Reflection P4
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I am designing a stroke rehabilitation center in the inner city of Rotterdam. The environment should prepare the patients in different steps to go back home. One of the challenges is to combine the program and architectural qualities. The building has to have a clear organization strategy. My task is also to translate the findings from the research and make it into architecture.

The threshold between the clinical environment and home is said to be too large. The social setting of the patient can also influence his recovery. One of the environmental factors that are being questioned is what effect of being in a clinic has on the patients’ motivation. In my research I interviewed both specialists, care takers and a patient. My aim was to find out if the environment is really affecting the recovery process of the patients and in what way can the environment make a difference.

The relationship between research and design
According to my findings the environment has a great influence on the patients recovery process. I would like to explain how my findings are translated into my design.

Building Organization
In the building I provide spaces that you would find in your neighborhood or in the city. Facilities like library, restaurant and a café. These spaces have the atmosphere as they were in the city. This is also done in the organization of the building to prepare the patient in milestones to go home. On the ground floor closest to the city is a café. The café is next to the street and people from outside can also enter. Patients can go there when they feel good enough and with their friends and family. On the first floor are a social restaurant and a library that are in a relation to the outpatient clinic. This is the floor where inpatients that are a bit further in their recovery meet the outpatients. On the third floor is the home setting of the patient floor where daily activities are integrated.

Patient Floors
In my research I found out that within different stages of recovery the spatial needs can differ. Some stroke patients are very sensitive in their first phase of recovery. For those patients it might be hard to be among many people and they get easily distracted. It is necessary for those patients to be in a quiet environment and in rooms without a lot of stimuli. In the second phase when people have gained more acceptance of their situation they might need different motivation for their recovery. It can be motivating to be among other people to motivate each other in the rehabilitation process. Part of that process is to connect inpatients and outpatient better together. The next phase would be to help people to gain independence again when they are motivated enough. When they are in their last phase they would reach more out to the normal society. In my design I would like to use the methods of daily activity tasks and integrate it in the setting of the patient floor. The setting of the floor will be more like communal living then a hospital corridor. The daily activity task will be
integrated in the normal daily routine of the patient and not only in special therapy rooms. Patients could cook for each other for actual dinners. This applies for the patients that are already in the second phase of the recovery process.

**Architectural Elements**

My last important findings are inspirations for the atmosphere and architectural qualities in the building. There are some tools that I use to make spaces inside the building. Outdoor spaces are very important. I create a strong relation to the outside. In my building I design two courtyards in the middle to avoid closed corridor spaces. These courtyards can also be used to go outside without going out of the building. There the patients can feel the wind, the sounds and the sun in their face. This also brings a lot of daylight, view to the sky and vegetation inside the building. The last design tool use is to encourage motivation between people. I create balanced transparency in the therapy spaces. There are also open spaces within the building where groups can come together.

**The relationship between the theme of the graduation lab and the subject/case study chosen by the student within this framework**

The theme of the graduation lab is the health care environment. Within the studio there were also several locations to choose from in Rotterdam. Together the group within the studio analyzed different health care programs and different locations. From those analyses I was fascinated in the program of rehabilitation clinic and choose the very urban but still quiet location at the Baan district in Rotterdam.

**The relationship between the methodical line of approach of the graduation lab and the method chosen by the student in this framework**

During my design process I used multiple methods and techniques. As a part of the graduation studio I participated in a research seminar. In the research seminar I analyzed my patient group from the inside. I started by reading literature on the stroke experience and stroke rehabilitation. In my research I interviewed 4 people that all have different experience with stroke rehabilitation: two specialists, a manager of rehabilitation center and a stroke patient. In all of the interviews there was also a building or a space involved that I managed to observe. I participated in a movie workshop about the patient experience. I interviewed a stroke patient in a rehabilitation center and I made a short movie about the patient’s experience.

In my analysis of the urban context I used observations, mapping, drawings, photographs, physical models and written descriptions of my own experiences of the environment. We worked together in groups in the design process of the building volume and making urban scheme. In the first weeks we maid volume studies for the site and had discussions on the spatial qualities and potentials for the city and our patient group.

In my design process of the building I used sketches, drawings, physical models and references. I also used the findings from my visits of different rehabilitation clinics and interviews. I also had a lot of discussions with my tutors and my fellow students in the process.

Another source of inspiration was a study trip to Copenhagen where we visited different hospitals, health care buildings and gardens.
The relationship between the project and the wider social context

The culture of care is changing. The efficiency and the machine strategies of the hospital are constantly changing. Today health care buildings are becoming smaller and more specialists. It has also been relisted that the environment has a large impact on the patient wellbeing and recovery process. I believe my graduation project will be an input in this discussion. I hope it will even bring a new perspective on environment for stroke patients. Another perspective that I am also dealing with in my project is how to integrate health care buildings in society. People that are dealing with illness could benefit from being among other people instead of being sent away.