“Waiting”

Third report: Use architecture to activate waiting in healing process
# Table of Contents

## Introduction
- The notion of waiting
- Waiting history: a history of segregation
- Waiting types in rehabilitation center
- Activate time spent in waiting
  - EXAMPLE: Commercialize the notion of waiting: Waiting lounge in Schipol

## Methodology
- The space for waiting
- The typology of waiting room in medical sense

### Case study on the rehab clinic waiting room
- CASE STUDY : Onze Lieve Vrouwe Gasthuis OLVG
- Waiting hierarchy
- CASE STUDY : Rijndam clinic
  - waiting for therapy: inpatient and outpatient
  - Living room for children
  - waiting area for children
  - Analyzation of the shared qualities and differences
  - Field observation and analysis
  - Waiting time: Rijndam clinic

## Conclusion
- “Waiting”: use architecture to activate waiting in healing process
Introduction

A waiting room is a space assigned specifically for the action of waiting during which people might do different things such as sitting in a chair, looking out the window or standing and making conversations, until the things that they are waiting for have arrived.¹

Conventional waiting room is a space designed to fulfill the need to spend the extra time. However, waiting can happen in many different situations. People can either wait alone for a private appointment or wait together for an event to happen. The former situation happens mostly likely in the case of appointments with the doctors or with headmasters. The latter happens when people wait for buses, trains and airplanes. Waiting for an appointment is very personal situation and usually occurs in a relatively private space (private waiting room). Waiting for an event to happen is a public activity. Usually the space provided for waiting has lower threshold and people can go in and out freely (public waiting room). For this kind of waiting room, ancillary facilities such as kiosks and toilets are required to meet the needs of the relatively large groups of people.

The notion of waiting

Why do people have to wait? "Waiting" is defined as to remain inactive until something expected happens. It also means to expect eagerly.² The notion of waiting came into existence long before human civilization. An observation of waiting is found between the

¹ waiting room from Dictionary: a room for the use of persons waiting, as in a railroad station or a physician’s office. 
http://dictionary.reference.com/browse/waiting+room

² wait from Dictionary http://dictionary.reference.com/browse/wait?s=t

“Waiting”: use architecture to activate waiting in healing process
common marmosets and cotton top tamarins. Individuals of both species chose between taking an immediate small reward or waiting a large amount of time for a larger reward.  

Scarcity in resources is the reason why people have to wait. But VIP situation is always in existence. That is to say, almost in any case, alongside people who are waiting, there are people who don’t have to wait. Also there is another situation: people who wait and people who are waited always exist simultaneously. What is the reason behind it? What is the role of architecture in the creation of this situation?

To uncover this, the origin of waiting room needs to be studied. Waiting room, which was a enclosed space used especially for waiting appeared much later in human civilization than the actual waiting space.

**Waiting history: a history of segregation**

Segregation has been the main purpose of the waiting space since the beginning of its creation.

The earliest form of waiting room was designed and built by the North Eastern Railway Company for their railway line on Anlaby Road in 1871. The original purpose of this waiting room was to segregate the European trans-migrants to North America from the local inhabitants to prevent the transmission of diseases. The migrants included about half a million European Jews, hoping to find a better life elsewhere. The waiting space was facilitated with small separate rooms with cleaning equipment for men and women alike.  

---

3 from [http://en.wikipedia.org/wiki/Patience](http://en.wikipedia.org/wiki/Patience)

4 the Paragon Railway Station in Hull and its waiting room:  
Colored waiting room\textsuperscript{5} appeared after the Civil War of America. African Americans were segregated in public places with white American. Signs that read “white only” (fig.3) and “colored waiting room” (fig. 2) were everywhere in public places. The “white only” waiting rooms were bigger, more comfortable and heated during winter times.\textsuperscript{6}

The above two examples illustrate that the segregation between different social classes resulted in a enclosed space assigned specifically for the action of waiting. Therefore the question of “what people wait for” is not the only problem that matters. What also matters is “with whom people are waiting”.

**Waiting types in rehabilitation center**

Three groups of people have to wait in the rehabilitation center. **Firstly, there’s the inpatient.** This group stays in the rehab clinic for relatively a long time. Their daily life is scheduled around the therapy sessions. Because of their dependance on the staff’s services of the clinic (They need help with getting out of bed, going to the therapy session, preparing and eating lunch, bathing, etc.), the time in between the scheduled events, they have to wait. **Secondly, there’s the outpatient.** in contrast to the situation of the inpatients, the outpatients usually come to the clinic for scheduled therapies, for appointments with doctors. On most occasions they wait alone or with the company of family. They have to wait because of the social hierarchy, that is to say, the time of doctors and experts values more than that of the patients’. **Then there’s the families that accompany the patients.** They provide care and assistance for the patients. They have to wait for patients to finish their therapies or appointments to take them home or to pay them a visit.

**Activate time spent in waiting**

As analyzed above, patients in the clinic either wait alone or wait in a group. Waiting alone can happen in a private room or in the open air. There are also places for people to wait and spend time together like living rooms, cafes, entrance halls, corridors, etc. Those public space and the in-between space provide multiple activities other than waiting. In a living room, one can watch TV and talk to each other; in a cafe, one can meet friends; in an entrance hall, through bulletin boards and reception, one can be informed about all kinds of

\textsuperscript{5} 5 photo from the website “Separation is not equal.” [http://americanhistory.si.edu/brown/history/1-segregated/detail/colored-waiting-room.html](http://americanhistory.si.edu/brown/history/1-segregated/detail/colored-waiting-room.html)

\textsuperscript{6} colored waiting room from [http://media.timetoast.com/flash/TimelineViewer.swf?passedTimelines=33519](http://media.timetoast.com/flash/TimelineViewer.swf?passedTimelines=33519)
activities. The waiting time is activated by different activities. Active waiting time provides more information and mental-physical support than inactive waiting time when a person just sits and does nothing.

Different waiting situations provide potentials for the well-being of human, in the case of rehabilitation clinic, waiting situations provide different opportunities for the healing of patients. Therefore my research question is: WHAT TYPES OF WAITING ROOM DOES A REHAB CLINIC NEED? I will discuss the ways of activating waiting time and the potential it possesses for the benefiting the healing process.

**EXAMPLE: Commercialize the notion of waiting: Waiting lounge in Schipol**

Early forms of waiting room also shared a special trait “enclosed”, for the purpose of disease prevention or segregation. As the segregation banned by the law, waiting room evolves towards different directions.

One of them is the commercialization of waiting rooms, which can be illustrated by the late project of waiting lounge in Schipol Airport (fig.4). Three different styles of iconic shops which sell bread, cheese and flowers are designed to fill in the space of waiting lounge 3 in Schipol Airport, in the purpose of easy recognition and promotion of commercial activities. Alongside the free waiting lounge, Schipol Airport also offers payed waiting room service for visitors. Free drinks, complimentary snacks, newspapers, magazines and television are offered at a price range from 13.4-25 euros. Whether one is willing to pay for the service also demonstrates one’s social hierarchy, which determines the users of different waiting spaces.7

---

Methodology

The space for waiting

The typology of waiting room in medical sense

Waiting space in medical sense involves three elements: the space people stay, the circulation, the functions nearby. (fig. 5) Different combinations of these three elements result in different atmospheres of the waiting spaces. There are four types of configurations between the waiting room and the circulation: circulation going through the waiting room, waiting room attaching to the circulation, circulation starting from the waiting room and decentralized small waiting rooms alongside the circulation.
There are three types of configurations between the recreation function and the waiting room. Recreations can be around the waiting room/inside the waiting room or attached to the waiting room. These three different configurations also occur in the relation with nature, which can be illustrated in the fig. 6.

There are two different configurations between the treatment and the waiting room: one is de-centralized configuration which each treatment has its own waiting room (the situation of OLVG); the other is a centralized configuration which different treatments share one waiting area (the current situation of Rijndam clinic). (fig 7)

In this report, I will use case study to analyze the existing different types of waiting room. I will also use observation and analysis to determine the elements that define the differences and how it affects the way people behave inside the waiting space to conclude what kind of space the clinic need for the action of waiting.
Case study on different types of waiting room

CASE STUDY: Onze Lieve Vrouwe Gasthuis OLVG
OLVG (fig. 8) is a large general hospital located in the center of Amsterdam. The hospital has 290,000 outpatients visits and 13,000 daycare patients annually. It has 555 beds and 3000 staff.

fig. 8 waiting for radiology: decentralized waiting spaces along the circulation
**Waiting hierarchy**

The notion of hierarchy of the waiting room is defined by its users. There are three groups of users in the hospital: the staff, the patients and the families and visitors. In some cases, the waiting room is used only by one group of people which makes the waiting room a relatively private area; in other times, different groups of people use the space which contribute to the public atmosphere in the waiting room. The more public the waiting room is, the higher hierarchy it has.

Waiting areas between two treatment areas attach to the main street. Outpatients wait for doctors to call their names. Small balconies have seats for people who are waiting for radiology. (fig.9) The seats are facing the rooms with a view of the main street at the back. The relation between the circulation and the waiting area is: waiting area is attached to the corridor.

The circulation configuration of OLVG consists one unique public street and all the functions of the outpatient department are distributed linearly along the street. (fig. 10) It is a decentralized configuration in which each treatment department has its own waiting room. (fig. 12) In a bigger scale of the analysis, it is demonstrated that the waiting room is shared by two treatments at each side, which gives the waiting room a information-rich environment. Three sides of the waiting room have reception desks and information corners which turn the waiting room into a user friendly environment. The seats in the waiting area are facing towards outside. This allows for privacy and minimal eye contact while waiting. At the entrance, there is a cafe and a reading room with a nice view into the hospital courtyard. The cafe is used by different groups of people but especially by visitors and patients. At the
end of the street, there is a restaurant that is mostly used by visitors and the staff. The restaurant is relatively enclosed and private. At both ends, there are elevators to the inpatient department of the hospital. Alongside the street, there are commercial functions such as kiosk, hair-dresser, spa center as well as small shops for daily goods. Bridges linking the upper floor lie across the street creating interesting visual connections with the second floor. [fig.13]

**CASE STUDY: Rijndam clinic**

The Rijndam clinic is a centralized configuration. [fig.14] The waiting room is in the center of the building on every floor. Both functions of restaurant and motion therapy have their entrances open towards the waiting room. The waiting room is also a living room after therapy on weekday at 6pm and on weekends. The waiting room also links patient wards at both sides of the building. [fig. 15] At ground floor level, a cafe is attached to the waiting room and reception is located inside the waiting room. According to the nurse in the pediatric department, the waiting room in Rijndam clinic works quite well especially when they add a table inside the waiting area. The table provides a feeling of home and changes the waiting room into a living room.

**waiting for therapy: inpatient and outpatient**

Waiting areas for inpatient and outpatient in Rijndam have similar space configurations, with artificial lighting and inward seat arrangement. [fig. 17] The difference is seen in the relation between the waiting area and the circulation. For outpatients, the waiting room is a
bigger space along the way of the circulation; for inpatients, the waiting area is more like a central spot. (fig. 16)

**Living room for children**

Living room is another kind of waiting room for patients. The concept of living room is applied to the department of pediatrics because children are under strict supervision of the nurses and the doctors. Children usually stay in the living room between therapy and school.
Living room for children (fig. 18) is divided into two spaces according to different age group. The separation between ages is absolute necessary because little children need day planning and safe environment. The balcony is built to provide a safe outdoor space for children who can play under the supervision of the nurses.

According to the nurse, the current problem of the living room space is insufficient natural lights for the older children and disturbance between different activities inside the living room.

The waiting area for children is not used at all.[fig.19] Because children need supervision and a waiting space attached to the main corridor is too exposed and dangerous for small kids. The problem concerns also the dimension and the size of the waiting area. Although there are toys and machines for entertainment, the arrangement of furniture and the relation between the circulation and the waiting space is not working in the pediatrics department.

**Waiting room for outpatient(children)**

Outpatient (children) don’t have enough private room to stay. They sometimes would choose the relax room to stay alone and wait for the therapy. (fig. 20)

**Waiting area for children**

The waiting area for children is not used at all.[fig.19] Because children need supervision and a waiting space attached to the main corridor is too exposed and dangerous for small kids. The problem concerns also the dimension and the size of the waiting area. Although there are toys and machines for entertainment, the arrangement of furniture and the relation between the circulation and the waiting space is not working in the pediatrics department.

**Analyzation of the shared qualities and differences**

OLVG hospital and Rijndam clinic have different waiting behaviors, but they have shared qualities. In OLVG hospital, people are using cafes and shops on the ground floor while waiting for appointments[the patients] and patients[themselves that accompany the patients]. In Rijndam, patients are reading newspapers or chatting to each other while waiting for therapies. In both cases, people who are waiting are doing something else to fill in the blank of time. These are all disguised waiting and more positive than sitting in the waiting room and doing nothing.
The difference also exists between a rehab clinic and a hospital. In Rijndam clinic, The staff and patients are well acquainted. They are usually engaged in healing programs for a relatively long period of time. It is easy for them to start casual conversations. In OLVG hospital, however, most of the people on the ground floor are outpatients and their families. They usually come for personal appointments with doctors and specialists. It is less likely to bring a group of strangers to a shared topic. Therefore, it is concluded that in rehab clinic, especially in the inpatient department, it is very likely to encourage people to communicate or do something in a group while waiting; in hospital, however, it is more reasonable to provide activities that can be done alone or with families and friends.

**Field observation and analysis**

**Waiting time: Rijndam clinic**

The variation in the action of waiting is time. The time one spends in waiting, in a sense, can be a ruler to decide what things to do in between. There are two examples of waiting time analysis.

![Fig. 21](image1.png) ![Fig. 22](image2.png)

The first one is conducted in the waiting room on the second floor of the Rijndam clinic. (fig. 22) It is a weekday in Rijndam and the time span is one hour. I use observation and make records of what I saw and heard inside the waiting room. A summary is made in the illustration below. (fig. 23)

Some conclusions can be drawn from this observation. The first one is that there were three different groups of people who used the waiting room, that is the patients, the nurses and the families. Patients who used the waiting room also had three different purposes: waiting for motion therapy, waiting for lunch and hanging around. Patients waiting for
motion therapy stayed less than ten minutes. Patients waiting for lunch spent relatively more time in the living room. Nurses stayed and rested briefly inside the circular area. (fig. 23) As they were acquainted with most of the patients, interactions happened quickly. The second conclusion is that interaction happens a lot inside the circular area, while outside the area people usually pass by quickly. The third conclusion is that the centralized configuration of waiting room is very good for creating homely atmosphere since patients
from different departments and ages gather in the waiting room and socialize. What surprises me is that, as soon as I sit inside the circular area, a patient nearby started to talk to me as if the space that we are in is his own living room. He shared information like his recovery stick on which recorded his schedule of rehabilitation and his state of recovery. He also performed several motion therapy practice like sitting down- standing up and moving fingers. (fig. 21)

The second observation is conducted in the waiting area on the ground floor of Rijndam. The observation includes the waiting area, which is mostly used for the waiting of taxi and the cafe. (fig. 24)

From the illustrations below, several conclusions can be made. (fig. 25) The first one is that the waiting area is used only by patients who are waiting for taxi. Inpatients seldom come down to the ground floor unless for appointment of therapy. Cafe is more likely to be the waiting area for visitors instead of the circular waiting area at the center. The last conclusion is: visitors use the waiting room more than the patients and stay relatively longer on the ground floor.
Conclusion

From the study made above, it can be concluded that different functions of the building generate different waiting behaviors. A rehab clinic, which patients and staff know each other, can use a rather intimate waiting environment to encourage communications. Furniture settings are important elements for the atmosphere of intimacy. For the outpatient department in rehab clinic, the atmosphere is more like that of the hospital. People come for appointments with doctors and experts. In order to activate their waiting time, the space can provide activities that people can do alone or with friends and families.

Implement research results in design process

As an architecture student, I am interested in the design and configuration of the waiting spaces for different ways of spending time. It is concluded from the previous analysis that in order to activate the waiting time, different types of waiting space need to be designed to fulfill the needs of different situations of waiting. When making design decisions, it is important to keep in mind to convey the positive energy in non-therapy time (it is all considered waiting time for patients). Because the therapy time is so limited each day, it will be highly beneficial if the patients can also use the rest of the time working towards their goals of recovery. Waiting space can be designed to encourage sharing experiences of overcoming difficulties and making progress. The progress of a friend or a chat mate in the living room may cheer one spirit up and exert positive influence over the still-recovering patient (inpatient). On the other hand, waiting space can also be designed to get one’s mind away from the rehab results for a while. In the outpatient department, it is also good to add shops, massage centers, etc. to create a more realistic environment.
Bibliography

Internet source:

waiting room from Dictionary: a room for the use of persons waiting, as in a railroad station or a physician’s office.  [http://dictionary.reference.com/browse/waiting+room](http://dictionary.reference.com/browse/waiting+room) [1/9/13]


the Paragon Railway Station in Hull and its waiting room:  

photo from the website “Separation is not equal.”  
[http://americanhistory.si.edu/brown/history/1-segregated/detail/colored-waiting-room.html](http://americanhistory.si.edu/brown/history/1-segregated/detail/colored-waiting-room.html) [1/9/13]
