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A One Man User Group: The Architect Becomes a Patient

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In 1998, this healthcare architect was admitted through the emergency room to an inpatient medical unit for a week of tests, intravenous feedings, and antibiotics. What he learned during this reflective period of illness and healing will strongly influence the remaining years of his career.

As healthcare architects, the author asserts that we are in a position to advise, encourage, motivate, and incite our clients to do the right thing instead of making do. Our designs strongly impact the experience of the patient and create a lasting impression of a hospital and its commitment to caring. It is hoped that the design lessons learned here will benefit other architects and patients.

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The Patient Room: A Healing Environment

The good news was I was feeling better every day. The bad news was this recovering healthcare architect was noticing details that irritated my aesthetic senses and impaired my functional activity. For example, I spent a lot of time sitting in a side chair covered in vinyl. It was cold when I first sat down and hot and sticky as I spent more time in it. A cloth or textured cover would have been more comfortable and visually appealing.

The walls ached for color, texture, or a wall covering, and the linoleum floor (utilitarian gray) could have been improved with creative introduction of pattern or color. The bathroom threshold presented a constant challenge as I walked about with an IV pole. As designers and administrators, we tend to lean toward fabrics and finishes that appear to have the fewest maintenance requirements. There are choices that meet these requirements and are conducive to the patient's healing environment, although newer materials may require an inservice for the housekeeping team. In the future I know I will actively investigate and promote "patient-first" interior finishes!

Relationship of the Room to the Patient Unit

I have always been a strong advocate for sound attenuation and constructing walls so that they reach the underside of the structural deck. My next-door neighbor was an Alzheimer's patient with medical problems whose unpredictable outbursts would occur at all hours of the day and night. (Need I say more?) I could also hear the centrally located and naturally noisy nurse station. Normal activity in the patient corridors also creates noise pollution in the patient rooms. After this experience, I reconfirmed that for a fraction of the total project cost, sound disturbances could be eliminated or significantly reduced with sound attenuation.

One More Area Worth Mentioning

How many of us have worked with our healthcare clients to locate *just one more piece of imaging equipment*. We appropriate all adjacent space and settle for a less-than-satisfactory solution to accommodate cost, delivery schedules of the equipment, or a space squeeze. This was obviously the situation in the nuclear medicine treatment space I occupied during my hospital stay. The treatment room itself was undersized for the piece of equipment, the patient, and the staff. It was cramped and cold. The circulation from prep area to treatment space was a semipublic circulation corridor providing little privacy to the patients, who were clad in designer "open-ended" hospital gowns. Again, I could hear every sound and conversation, providing little relief from the anxiety I was experiencing in association with the test itself. In these "try to make it fit" assignments, architects need to ensure adequate transition space for public, staff, and patients and design the appropriate

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treatment areas required by the equipment and services.

In closing, we as healthcare architects are in a position to advise, encourage, motivate, and incite our clients to "do the right thing" instead of "making do." Our designs strongly impact the experience of the patient and create a lasting impression of a hospital and its commitment to caring. At no time did I question the professional staff, their capabilities, or attention to my needs. What I did question was how they could function in some of the space that someone designed for them and how much of a nurse's time was spent adjusting blinds, helping patients over the bathroom threshold, and adjusting temperatures, bed orientations, and chairs in patient rooms. I know this experience has changed the approach I will take with my healthcare clients in the future. I sincerely hope that it will benefit other architects and patients. 🙏

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