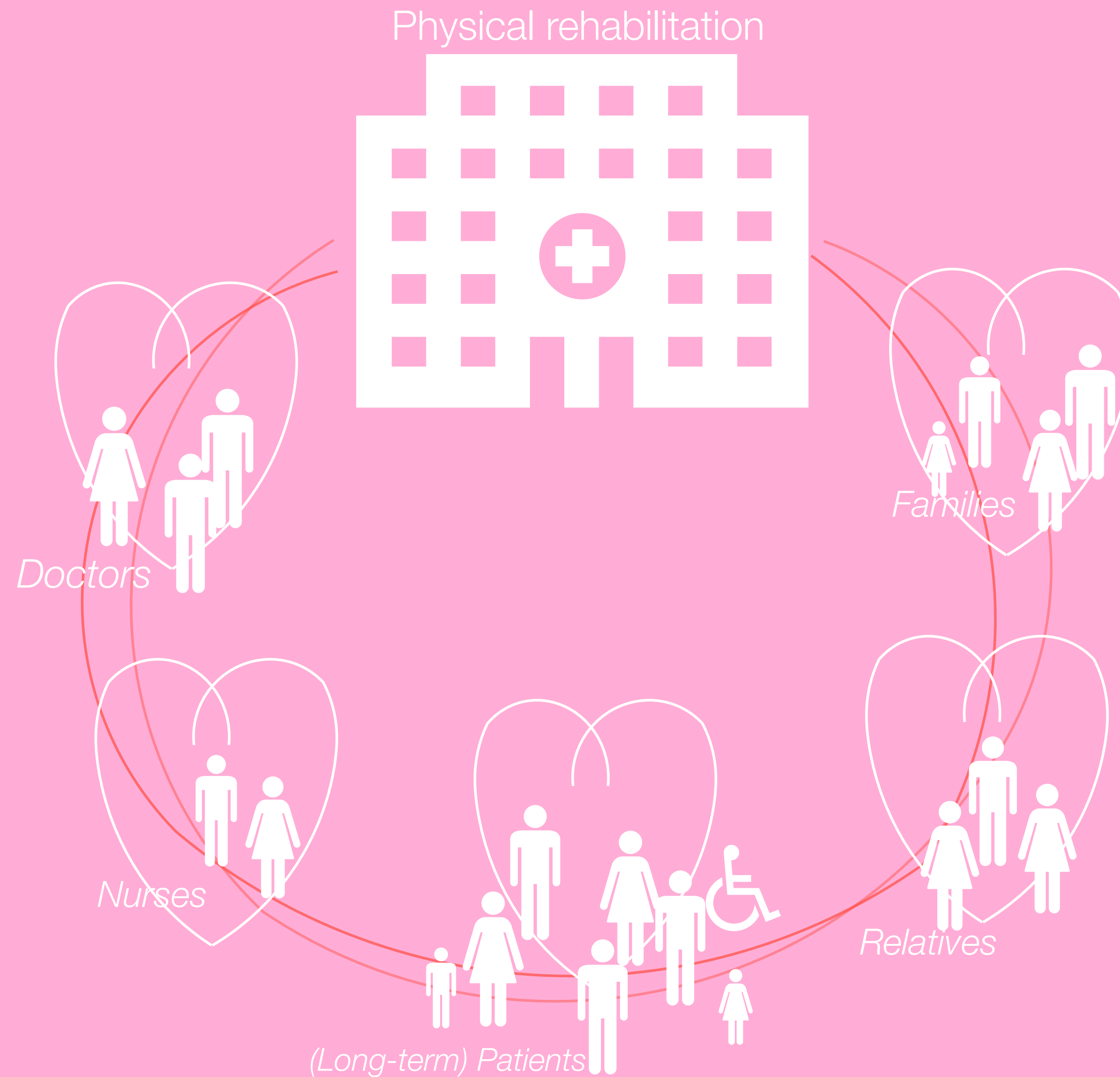
INFORMAL



PATIENTS



Research



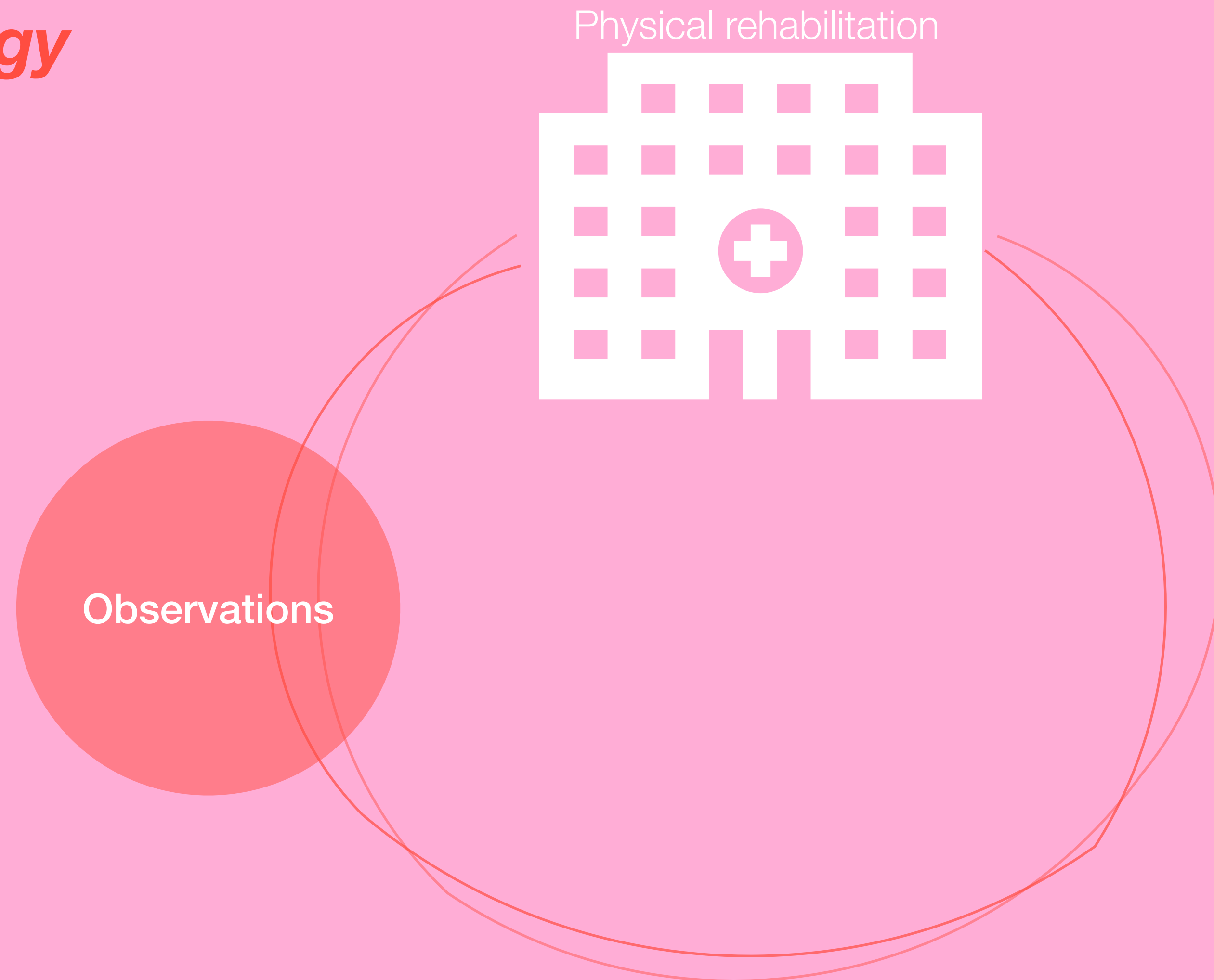
I. Understand

How can architecture and interior architecture contribute to the wellbeing of long-term patients, especially in hospital environments?

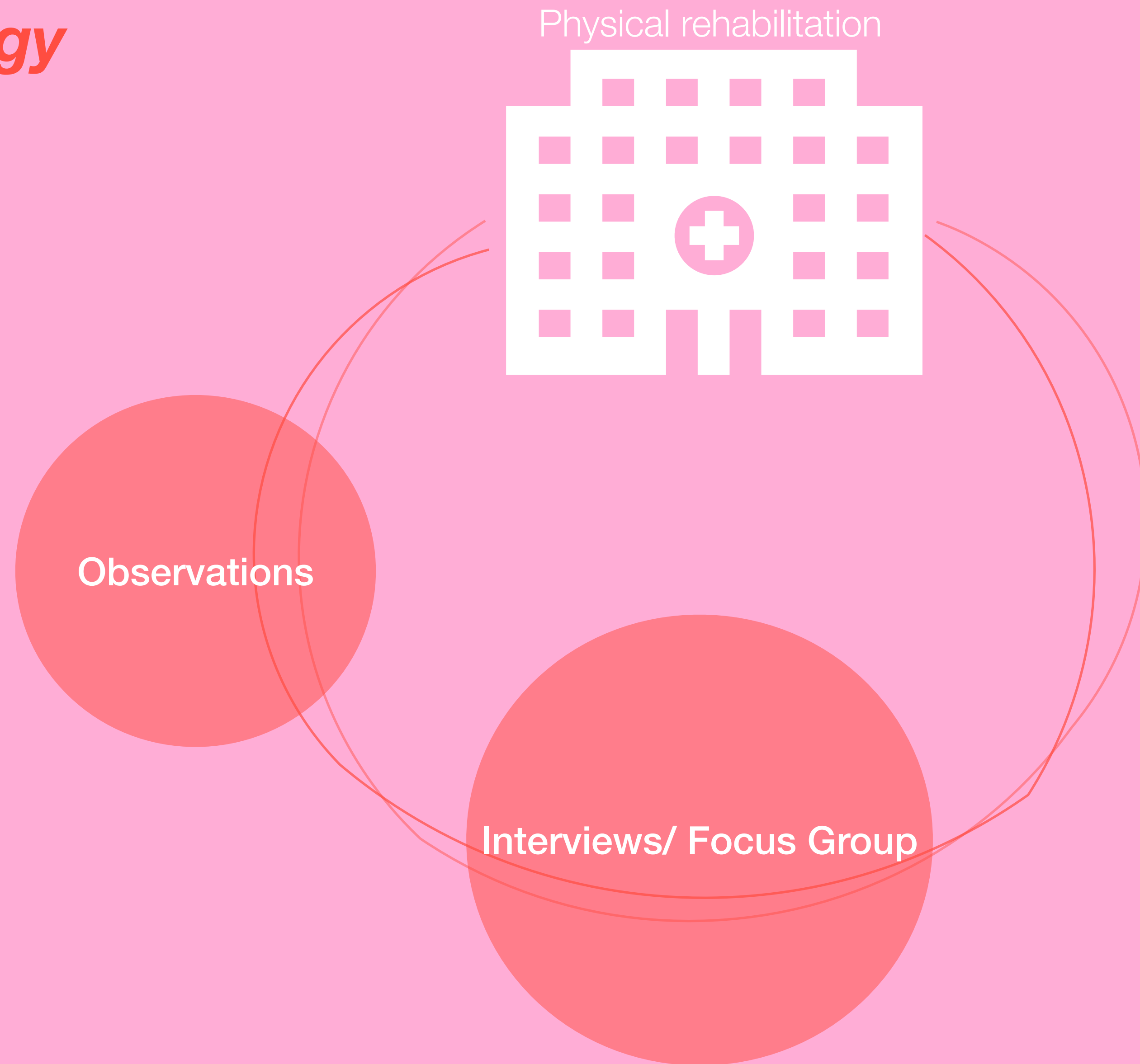
II. Propose

And how can healthcare institutions (re)integrate the well-being of their employees and caregivers, be they formal or informal, when planning and designing environments dedicated to care?

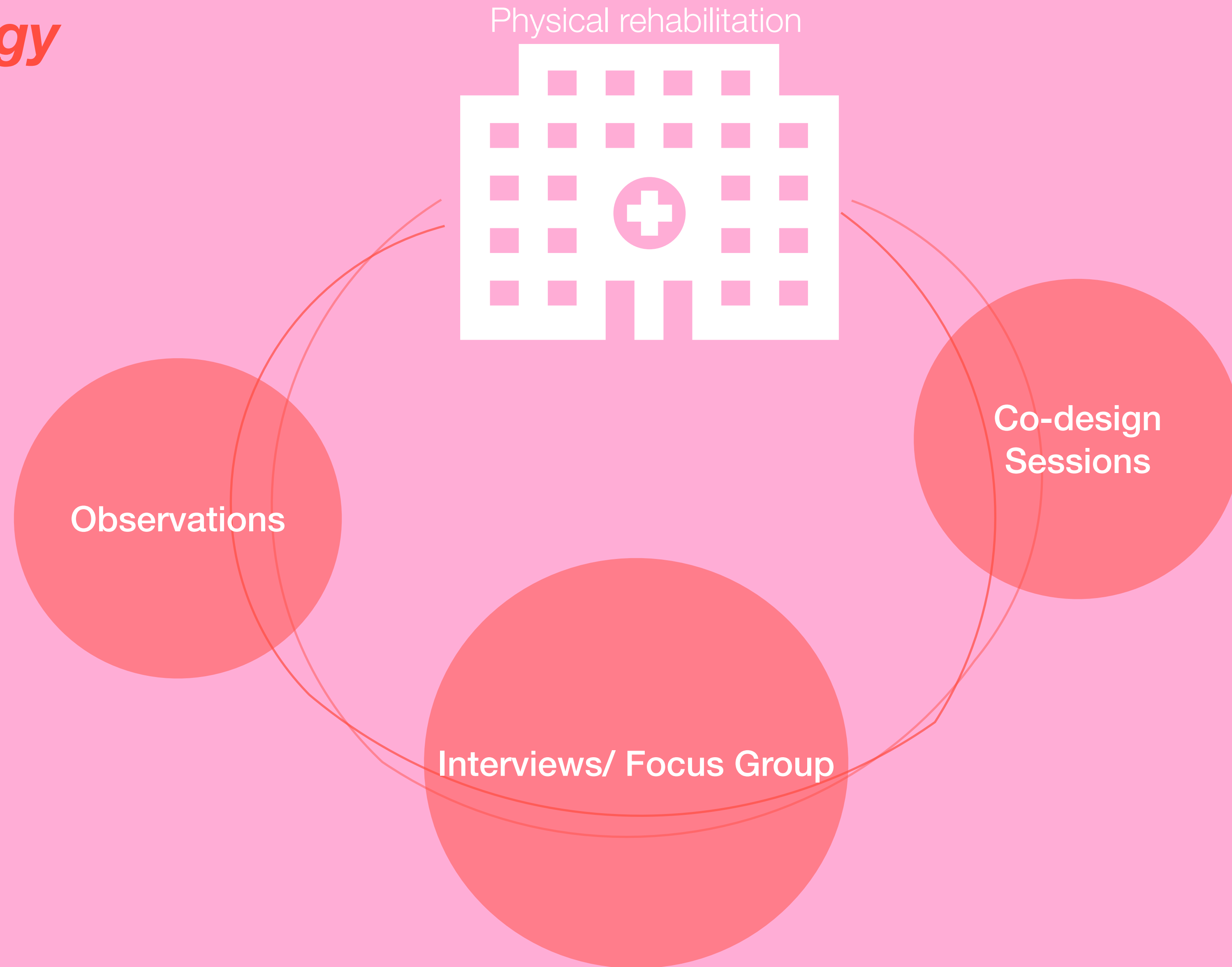
Methodology



Methodology

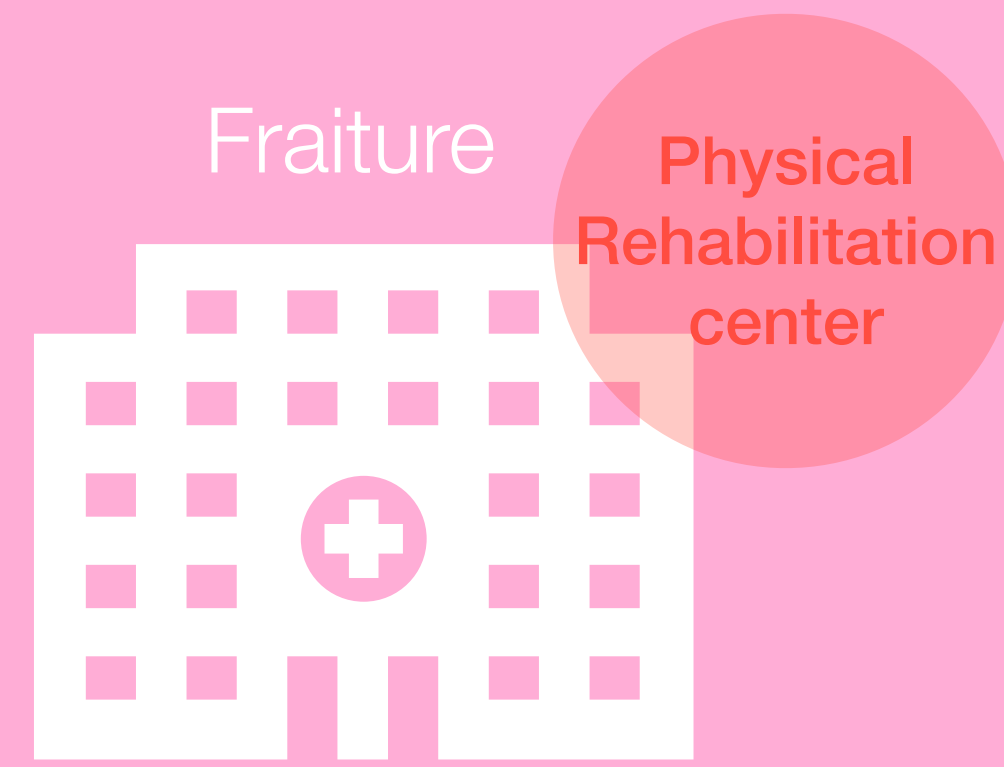
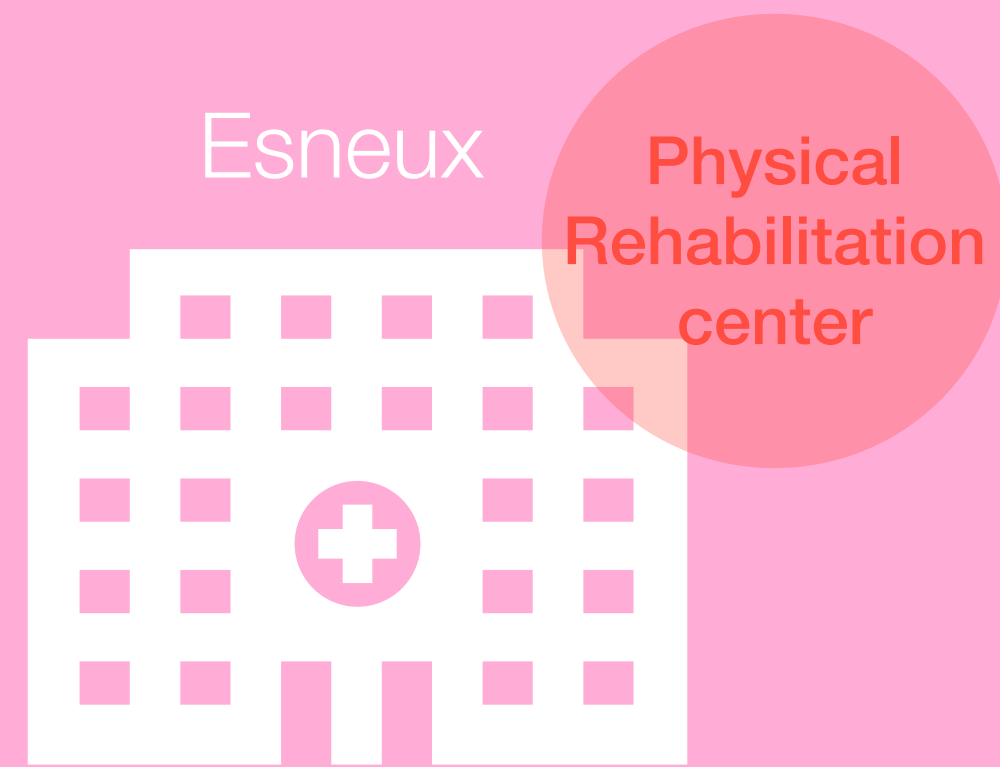


Methodology

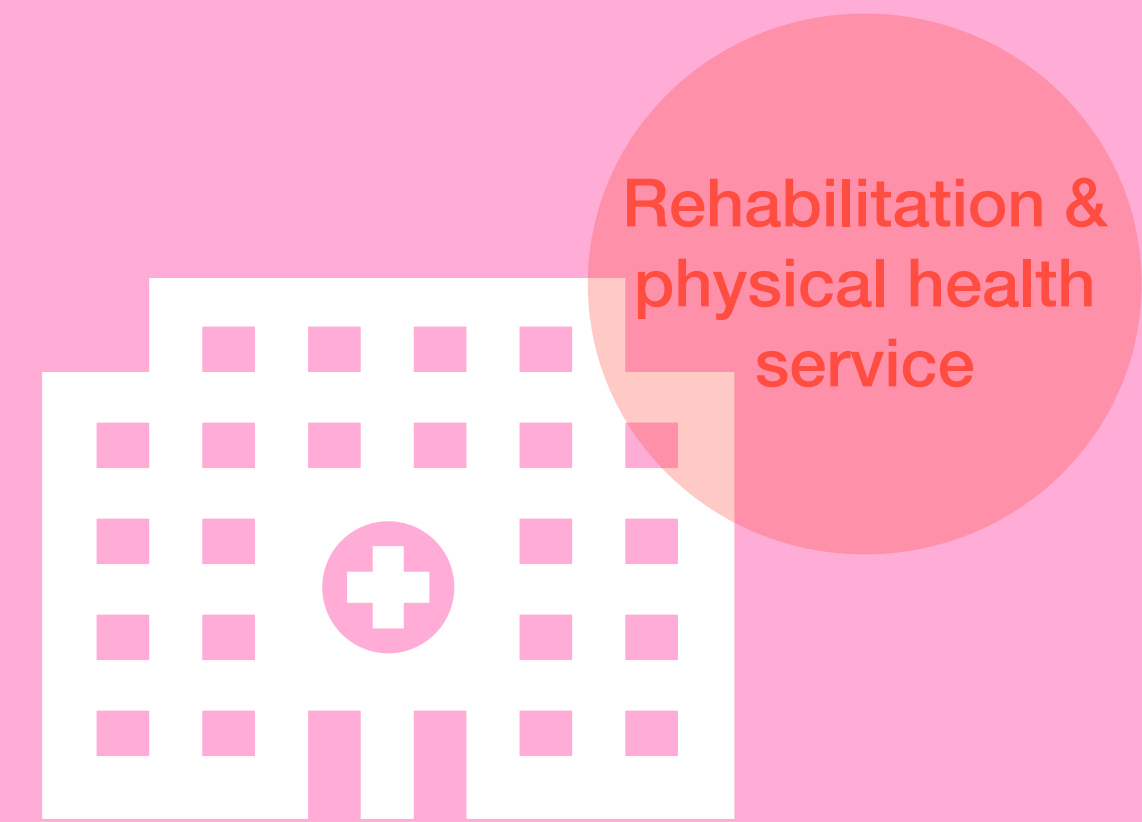


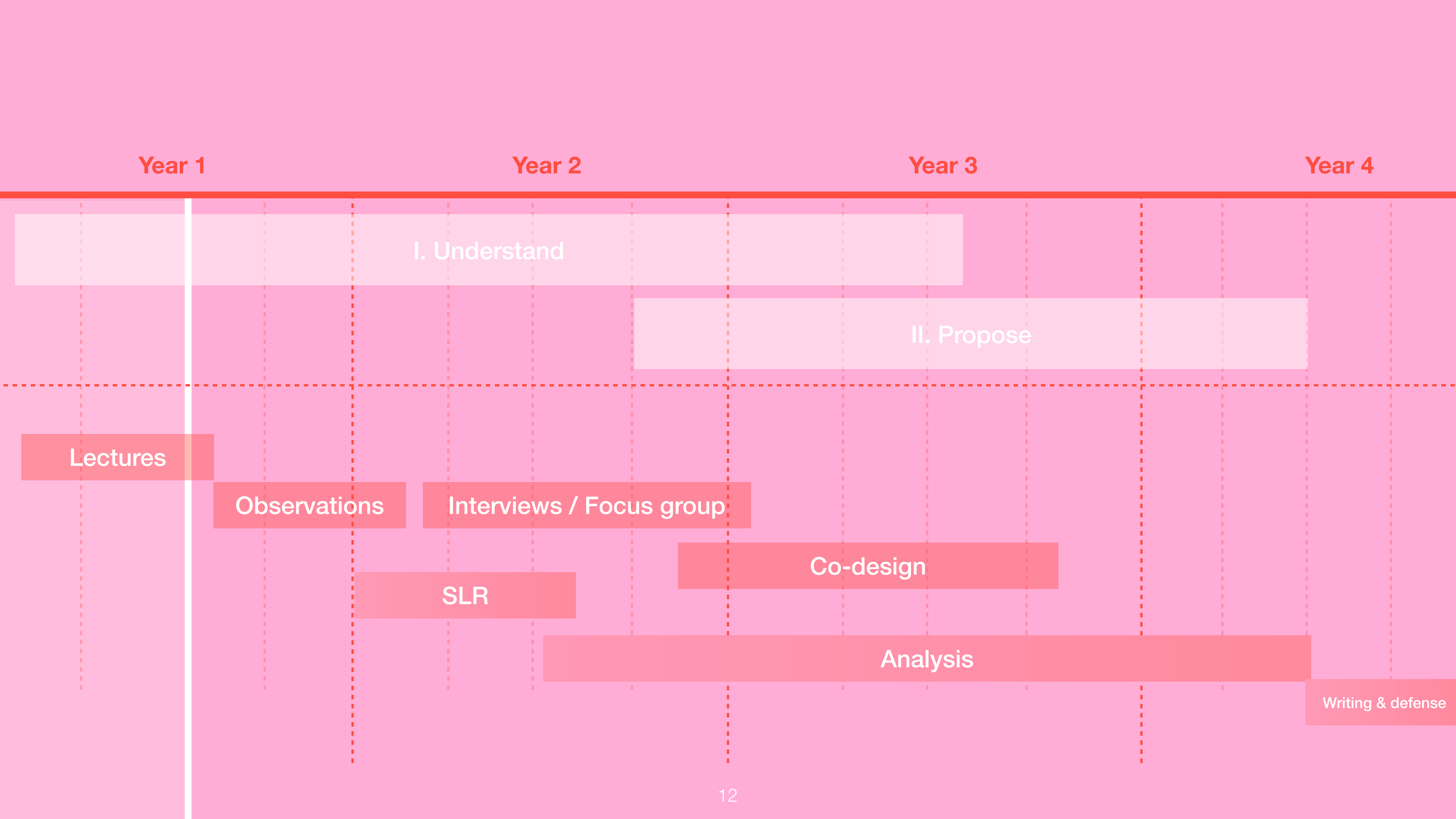
Fields

CHU



ZOL





Year 1

Year 2

Year 3

Year 4

I. Understand

II. Propose

Lectures

Observations

Interviews / Focus group

SLR

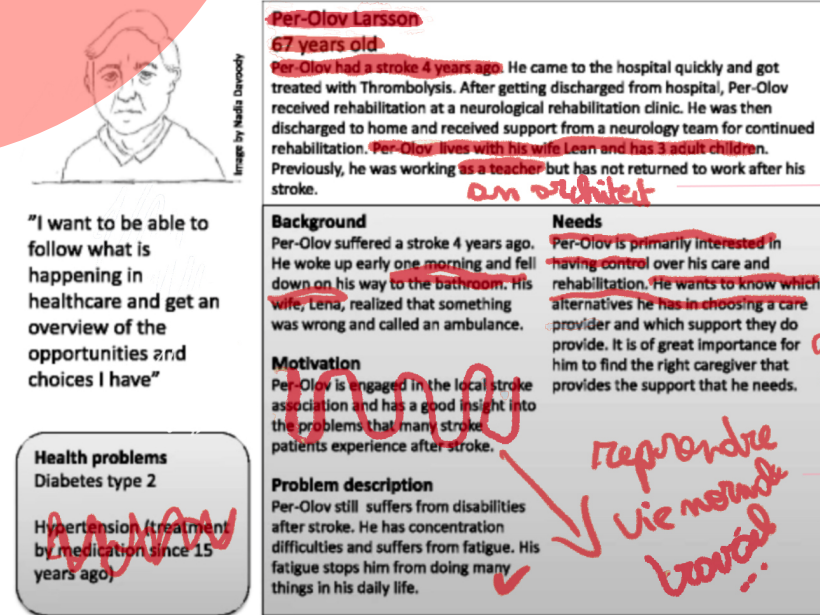
Co-design

Analysis

Writing & defense

Exhibition

Fig. 1



"You can tell they didn't design the hospital for us"

24 years old Marie

an architect

Return to normal life ... to work,...

An example of a persona that gives a concrete and specific representation of a user group. The information is not that of a real person

Davoudy, N., Koch, S., Krakau, I. et al. Post-discharge stroke patients' information needs as input to proposing patient-centred eHealth services. BMC Med Inform Decis Mak 16, 66 (2016). <https://doi.org/10.1186/s12911-016-0307-2>

f niveau → agilité, équilibre

Difference of level => agility, equilibrium

f motricité → déconcentration
main courante

Difference in materiality => Deconcentration Handrail

symétrie d'axe

Symetry of floors

ergonomie

Ergonomy

accès extérieurs manquant
lieu partage petit (entre patients)

External access missing

Small place of sharing (inter-patient)

largeur couloir, passages

Corridor width, passages

mix intimité / collectif

Mix intimacy/ collective

importance acoustique:
(VMC, horloge, couloir)

Importance of acoustics: VMC, clock, corridors,...

Bringing data to life: When a stroke Patient meets a stroke Persona

A stroke patient has commented a stroke patient persona found in the literature...

Then we asked her to tell the things that she wanted to communicate to the futur architect who will design a new physical rehabilitation service

As a designer, what do I need to design ?

Bringing data to life: When a stroke Patient meets a stroke Persona

Thank you for your attention!



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- [5] Worpole, K. (2009). *Modern hospice design. The architecture of palliative care*. London: Routledge.
- [6] Petermans, A. & Nuyts, E. (2016). *Happiness in place and space: exploring the contribution of architecture and interior architecture to happiness*. The Tenth International Conference on Design and Emotion – Celebration & Contemplation, Amsterdam, The Netherlands.