

This booklet is a research of the role of colour as a design strategy in the Ronald McDonald House in Utrecht (1999), designed by Bosch & Haslett. This building is positioned next to the University Medical Center Utrecht and positions itself between the institutional environment, while creating a domestic atmosphere. The research into the broader developments of care architecture in the Netherlands after 1945 shows a shift from functional design principles to more humane environments. These are focused on the well-being of people and sensory experience. Ronald McDonald Houses are temporary homes for families of sick children. Here, light, materials, scale, and colour are very important for the well-being of the families.

A spatial analysis of the Ronald McDonald House Utrecht shows that colour is more than a decorative element and contributes to the spatial experience and domestic atmosphere. Colour defines volumes, connects the interior and exterior, and works together with light and materials. The landscape-like design of the building strengthens this effect by guiding movement and creating different spatial experiences. Finally, this research shows that colour plays a crucial role in creating a domestic feeling of a building.

Ronald McDonald House, Utrecht
By: Bosch Haslett



Domesticity in Colour

Colour as an design strategy in the Ronald McDonald House Utrecht

Amber Wassenberg

Table of Contents

Course
AR2A011 Architectural History Thesis

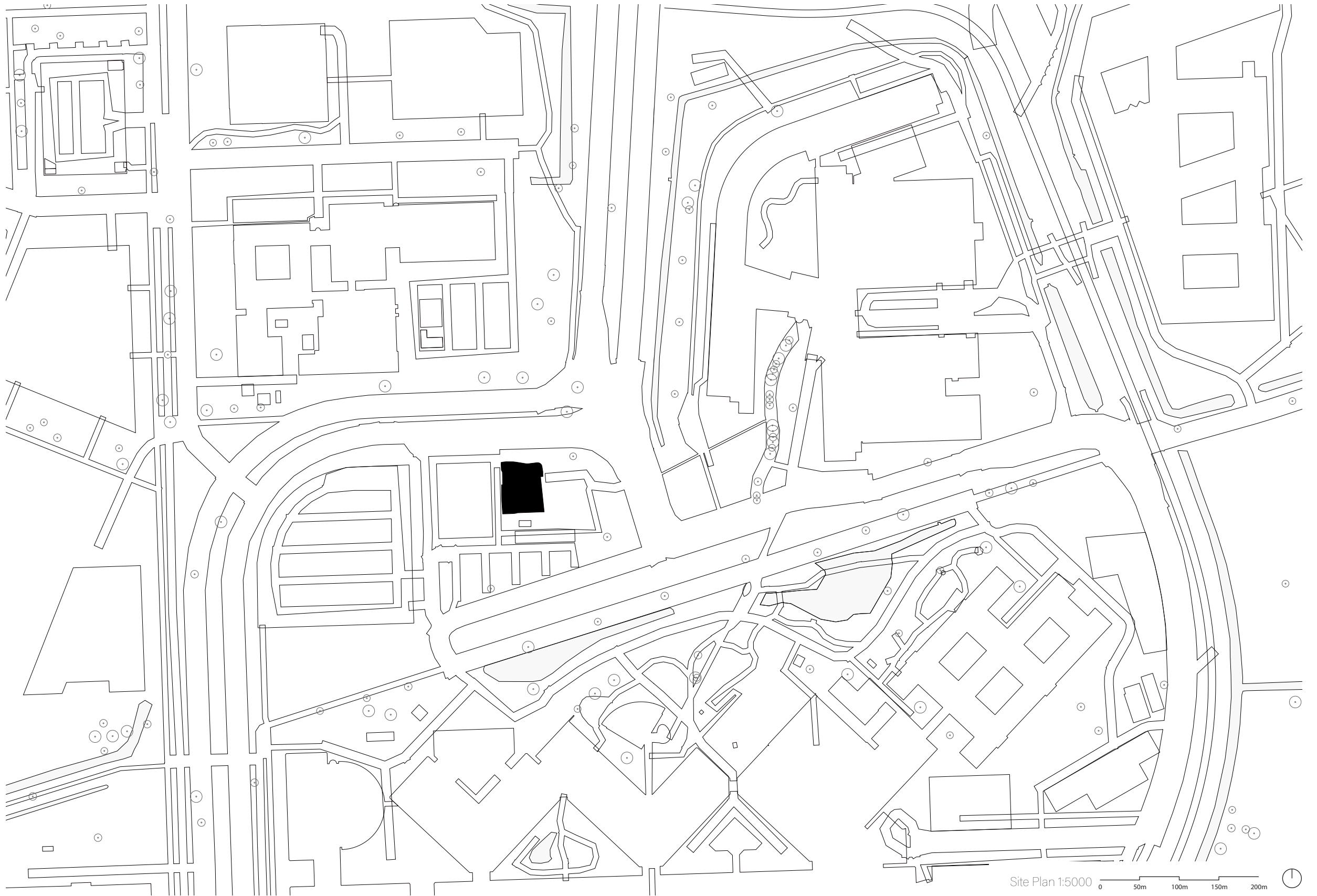
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Acknowledgements
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Introduction	9
Colour in Dutch care Interiors after 1945	15
Ronald McDonald House as a care-environment	19
Colour Strategy in the Ronald McDonald House Utrecht	23
Conclusion	29
Bibliography	30
Figures	31



Site Plan 1:5000



Domesticity in Colour

Colour as an design strategy in the Ronald McDonald House Utrecht

F.1



In Utrecht, next to the University Medical Centre, stands the Ronald McDonald House (1999), designed by Bosch & Haslett (F.1). It is a very interesting-looking building. It has clean lines, with horizontal floors and organically formed walls in between. The building also has many large windows, which are sometimes very visible but can also be hidden behind slats in the same colours as the walls. The house is surrounded by a landscape design. This design closes off the private garden with a hedge, while the other part of the building is very open and free, with only a little raised ground with trees next to the street. The other sides of the building do look very much alike to the front. The sides are a bit smaller, and some places have more windows than others. The emergency stairs are placed there. All in all, the building looks very much the same all around.

The front of the building has a very clear

F.2



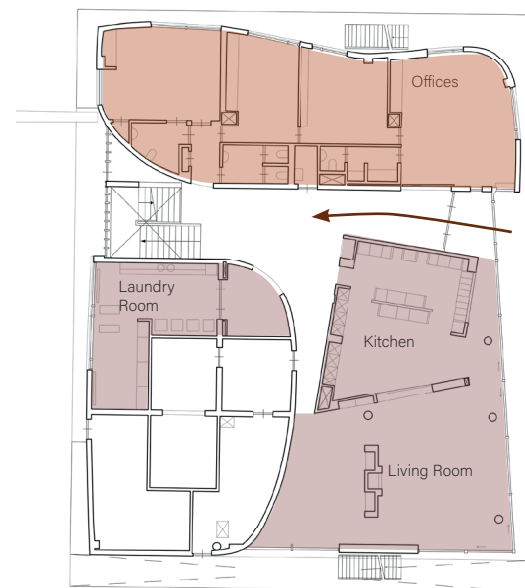
F.3



F.4

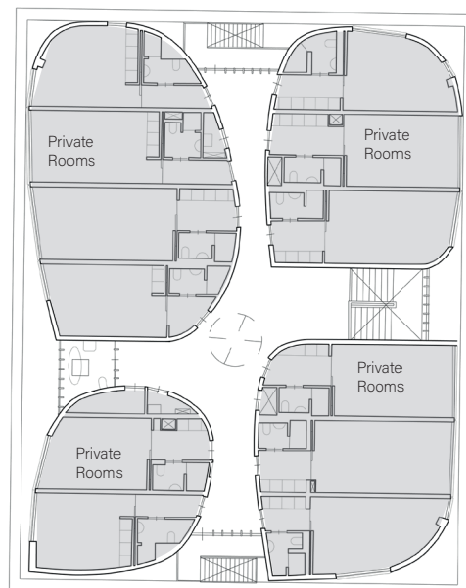


F.5



Floorplan First Floor 1:200

F.6



Floorplan Third Floor 1:200

wooden door as an entryway. When you enter, you will see the offices on the right and a big open hallway ahead (F.3). This hallway is a very organic and open space which leads to the stairs, laundry room, communal living room, and kitchen. This is the shared floor of the building (F.5). The kitchen and living room are very spacious, yet cosy and very light and open, because of the large glass façade that leads to the garden (F.2).

When going up the wooden stairs, you arrive at the private rooms with a big, organically formed hallway with a few rooms connected to it. The four corners of the building are, at all times, a kind of round form in different shapes and sizes. These private rooms are placed in these corners, while the hallway is the space in between. The walls between the round shapes are totally made out of glass to let light in very nicely into the building. This kind of hallway makes the place less hotel-like and gives people a chance to talk to each other. From the stairs on the second floor, your attention will be drawn to the stairs to the third floor (F.6). This floor looks a lot like the second floor, except there is a big round skylight in the middle of the hallway. This makes the hallway look lighter and more alive (F.4).

The floors you see on the outside are made of concrete. The walls of the building, both inside and outside, are made of plaster. While the interior of the building also consists of a few wooden accents, some walls, the floor, and the stairs are made of wood. Another material that you will notice is steel. The emergency stairs, the railings of the stairs inside and outside, as well as the railing next

to the windows, are made from steel. The windows also have a steel-like material; the windows around the hallways have a lot of small frames, while the rest of the building has wider windows.

The plaster of the building consists of different colours. Each round corner of the building has the same colour outside as inside. These colours are very earth-like colours, like a muted red and orange, but also basic colours, such as a more creamy white and grey. These colours are the colours of the walls, but also most of the furniture matches these colours. When first built, the private rooms had different colours; they had a wall in a bright red or bright blue colour. However, these colours have changed over time.

When approaching the building from the hospital, there is a visible change in scale and colour. The hospital can be recognised by the large-scale volume, while the Ronald McDonald House consists of smaller-scale, more differentiated elements. The variation in height, fragmentation of volumes, and colour use separates the building from the environment (F.7-9).

These differences create a broader question about the relationship between architectonic strategies and the changes in Dutch care architecture in the second half of the twentieth century.

Humanising Care Architecture

In the decades after the Second World War, more attention was put on the sensory experience in spaces in architecture¹.

F.2 Ronald McDonald Kinderfonds Nederland. Ronald McDonald Huis Utrecht.

F.3 Interior Ronald McDonald House Utrecht, Photograph by Author (2026)

F.4 Interior Ronald McDonald House Utrecht, Photograph by Author (2026)

F.5 Plan: Ground Floor, Ronald McDonald House Utrecht, Illustration by Author (2026)

F.6 Plan: Third Floor, Ronald McDonald House Utrecht, Illustration by Author (2026)

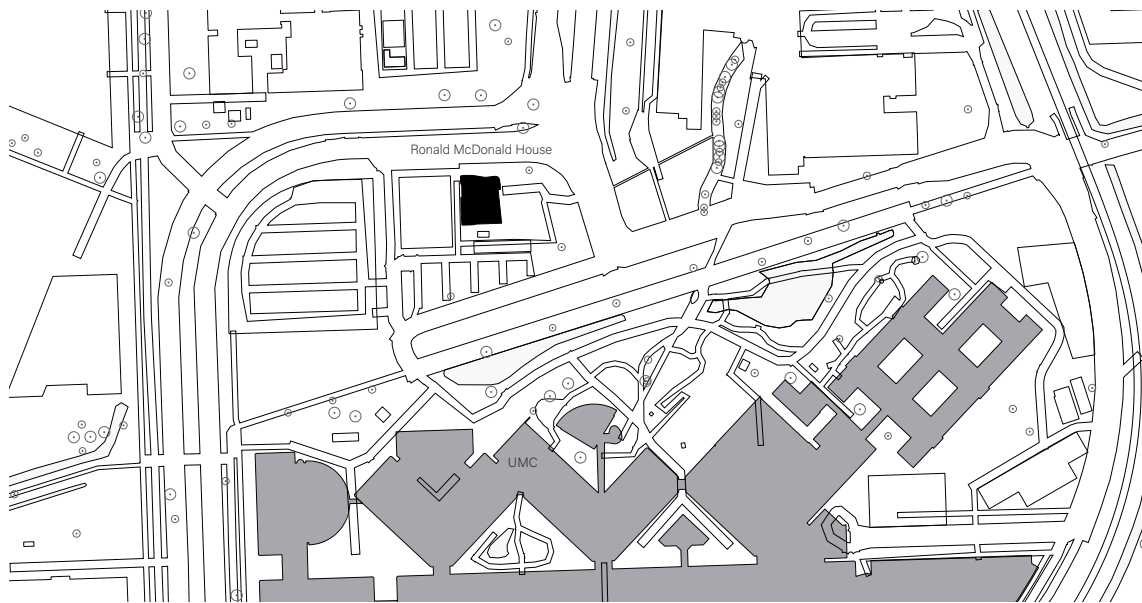
F.7



F.8



F.9



Whereas modernism in care architecture was largely dominated by function and visual appearances. Around the 1970s, there was increasing criticism of this abstract and distant approach and a change to more humane architecture.

At the end of the twentieth century, Western Europe gained a critical view of the environments of hospitals and care institutions. These could negatively affect patients' well-being². There was more focus on human scale and domesticity, not only as spatial qualities but as deliberate strategies to distance themselves from the institutional image of care environments. The care institutions in the Netherlands started looking for opportunities to introduce a more home-like atmosphere as an alternative to the cold hospital atmosphere.

In this broader development, the Ronald McDonald House in Utrecht can be understood as an example of this transformation. This building is functionally connected to a hospital, but it uses its architectural language to negotiate its identity between institution and a home. Colour plays a crucial role in creating this identity.

Therefore, this thesis asks:

How does the use of colour in the Ronald McDonald House contribute to a sense of domesticity within the care environment, and how does it fit into the changes in care architecture at the end of the twentieth century?

By looking into colour not only as an aesthetic, but also as a design strategy. This research positions itself around the end of the twentieth century in the discussion of humanising architecture in care institutions, with the Ronald McDonald House in Utrecht as a case study.

F.7 University Medical Center Utrecht, Photograph by Author (2026)

F.8 Ronald McDonald House Utrecht, Photograph by Author (2026)

F.9 Urban plan Ronald McDonald House Utrecht, Illustration by Author (2026)

1. Klaske Havik, Hans Teerds, and Gus Tielens, "Building Atmosphere," *OASE Journal for Architecture*, no. 91 (2013): 3.
2. Roger S. Ulrich, "View through a Window May Influence Recovery from Surgery," *Science* 224, no. 4647 (1984): 420.

1950

F.10

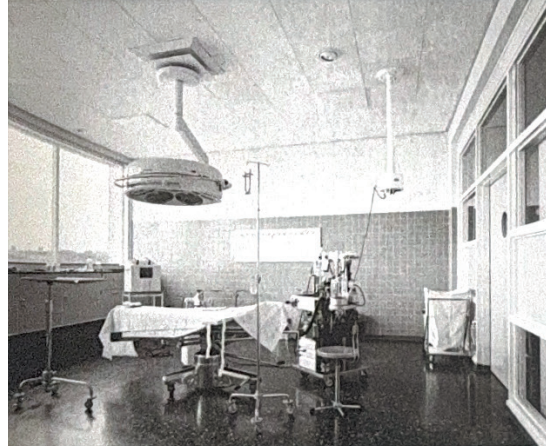


F.11

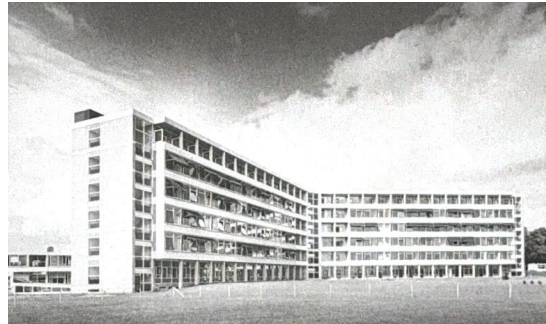


1960

F.12



F.13



Colour in Dutch care interiors after 1945

The use of colour in the Ronald McDonald House in Utrecht can be understood as part of a broader shift in institutional design to more domestic care interiors. To support this statement, it is important to have a closer look at Dutch care interiors since 1945. While post-war hospitals were strongly shaped by hygienic and rational principles, in later decades, there were other important qualities, such as domesticity. This evolution creates a historical framework in which the Ronald McDonald House can be placed.

The post-war hospitals

Before the Second World War, hospitals were built as representative monuments³. In the decades after this war, the design of hospitals focused on functional elements. Efficiency and hygiene were the central design principles⁴. The hospital was a rational, organised system where medical processes had to happen optimally. There wasn't a lot of design freedom at this time. They could only use the available materials. The fundamental structure defined architecture in the 1950s. So, colour played a relatively limited role in this process⁵.

White was a dominant colour in hospitals. This was an aesthetic choice as part of modernist architecture, which was called by Antal Nemcsics⁶ the 'white revolution'. This had been an aesthetic reduction of colour to gain abstract whiteness and rationality in architecture. White is associated with serenity, control, hygiene, and objectivity, while also contributing to a certain spatial experience. These white surfaces operated

as a complex visual material practice that established a sense of order and modern efficiency^{6,7} (F.10-11).

From functionalism to human-centred design

Doctors were critical of modern society in the sixties, and the hospital was a typical example of this. It was massive, technocratic, authoritarian, clinical, cold, and autonomous (F.12, 13). The patient was placed last. In the mid-sixties, doctors only had time to work on the technology. The hospital was seen as a factory where organisation, technology, and logistics decided the architecture of the building, instead of the patient⁵.

The criticism of these 'white elephants' was the start of new ways of organising society. An important role in this was played by the initiative 'Hospital Human and Modern'. While modernity had positive effects, it was also seen as a cold, authoritarian system that prioritised wealth and power over human needs. These principles were wrong, so a new philosophical basis emerged. At the start of the seventies, the focus shifted to the well-being of the patient⁵.

During the sixties and seventies, the attention shifted to the sensory and psychological effects of spaces. The hospitals had new architectural concepts: small-scale, security, and hospitality. There were spaces everywhere where temporary meetings could take place. The buildings were almost like a city, with streets, alleys, and squares to meet (F.14-15).

F.10 Jan Piet Kloos, Juliana Ziekenhuis Terneuzen, 1954, photograph

F.11 Jan Piet Kloos, Juliana Ziekenhuis Terneuzen, 1954, photograph

F.12 Jan Piet Kloos, Operatiekamer in het Diaconessenziekenhuis Groningen, 1964, photograph

F.13 Jan Piet Kloos, Diaconessenziekenhuis Groningen, 1964, photograph

3. Mens, Noor, Annet Tijhuis, and Cor Wagenaar. *De architectuur van het ziekenhuis: transformaties in de naoorlogse ziekenhuisbouw in Nederland* [The architecture of the hospital: Transformations in postwar hospital construction in the Netherlands]. Rotterdam: NAI Publishers, 1999

4. Cor Wagenaar, ed, *The Architecture of Hospitals* (Rotterdam: NAI Publishers, 2006)

5. Noor Mens and Cor Wagenaar, *Architectuur voor de gezondheidszorg in Nederland* [Healthcare architecture in the Netherlands] (Rotterdam: NAI Uitgevers, 2010).

6. Antal Nemcsics, *Colour Dynamics: Environmental Colour Design* (Budapest: Akadémiai Kiadó, 1993).

7. Victoria Bates, "Cold White of Day: White, Colour, and Materiality in the Twentieth-Century British Hospital," *Twentieth Century British History* 34, no. 1 (2023): 1, <https://doi.org/10.1093/tcbh/hwac020>.

1970

F.14



F.15



1980

F.16



1990

F.17



F.14 Buro Wiegerinck Architecten, Interieur Prent & Landman, Westeinde Ziekenhuis, Den Haag, 1979,
F.15 Architectenburo Roelfs Nijst Lucas, Sint Elisabeth Ziekenhuis Tilburg, 1973-1982,
F.16 Architectenburo Duintjer Isth Kramer Van Willegen, i.s.m. Architecten- and Ingenieurs-burea. ir. D. van Mourik, Academisch Medisch Centrum (AMC), Amsterdam 1966-1981/1985 in *Architectuur voor de gezondheidszorg*
F.17 Kruisheer Hallink Arends architecten, Team 4 Architecten en Wytze Patijn architecten. Academisch Ziekenhuis Groningen (AZG), 1975-1997, in *Architectuur voor de gezondheidszorg*

At the beginning of the seventies, colour began to be understood as part of an integral system where environment, humans, and perception came together. Colour not only affects aesthetic observation, but also affects psychological reactions: it can calm, activate, or disorient⁶. The transition of white walls in hospital interiors to subtle palettes of functional greens and pale blues was connected to the post-war welfare state, in which people wanted to create distance from the terrible history and heal emotionally⁷. This was not a linear change, but a layered one. White was still a crucial part of the colour palette and functioned more in relation to these new colours to strengthen the modern and humanist qualities.

Later in the seventies, the interior became more interesting. The materials became more natural and raw, such as wood, rattan, and concrete. The sombre interior was changed into a 'brown bar.' There was a lot of attention to peace, relaxation, and privacy to make the technical environment as humane as possible³ (F.14-15).

This reflects the growing consciousness that architecture can affect emotional well-being. So, especially in the seventies, the transition occurs, where hospitals and care facilities are not only functional machines, but also part of a living environment.

The rise of domesticity in care architecture

In the eighties and nineties, the architecture of hospitals had not changed much. The hospitals that were realised were more like structures than buildings. The designs were

not architecturally thought out, but part of an inevitable process of adaptation and expansion. It was necessary to adapt to the new demands as cheaply and simply as possible. Technically well-constructed buildings became outdated in function. Public spaces, such as patios, courtyards, and entrance halls, were easier to change than the care and nursing departments with stricter rules. So, only the public spaces could easily be designed. In this case, these received extra design details. In addition to a large central hall, the circulation areas got extra attention. They added bright colours to cheer up the spaces, and they added a lot of art to make the hospital more lively⁵ (F.16).

Still, the criticism of large, anonymous care environments got stronger, and the new typologies that were focused on small-scale, recognisability, and domesticity became even more important. Care environments tried to distance themselves from the purely clinical appearance and create more lively colour schemes that create places that feel more familiar and less institutional. Through the use of material, scale, details, and warmer colour palettes, attention shifted more away from the 'gloomy' white environments⁷.

Conclusion

The evolution of colour in Dutch care architecture since 1945 shows a slow shift. White, especially on the walls, played a dominant role in designing care architecture in the 1950s. From the seventies until the nineties, the focus in architecture shifted to a more humane approach to design, where colour had a fundamental effect on the spatial experience⁶.

3. Mens, Tjihuis, and Wagenaar, *De architectuur van het ziekenhuis*.

5. Mens and Wagenaar, *Architectuur voor de gezondheidszorg in Nederland*.

6. Nemcsics, *Colour Dynamics*.

7. Bates, "Cold White of Day,"

Within this context, the Ronald McDonald houses arose in the seventies and eighties. These are houses in which families of sick children could stay to be close to the hospital. It is a home-away-from-home. These houses were located next to the hospital, but not entirely connected. These can be read as part of this movement toward a more humane care architecture, where the use of warm colours plays a part in creating these more humane environments. The next chapter examines the historical movement in the case of the Ronald McDonald Houses, and how colour has been used to create a domestic feeling in the house in Utrecht.

Ronald McDonald House as a care environment

At the end of the twentieth century, care architecture in the Netherlands was undergoing significant changes. Hospitals in the post-war period were mostly designed as large-scale and strong institutional buildings. From the 1970s, growing attention to the experience of the users strengthened. Architects and researchers started to recognise that the physical environment could have an effect on the well-being of patients and their families.

Ulrich's research⁸ shows that aspects of the built environment, like view on nature, light and spatial qualities, could have a positive effect on the healing process of patients. These insights contributed to a broader movement towards more humane care environments.

Within these developments arose a growing interest in domesticity. Architects tried to give care-related architecture a more home-like appearance. By using smaller scaled spaces, recognisable home functions and warmer materials in designing, buildings became less clinical and more familiar.

Ronald McDonald Houses as an alternative care environment

Ronald McDonald Houses exist all over the world. With in 2026, 375 houses spread over 65 countries. The Netherlands has 11 Ronald McDonald Houses, 13 Living Rooms, and 3 Vacation Homes. The first Ronald McDonald House was established in 1974 in the United States of America.

People who lived too far away from the hospital had to sleep in a hospital chair and eat from the snack machines to stay close to their child. Pediatric oncologist Audrey Evans noticed an urgent need for housing near the hospital for parents who wanted to stay close to their child. He found a house close to a hospital and got McDonald's as their sponsor. This formed the start of the Ronald McDonald House Charities. This idea moved fast to other countries. The first Dutch, as well as European, house was placed in 1985 in Amsterdam (F.18). These houses are supported by donations, generous companies and volunteers. The costs of staying in such a house are 90 euros a night, but the families themselves pay only 15 euros; the rest is supported by sponsors. The interior of the houses is also created by sponsoring companies. They help with giving furniture, paint and wallpaper to keep the houses looking nice and clean⁸⁻¹⁰.

Ronald McDonald Houses are a home away from home. These houses have rooms for families of sick children, so they can stay close to their child while they stay in the hospital. These houses have private sleeping and bathrooms and a shared kitchen, living room and playroom. It is a place where people can come to themselves and to find support with other parents and volunteers. The parents in these houses take care of their own family, they cook in the shared kitchen and do their own laundry. They can work on their laptop and relax on the couch, just like at home. The families can stay in the

2. Ulrich, "View through a Window," 421.

8. "Hoe het begon," Ronald McDonald Kinderfonds, geraadpleegd op 27 maart 2024, <https://www.kinderfonds.nl/hoer-het-begon>.

9. "Ronald McDonald Huizen," Ronald McDonald Kinderfonds, geraadpleegd op 27 maart 2024, <https://www.kinderfonds.nl/ronald-mcdonald-huizen>.

10. "The Story of the First Ronald McDonald House Charities," McDonald's India Blog, September 19, 2016, <https://mcdonaldsblog.in/2016/09/story-of-the-first-ronald-mcdonald-house-charities/>.

F. 18



F. 21



F. 22



F. 19



F. 23



F. 20



F. 24



house as long as the child is in the hospital. The sick children themselves are most of the time staying in the hospital, and only the parents, brothers, and sisters are staying in the Ronald McDonald House⁸⁻¹⁰.

Most of the first Ronald McDonald Houses were relatively simply designed. According to John Bosch, most of these buildings consist of simple hallways with rooms next to them, similar to hotels. In the photographs F.19 to F.24 are a few of the Dutch Ronald McDonald Houses displayed. These are the houses in Maastricht (1998), Groningen (1990) and Leiden (1993) with the hotel-like hallway. During the design process of the Ronald McDonald House in Utrecht, an explicit search was made for another way of designing. Instead of a hotel-like structure, the architects wanted a building where meeting and commonality were central.

F. 18 Ronald McDonald Kinderfonds Nederland. Ronald McDonald Huis Amsterdam.
 F. 19 Ronald McDonald Kinderfonds Nederland. Ronald McDonald Huis Maastricht.
 F. 20 Ronald McDonald Kinderfonds Nederland. Ronald McDonald Huis Maastricht.
 F. 21 Ronald McDonald Kinderfonds Nederland. Ronald McDonald Huis Groningen.
 F. 22 Ronald McDonald Kinderfonds Nederland. Ronald McDonald Huis Groningen.
 F. 23 Ronald McDonald Kinderfonds Nederland. Ronald McDonald Huis Leiden.
 F. 24 Ronald McDonald Kinderfonds Nederland. Ronald McDonald Huis Leiden

8. Ronald McDonald Kinderfonds, "Hoe het begon."
 9. Ronald McDonald Kinderfonds, "Ronald McDonald Huizen."
 10. "Story of the First Ronald McDonald House."

Colour strategy in the Ronald McDonald House Utrecht

The Ronald McDonald House in Utrecht doesn't only use colour as a decorative element, but also as an architectural strategy that contributes to the spatial experience of the building. Within the design, colour functions in relation to form, light, and material, and it also plays a role in distinguishing different spatial conditions. In this way, colour contributes to the atmosphere that supports domesticity within a care environment.

The design was developed in the context of the environment around the University Medical Centre Utrecht, where a lot of new expansions found place. The architects got the job through a competition, where three bureaus had to make a design proposal. The selection of the bureau of Bosch and Haslett took place in a period when the bureau was relatively young. Bosch said the engagement of Rem Koolhaas and his bureau OMA, the company that designed and supervised the masterplan for the UMC campus, had a part in getting the job.

The location has a big contrast between the institutional character of the hospital and the more intimate one of the Ronald McDonald House. The use of colour, scale, and spatial composition creates a balance between the identity of a medical institution and a domestic environment.

The role of colour in the design process

Within the design concept, colour was very important from the start. According to the

architect Bosch¹¹, the colour was chosen at a very early stage of the design process and was an integrated part of the concept.

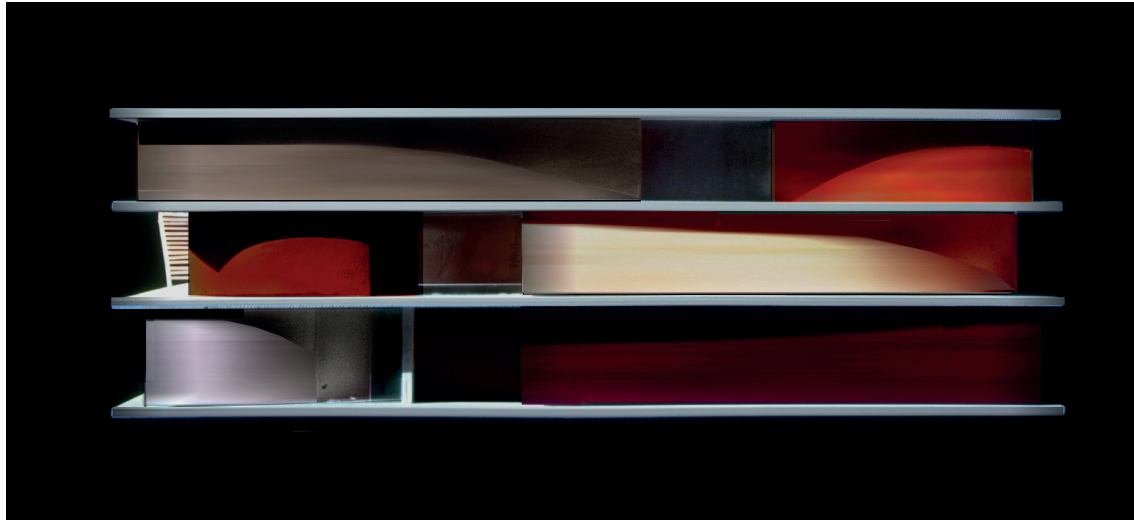
The choices of the colours were not based on one specific colour, but on the coherence of different colours. The architects worked together with the interior architect to create a palette where colours would strengthen each other without colliding. At the same time, the representatives of the Ronald McDonald organisation had an effect on the eventual colour usage. They said, for example, that the colour could not be too dark.

The eventually chosen palette consisted of a combination of more muted earth tones and a few bright colours, close to a palette like that of artist Gerhard Richter (F.26). Figure 25 shows the first chosen colours of the designing process in Photoshop. Bosch found it important to create a balance, because bright colours could harm people who are in stressful situations. By combining these bright colours with calmer colours, an environment could be created that feels lively and soothing at the same time. Bosch said that the design process was the same as creating a painting, where the different colours find a balance.

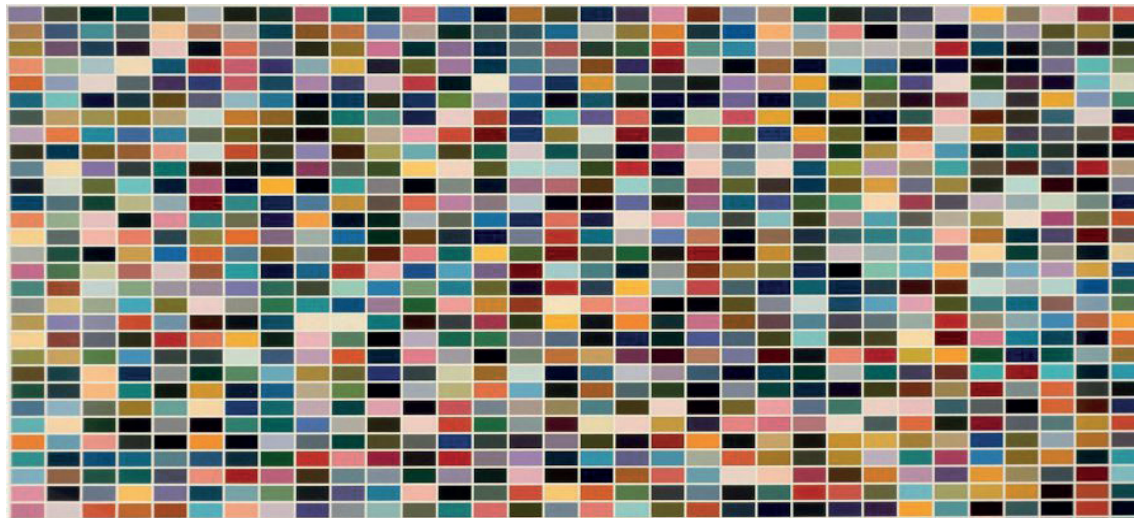
Exterior colour and the relation to the hospital environment

The exterior of the Ronald McDonald House can be recognised by a restrained colour palette, which mostly consists of white and

F. 25

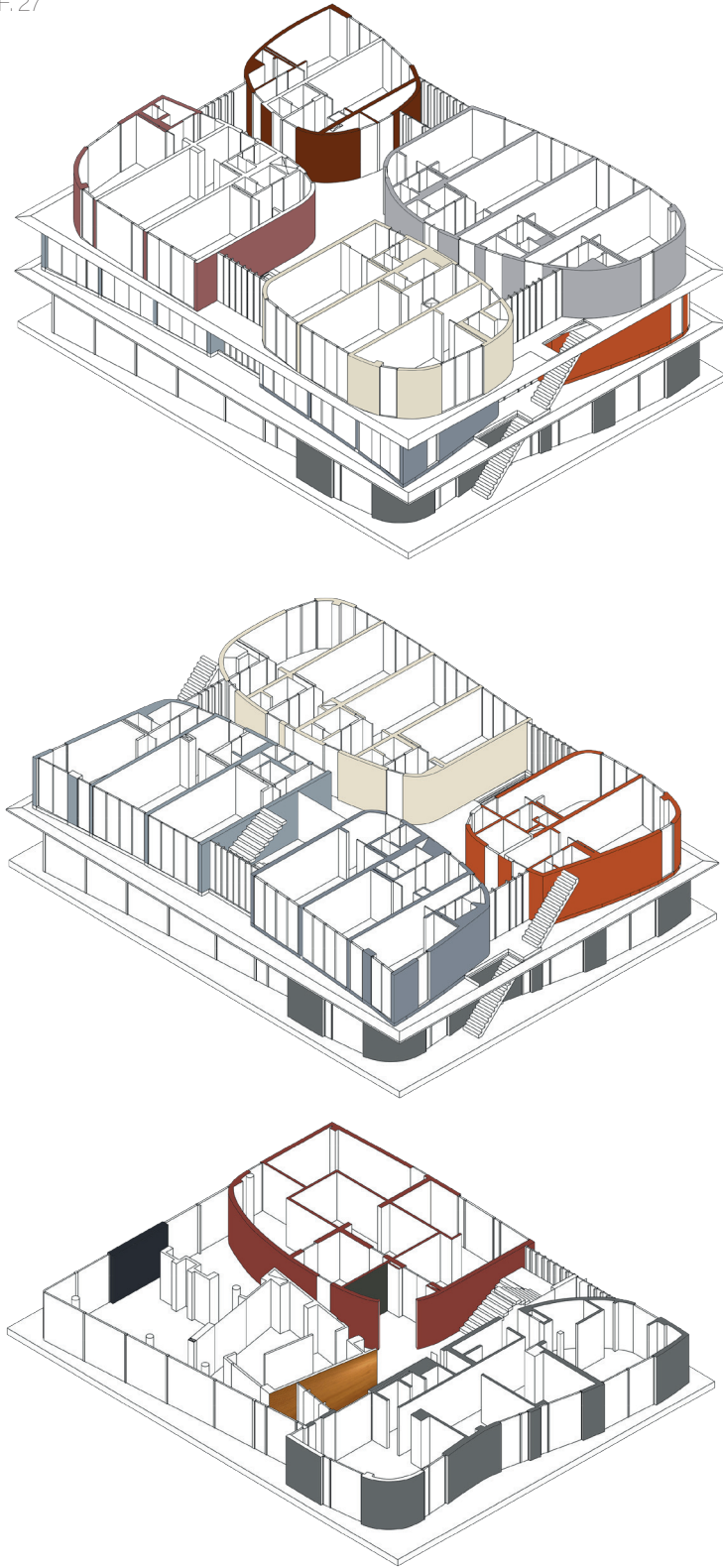


F. 26



F. 25 Ronald McDonald Huis Utrecht, 1998, by Bosch & Haslett, 1998.
F. 26 Richter, Gerhard. 1024 Farben. 1932.

11. John Bosch, interview by the author via Microsoft Teams, February 27, 2026



grey surfaces combined with muted earth-like colours such as brown, red, and orange. The colours used in the building are shown in Illustration 27.

At first, this palette seems very simple, but the careful placement of colour creates a clear visual structure. White and grey surfaces create a calm base for the building. This colour choice creates a visual connection with the surrounding hospital architecture, because white has been associated with clarity, hygiene, and institutional order. However, in the Ronald McDonald House, the white colour is not the whole composition. Instead, the coloured elements break the neutral surface and introduce visual warmth.

These colours are tints of earth tones like red, orange, and yellow. The different organically formed corners of the building all have a different colour. Every floor has, in this case, four colours that have a combination of simple white and grey colours and the earth-like tones. This use of colour gives a clear distinction between the different volumes in the building. The places in between these organic corners are made of glass, which makes them almost invisible.

This approach creates a subtle dialogue with the surrounding hospital buildings. While the hospital architecture expresses institutional efficiency and functional clarity, the Ronald McDonald House introduces a softer and more varied expression. The building does not entirely reject the hospital context, but separates itself with a more people-oriented colour composition.

In this way, colour plays a part in the positioning of the building between two architectural identities: the institutional environment of the hospital and the domestic character of temporary living.

Interior colour and spatial differentiation

The colours from the walls on the organic corners of the outside of the building connect to the colours on the inside. This creates a very interesting meeting point of the four colours per floor in the organic hallways.

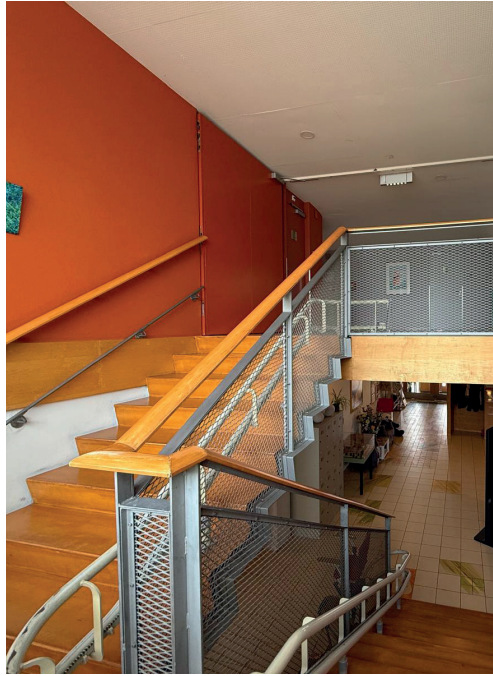
The brighter colours, like the orange used in the building, are placed on the smaller surfaces, while the calmer colours are placed on the bigger surfaces. This creates a more balanced view and makes sure that people already in a stressful situation do not get more stressed. This careful balance reflects an attempt to create an environment that is lively as well as soothing. Bright colours do introduce moments of visual interest and help separate different rooms, while the softer colours prevent the environment from becoming overwhelming.

The corners of the rooms on the second and third floors consist of the private rooms. In every corner is an amount of two to four rooms. These rooms used to have very bright red or blue accent walls. However, these walls have been repainted a few times since the building was opened.

Colour, light and material

The perception of architecture is closely connected with light and material. Inside the Ronald McDonald House, these elements are carefully combined to create a specific

F. 28



F. 30



F. 29



F. 31



atmosphere.

Natural daylight is an important part of the spatial experience of the building. Windows and openings let light in from different directions into the interior, which makes the colour perception different throughout the day. The windows of the private rooms have big slats in front of them in the same colour as the wall. The people inside the building can regulate the amount of daylight and privacy by themselves, per room. The different variations of colour and light contribute to the dynamic perception of the room, where colours subtly change depending on the time of day and the position of the perceiver.

Most of the materials in the Ronald McDonald House are plastered with colour. However, wood is added to some walls and the stairs in the building. This wood creates warmth in the building. In combination with the colour palette, these materials contribute to the warm, tactile, and sensory character of the interior. (F.28-29)

In comparison to the warm wood, there is also some steel used in the building, for the railings of the windows, the railings of the stairs, both outside and inside, and the window frames(F.28). This is a very cold material that creates a little bit of contrast in the building. This makes the effect of the warm materials even clearer.

The landscape as a design motive

Another important aspect of the colour strategy is the way it connects with the movement throughout the building. During the design process, the architects suggested

the building as a landscape, instead of a linear hallway structure, like the other Ronald McDonald Houses that were organised in a way that is comparable to hotels, with long hallways and rooms that are connected. For the project in Utrecht, the architect wanted to avoid this way of designing. Instead of creating a building with a clear hallway structure, the building had to become a spatial experience that felt like a walk in nature. The goal was to design an environment where people could move freely and, at the same time, feel safe, like a landscape with open and sheltered spaces that alternate with each other. This building does have places where people can meet each other and other rooms where people can retreat. This idea had been strengthened by the collaboration and strong relationship between the inside and outside. Daylight, views of greenery, and the transition between interior and exterior had an important role in the design.

This concept of the building as a landscape has been strengthened by colour. While people move through the building, the colour palette subtly changes from one part of the hallway to the next. (F.28-32) This variation creates a succession of spatial impressions, comparable to how different environments appear during a walk through a landscape. Colour contributes to the narrative experience of the building. It guides movement, emphasises spatial transitions, and helps create moments of orientation. At the same time, it supports the emotional atmosphere of the interior by introducing variation and warmth.

F. 28 Staircase Ronald McDonald House Utrecht, Photograph by Author (2026)

F. 29 Entrance Ronald McDonald House Utrecht, Photograph by Author (2026)

F. 30 Hall Third Floor Ronald McDonald House Utrecht, Photograph by Author (2026)

F. 31 Exterior Ronald McDonald House Utrecht, Photograph by Author (2026)



Conclusion

The analysis of the Ronald McDonald House in Utrecht shows that colour plays a central role in the architectural strategy of the building. On the outside of the building, colour helps separate it from the surrounding hospital environments, while at the same time maintaining a visual relation through the use of white surfaces. Within the building, colour is integrated into the spatial organisation and the material composition of the architecture to make the building more humane and domestic

Conclusion

Positioned next to the University Medical Centre Utrecht, the Ronald McDonald House presents itself as fundamentally different from the connected institutional surroundings. The difference between these buildings is not only in scale and form, but is also strongly articulated by the architectonic use of colour.

Instead of functioning as an aesthetic layer, colour works as a significant element within this building. It is a balance between clarity and order, associated with the hospital context, and the warm recognisability of a domestic environment. In this way, the building has created an in-between position, not totally institutional or private, but carefully balanced between the two.

By positioning the project within the broader development of Dutch care architecture after 1945, it became clear that this approach is part of a shift in of the humanising of about care environments. Whereas earlier hospitals were very abstract and neutral, later designs were more focused on the emotional well-being of patients and a more humane character⁵. Theoretical perspectives emphasise that architectonic elements like colour, light and material actively shape the way spaces are observed and experienced¹.

The Ronald McDonald House translates these ideas into a coherent architectonic strategy, where colour, light, and material are connected with spatial experience. As Nemcsics⁶ says, colour is not only a visual observation, but also the psychological

orientation and emotional response to what is important in care environments.

Colour contributes to how the building is understood and experienced, through the use of different coloured organic volumes, the continuity between the interior and exterior, and the combination of bright colours, muted earth-like colours, and calm colours such as grey and white. It not only softens the institutional context, but also redefines it by introducing variation, orientation, and a sense of security within an environment recognised by uncertainty.

Colour also contributes to moving through and perceiving the building. The building is created like a landscape, where colour and light differ in different parts of the building. This gives users a special spatial experience.

In this case, colour is an essential instrument in transforming care architecture into an domestic and humane environment that is both physically close to the medical centre and emotionally distanced from it.

1. Havik, Teerds, and Tielens, "Building Atmosphere," 5.

5. Mens and Wagenaar, *Architectuur voor de gezondheidszorg in Nederland*.

6. Nemcsics, *Colour Dynamics*

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F2. Ronald McDonald Kinderfonds Nederland. Ronald McDonald Huis Utrecht.

F3. Interior Ronald McDonald House Utrecht, Photograph by Author (2026)

F4. Interior Ronald McDonald House Utrecht, Photograph by Author (2026)

F5. Plan: Ground Floor, Ronald McDonald House Utrecht, Illustration by Author (2026)

F6. Plan: Third Floor, Ronald McDonald House Utrecht, Illustration by Author (2026)

F7. University Medical Center Utrecht, Photograph by Author (2026)

F8. Ronald McDonald House Utrecht, Photograph by Author (2026)

F9. Urban plan Ronald McDonald House Utrecht, Illustration by Author (2026)

F10. Kloos, Jan Piet, Juliana Ziekenhuis Terneuzen, 1954, photograph, in *Architectuur voor de gezondheidszorg in Nederland*, by Noor Menas and Cor Wagenaar, 103. Rotterdam: NAI Uitgevers, 2010

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- F26. Richter, Gerhard. 1024 Farben. 1932.
- F27. Ronald McDonald House Utrecht, Illustration by Author (2026)
- F28. Staircase Ronald McDonald House Utrecht, Photograph by Author (2026)
- F29. Entrance Ronald McDonald House Utrecht, Photograph by Author (2026)
- F30. Hall Third Floor Ronald McDonald House Utrecht, Photograph by Author (2026)
- F31. Exterior Ronald McDonald House Utrecht, Photograph by Author (2026)
- F32. Hall Third Floor Ronald McDonald House Utrecht, Photograph by Author (2026)

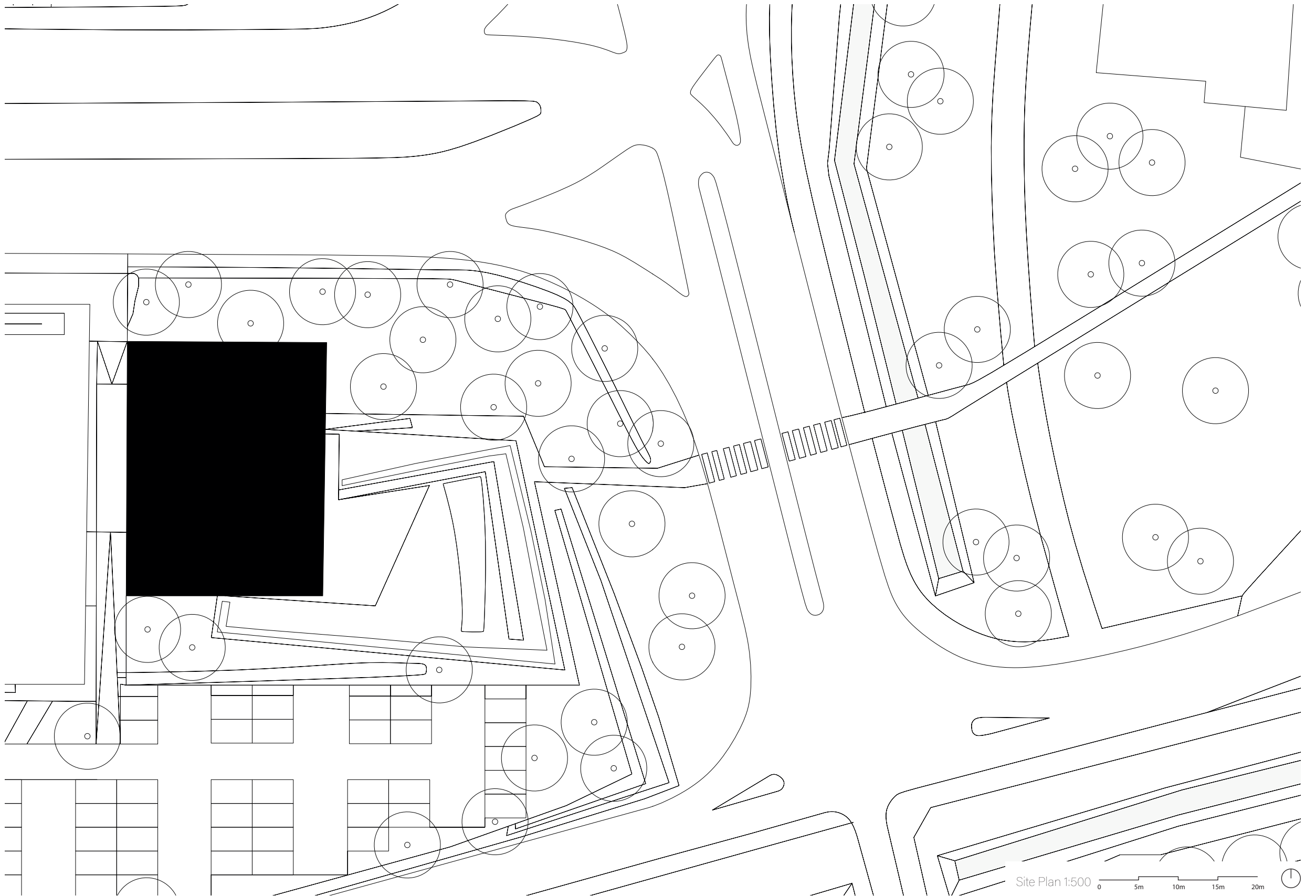
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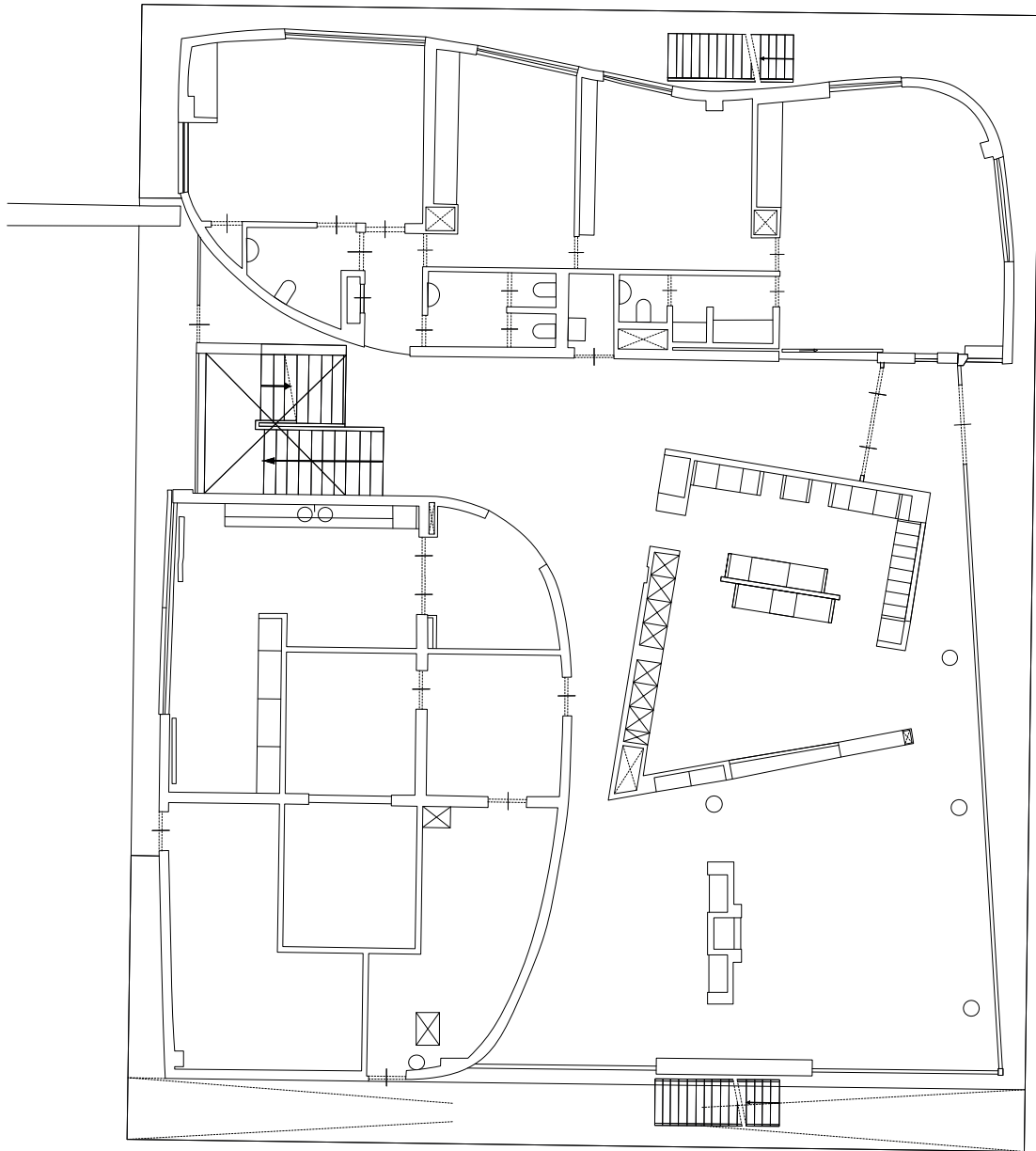
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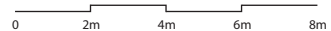
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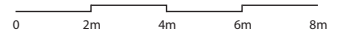
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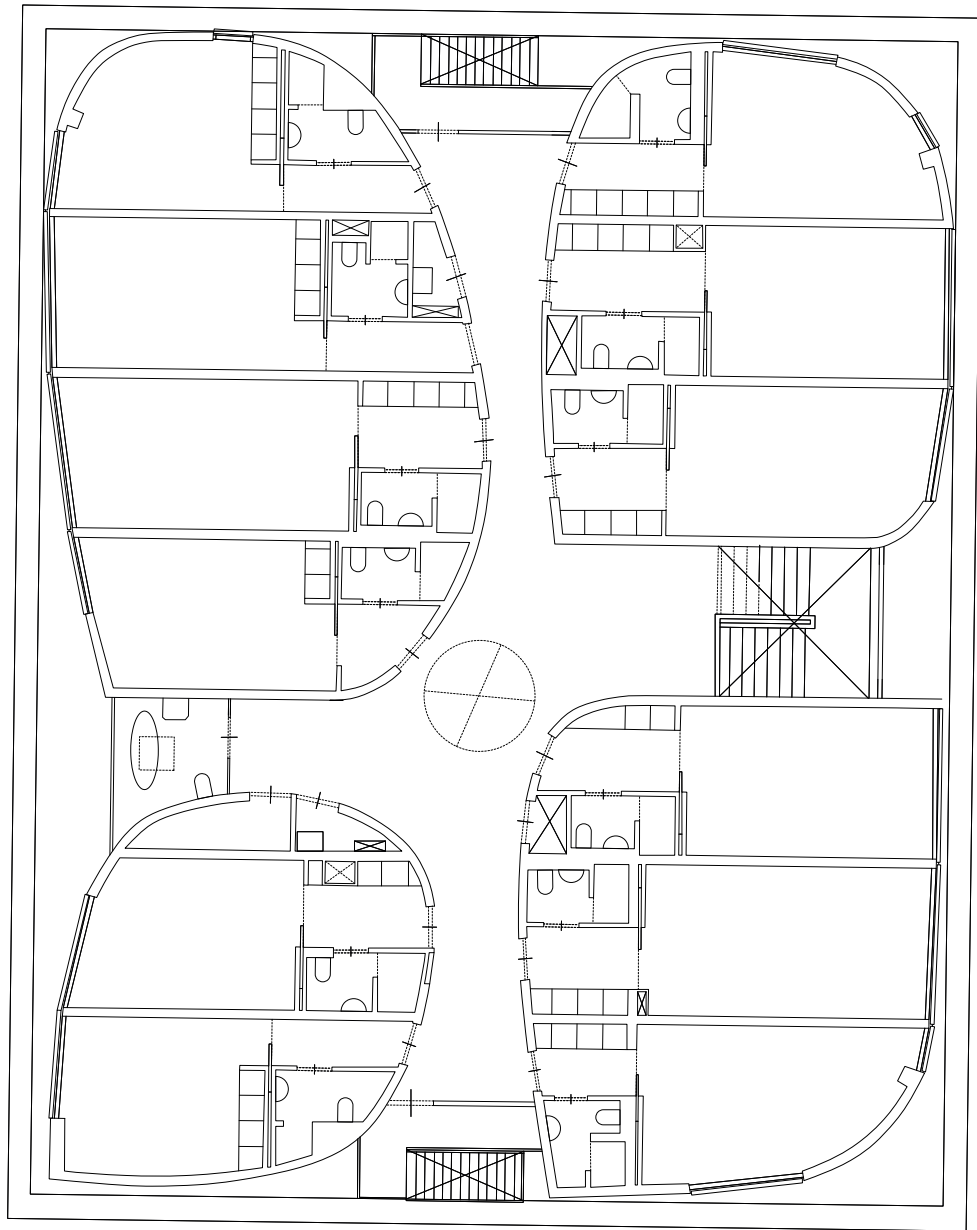


First Floorplan 1:200

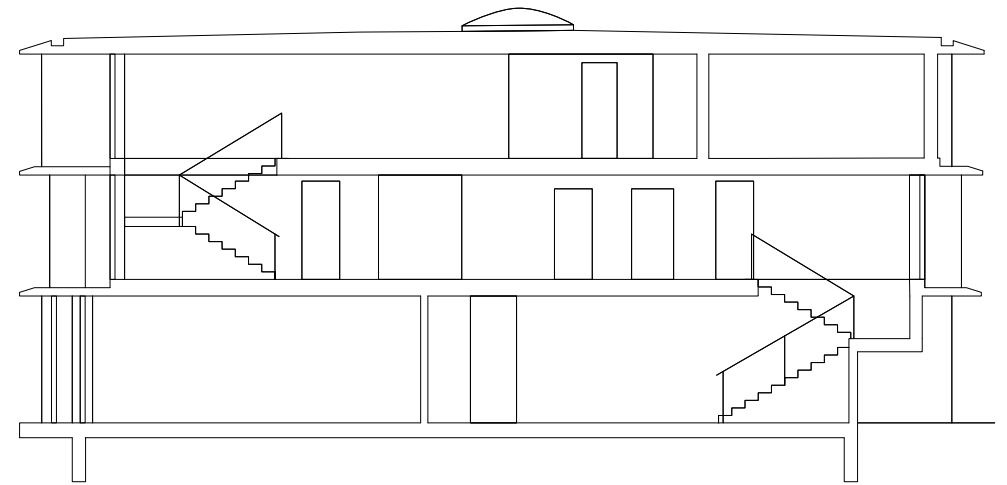
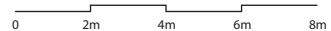


Second Floorplan 1:200





Third Floorplan 1:200



Section 1:200

