

Building blocks for a successful building are never just made of stone

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When one has finished building one's house, one suddenly realizes that in the process one has learned something that one really needed to know in the worst way - before one began.

— Friedrich Nietzsche

Everyone can recognize what Nietzsche means by this quote; it is inevitable that new insights, gained during the execution of a plan, will influence the plan as well as the end result. This is especially the case with complex projects such as the (re)building of a care facility.

The pessimist could therefore conclude that preparation is useless, and that we only need to lay the first bricks in order to start a building project. This might sound absurd, yet in reality we often start with little more than an ideal image of the end result and an outline of the planned route. Of course, the statement by Nietzsche was intended cynically: without a thorough preparation, we might end up in a very different place than intended at the beginning of the project.

Therefore, it is important for an organization to clearly understand

what direction it wants to take, before the first bricks are laid. After all, the building should be of substantial value in achieving the strategic goals of the organization, like increasing hospitality and patient safety, or the reduction of medical errors.



'...we might end up in a very different place than intended.'
Photo by Florian Schütz

Building with a vision

Within the Dutch healthcare system, it is not yet established practise to utilize a building as a means for reaching strategic goals. We invest millions in development and renovation yet without the guarantee that these projects connect to the organizational core values or stra-

tegic goals. In fact, there is often no organizational vision at all on housing before beginning the building process.

The first and crucial step towards a unique building is the drafting of a housing vision. Described herein are the identity and vision of the organization, which work processes the building accommodates, and how the building will contribute to the realization of the organizational goals. The housing vision forms the foundation of the design process, and serves as a touchstone for every decision.

Translating hospitality

In practice, however, the start of a design process often lacks such a housing vision. Often, the initiative to build triggers thinking about a housing vision. And sometimes, an organization has to acknowledge that their own core values and culture are not even written down, let alone supported by the whole organization. And yet it is precisely commitment from all stakeholders involved that can turn both the process and the end result into a success.

In order for the organization to carry out one identity, the housing vision, and its translation to the building, should correspond to the work processes and the culture of the organization. This identity should be clear to the employees as well as to the patients and visitors. If patients experience the same identity on the website as they do in the entrance of the hospital and during procedures, the identity will be strengthened.

If a hospital feels strongly about hospitality, visitors will get mixed signals when the medical staff is friendly and professional while the website is confusing, the entrance hard to find, and the main lobby cold and sterile. For an optimal experience, it is important that every aspect breathes hospitality. The core value “hospitality” should thus be secured in the housing vision.



Figure 1. The three pillars of a housing vision; the primary process (care), the secondary process (facility), and the culture of the organization.

Building more consciously

Having a proper housing vision, even before beginning the design process, will enable conscious and well-informed decisions. Building more consciously will improve the performance of both the building, and the organization. By, for instance, optimizing the self-reliance of patients, by applying the principles of family-centered care, and making sure the environment supports the work process of the organization, considerable savings in operation costs can be achieved.

When Derek Parker, a renowned American architect, looks back on his career, spanning more than fifty years, he ascertains that the buildings on which he is most proud share that the client had a clear vision and was involved from beginning to end. In his career, this has happened only five times.

Every decision in the design process has consequences, either positive or negative. Ideally, the design brief, the drawings, and the final building are derived from the organizational vision and core values. Hospitals that aim for an increase in patient safety, for instance, still do not by default choose for single rooms when planning a new building. Yet, research into healing environments and Evidence Based Design has shown that single rooms lead to a significant reduction in both cross-infections and medical errors.

Sometimes, for instance when there is a lack of space, there might be no other choice, but more often, poor arguments are used. It is argued that multiple-bed rooms would be more sociable, or that a roommate could help to signal a problem, or that the investment would be too big. However, the first two arguments do not outweigh the medical benefits, and practise has shown that the investment pays itself back within a few years.

Misfits

Most clients are relatively inexperienced when it comes to building projects. Often, it is actually a unique event in their career. In practice this usually leads to the wheel being reinvented. Partly because of this, the process is outsourced to an architect or project developer at too early a stage.

Subsequently, the client assumes that the advising parties know what he or she needs, whereas the advising parties assume that the client knows what he or she wants. This creates a large potential for misunderstandings, which leads to errors and misfits in the design.

Frequently buildings turn out different than expected; they do not fit the business processes, they are less hospitable than was planned, or they need to be adjusted immediately after completion because they do not function correctly. Cases like these often involve high adjustment costs. This a disappointment not only to the users and the client, but to the architect as well.

As an illustration, nurses in new hospitals often complain about excessive walking distances. Usually, however, this is not because of

‘They never have the time or money to do it right the first time but they always have the time and money to do it again’
— *Simon Sinek*

the hallway being too long, but because of the distance to auxiliary facilities such as medicine rooms, washing kitchens and linen rooms. Hence, not shorter hallways, but a better accessibility of these facilities is the solution. An adequate mapping of the work processes pays itself back through a more efficient building.

Focusing on the end users

By involving end users at an early stage of the design process, disappointments can be avoided. End users are the true experts of their experience, they possess vital information and knowledge. The challenge is to identify their implicit wishes and needs, rather than their explicit momentary frustration. For precisely these implicit needs provide the building blocks for a solid design brief, and thereby guarantee a building that will withstand the test of time.

A strong collective vision and an inspiring and informative design brief contribute to a smooth design process, a flying start in use, and a reduction of design errors and failure costs.

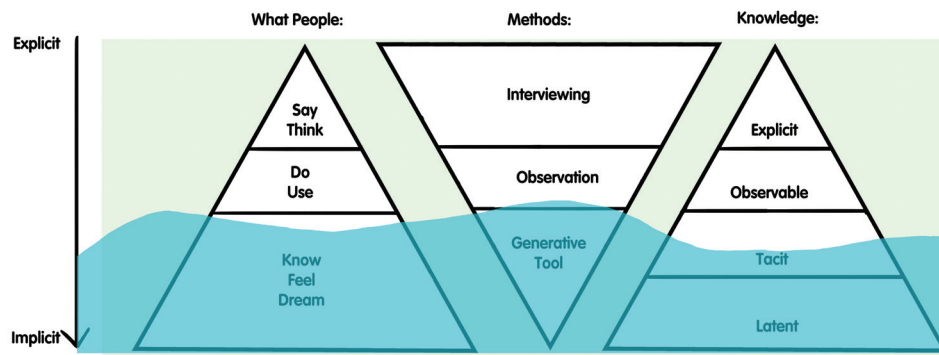


Figure 2: Three levels of end user knowledge and corresponding research methods (based on Sleeswijk Visser et al. (2005))

All the revision in the world will not save a bad first draft: for the architecture of the thing comes, or fails to come, in the first conception, and revision only affects the detail and ornament, alas! — T. E. Lawrence (Lawrence of Arabia)

Conclusion

Before construction or renovation, it is important for an organization to have a clear idea of their direction. Without a distinct vision and strategy, it is impossible to design a building that optimally supports the work processes, company culture and needs of the end users.

We can build more consciously by applying the principles of Evidence Based Design, carefully mapping and balancing the interests of the different users, and making conscious decisions. Not only do we then obtain crucial information by involving the end users, we also create a support base for the housing plan.

This way, disappointments to the client, end users and architect can be avoided. Moreover, the realized building will fit the identity of the organization, optimally support the work processes, and truly contribute to the wellbeing of its users.

A good building is not built with stones, but with a vision.