Reflection on the research and design of a Rehab in Rotterdam

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AR3AI133 Interior Graduation Studio: Urban Culture and New Openness
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The studio’s theme for this years graduation traject is the design of a new rehabilitation clinic. It is an actual assignment that is meant to replace the current Rijndam Clinic besides the Museum Park in Rotterdam. Our assignment was to investigate different architectural solutions on the given location and identify a new type of health care building that answers to the demands of the 21st century.

Within this assignment I was intrigued by the possibilities of a compact building typology on the location. A compact building envelope has its advantages within this context and assignment; creating space for a entrance to the park from the Westersingel, allowing a efficient and comprehensible layout of the building and creating a centrally organized plan around a collective space, in this case an atrium. These elements became subjects of research within the theme of the studio, supported by the research led by Irene Cieraad. This research developed parallel do the design project. Where we underwent anthropological research on user experiences in different health care buildings in Holland. This approach is a part of the methodology of the department of Interiors, -Buildings and Cities. Where students are taught to listen to the demands and experiences of the user in order to improve public buildings of the future.

During his research I became intrigued by the conflicting demands of the different users; the staff, the doctors and the patients. Whereas the staff demanded efficiency and clarity of the floorplan, the patients ask for more privacy and the notion of an ‘own space’ within the building. I was interested in the balance between these two conflicting demands and started investigating solutions that would approach both parties in a satisfying manner. These investigations led to my personal research on ‘spatial possibilities of more privacy for patients during rehabilitation’. Through interviews with patients, nurses and doctors I investigated the role of privacy and independency in different rehabilitation centres. The research showed that rehabilitation is not only the process of activating the body, but also a process of self-reliance. The dwellings of the patients can help in this slow process of self-reliance by demanding more from its users.

These conclusions were translated into a more diverse range of roomtypes within the different departments of the clinic. These rooms had different levels of privacy and differ in the amount of beds, outdoor spaces and the possibilities of altering the space. This gives the opportunity for the staff to place patients in a room that suits their level of self-reliance and personality (see image 1). By organizing the rooms along a corridor the staff are still able to work the floors in a
sufficient manner, thus approaching the demands of the different users.

My goals were to merge the above mentioned elements into one design. To design a compact building typology that consisted of private areas and public areas arranged in a clear and efficient manner on the historic location besides the Museum Park. With the studio we did an array of studies on these different elements. The studio's methodology lies within architectural research of the different scales that relate to an architectural intervention, namely the interior, the building and the city. We investigated the different scales of the design, working from the city towards the interior and vice versa.

Within this design process I had great difficulty with integrating all my ideas and information into one design. As a result my design became a system and the system allowed me to organize all the information. At the time I thought the system helped me design the building, but in retrospect I believe it stood in the way of developing my plan. This became apparent during my P2 presentation and during the period following that. The design came to a halt and I got stuck within the process. I became unsatisfied with the result of the first 4 months of research and needed to take a step back and reinvent the plan by zooming out again. The result was a number of urban studies, textural studies, interior studies and investigation on the use of public function within the building. This time I choose to undergo the different studies separately, finding separate solutions without forcing myself to solve everything at once. Through this approach, step by step, the design started to develop simultaneously on different scales. And through cyclicly following this process the different scales where molded into one design and I was able to integrate my ideas into a new rehabilitation clinic.

I believe I got lost in the complexity of the assignment in the beginning and therefore lost control of the design process. As soon as I tackled the complexity by splitting the assignment into manageable parts, the design started to develop again and I was able to forge all the parts into one.