



How the Patient Experience Adds Value to Hospitals

Time for a broader perspective in the design process

Every healthcare provider wants to deliver good care, and every patient wants to receive good care. We all know that good care is about more than medical procedures and technology. It is the interplay of people, processes and the physical environment that ultimately determines the quality of care.

But how does the patient actually perceive care? How does one “know” whether the care they have received is actually good? Our perceptions are strongly influenced by our experience. By what we see, hear, smell, feel and taste – in short, by our senses and the emotions that arise from them.

Various studies clearly show that the environment in which care is provided has a major impact on the patient’s health and well-being. A sick person is bound to experience the hospital environment differently than a healthy one. Feelings of fear and uncertainty, for example, can make stimuli feel more intense. In other words, an environment that reduces fear and stress is also one that stimulates recovery. What’s more, a positive environment and experience can compel patients to rate a hospital more highly and make them more likely to recommend it to others. As architects, we give spatial form to the path of diagnosis, treatment, healing, or processing and

acceptance every day. Still, we wonder whether we truly have sufficient insight into how patients actually experience the hospital. This raises an interesting but also fundamental question:

Can we design better hospitals by taking the patient's perspective more actively into account?

In this research report, we would like to share our ideas on this subject with you, with the aim of really put the patient first, to make them feel heard and ensuring that their perspective is reflected in the final hospital design.

PROCESS- AND PATIENT-ORIENTED DESIGN

Traditionally speaking, most hospitals are designed with processes in mind. However, as healthcare designers, we have long focused on creating an integrated building environment that positively influences the experience of all users.

We recognise the significant added value of a healing environment – not only for patients, but also for healthcare providers and visitors. That said, complex logistics, efficient work processes and optimal routing of people and equipment remain essential. But the question is: are we truly considering the patient's perspective in these essential processes, or is there still room for improvement?

'Patients first'

An increased focus on patient-centred design might seem obvious. Nowadays, every hospital claims to put the patient first. But is that true? If you dare to take a critical look, are you really putting the patient first? In practice, the patient is not always as central as we would like them to be. If you really want to put the patient first, there are roughly two ways to go about it.

1. Make the patient central to the design, and organise processes around them. An example of this approach is the so-called Mamma clinic, where functions that are normally spread across the hospital (imaging, functional examination rooms and consultation rooms)

are clustered in a single area. This concept reduces stress for the patient and increases satisfaction (e.g. diagnostics in one day, multidisciplinary appointments), ultimately benefitting the hospital. This tightly structured care process simplifies the "care pathway", resulting in an innovative floor plan, like the one at Amphia Hospital in Breda.

This "one-stop shop" strategy is being used more and more frequently, for example in the cardiology departments of various hospitals, such as Spaarne Gasthuis and Tergooi MC.

2. Consider the patient's value judgement as the starting point, and make design decisions are based on that. An example of this is the children's advisory board found at various hospitals, which contributes ideas about elements that children consider important. Another example is the value-driven care concept, which attempts to tailor care to the patient's needs. In practice, however, we often see that patient input is only minimally involved in the development of the Programme of Requirements and therefore has limited influence on guiding decisions.

Everything in context

A hospital is a complex environment. As an architectural firm focused on healthcare, we know that all aspects must be viewed in context. There is a wide variety of patients, and each patient has their own care pathway. The example of the Mamma clinic, where care processes had to be radically changed, also shows the impact that such changes can have on healthcare, because they require a completely different way of working. Sometimes there are conflicting interests. Nevertheless, we believe that the interests of patients and professionals can be united in efficient, future-proof care processes and concepts.





INCORPORATING PATIENTS' VALUE JUDGEMENTS INTO THE DESIGN

At Wiegerinck, we listen carefully to the desired care processes and are fully aware of the fact that we can't change everything. In many cases, we become involved in the design process after the Programme of Requirements has already been drawn up. At that point, it can be difficult to maintain sufficient focus on the patient. In regular design meetings, there is not always room for direct patient input. As architects, we are able to use our experience and research to identify issues and safeguard the patient experience; however, we feel that this isn't always enough. That's why we have developed an alternative approach. An approach in which the patient's voice is heard. We collect their value judgements and opinions and incorporate this knowledge into the design.

Based on key sources

Our design approach is based on proven principles and key sources. For example, we can tap into our existing research in Evidence-Based Design and our knowledge of environmental psychology. Additionally, we can draw from another industry we work in: hospitality. How are users' value judgements incorporated into the design process in the hospitality industry?

What hospitality teaches us

Hospitality is a world where (online) reviews can make the difference between success and failure. In the hotel industry, the word hospitality is a core concept, and we are increasingly seeing this as a core value in hospitals as well: hospitality and a positive attitude. Hospitality is about creating a warm, welcoming feeling for everyone who enters a space. It goes beyond simply providing service; it is about consciously responding to the needs and wishes of guests. By providing attention, a personal approach and excellent care, you not only meet practical and functional expectations, you exceed them.

Systematic analysis, then (re)design

Hotel chains develop knowledge by systematically analysing guest feedback. Designers are then tasked with translating this feedback into spatial interventions: from the positioning of the bed in relation to the window to the acoustics in corridors and lobbies. These adjustments are not random but based on user experiences. The hotel industry shows us just how powerful it is to put experiences at the heart of design and service choices. Thinking and improving based on experience offers valuable lessons for the design of hospitals.

THE WIEGERINCK APPROACH: TRANSLATING EXPERIENCES INTO AN EXPERIENCE ROUTE

In our approach, we think from the perspective of a specific patient group or care pathway. To do so, we collect input from a specific group of patients. Examples include outpatients undergoing a functional examination, patients coming to in the treatment centre for endoscopic research, or geriatric patients in general. Using an easy, accessible questionnaire, we ask them to fill in their own care pathway with information about their route, duration and experience; we call this an experience route. From there, we distil the common denominator and the striking deviations per group. We can then implement these findings into the design process and take them into account as important decisions are made.

Starting with a representative group

For our research, we created an experience route based on interviews with several diabetes patients. Diabetes patients form a large, representative group of chronic patients who visit the hospital regularly. Using our model, we recorded their “care pathway” through the hospital and delved deeper into their emotions, experiences and perception of spatial aspects. This resulted in an experience route that provides insights into the order in which the rooms are visited, how long a patient stays in a particular place, how the patient feels in that space and how the spatial aspects of it are experienced.

It is essential that the questionnaire be filled in by a patient or a family member, rather than by a healthcare professional. In this way, we avoid interpretations that may be influenced by divergent interests.

Development of the model

In order to process the interviews in a targeted manner, we have developed a model of the experience route that we can fill in for each interview via a questionnaire. This allows us to grow our knowledge base. We can tailor this model to specific projects, use it during workshops with patients, and utilise the output throughout the entire design process, from the Programme of Requirements to user consultations. The resulting knowledge and insights enable us to design a more suitable environment. In short, this process allows us to provide maximum support to the hospital for specific tasks.

In addition to this approach, we believe that a patient council should be involved as early as the Programme

of Requirements phase. From the outset, this council can act as a sounding board for specific patient-related topics. It would also be valuable to consult a delegation of patients more frequently on specific themes during the early design phases, for example in the form of workshops.

This involvement can provide valuable insights, draw attention to under-exposed topics and contribute to greater satisfaction with the end result. It can also ensure understanding and insight when it comes to weighing of interests.


Vragenlijst
Ruimtelijke ervaringen ziekenhuisbezoek

Architectenbureau Wiegierinck geeft u een stem in de ontwikkeling van de nieuwbouw van dit ziekenhuis. Door middel van het bevragen van uw ervaringen van het huidige ziekenhuis. Als wij weten hoe u het huidige ziekenhuis ervaart (negatief en positief), kunnen wij deze kennis meenemen in het ontwikkelen van het nieuwe ontwerp.

Ruimtes waar u langs bent gekomen (van begin tot eind bezoek) <small>Bijvoorbeeld: hal, gang, afdelingen, wachtkamer, gesprekkamer, onderzoekkamer</small>	Hoeveel tijd heeft u hier gevoelsmatig doorgebracht? <small>Schaal 1-5 1 = weinig tijd 5 = veel tijd</small>	Hoeveel stress heeft u hier ervaren? <small>Schaal 1-5 1 = weinig stress 5 = veel stress</small>	Welke woorden omschrijven uw ruimtelijke ervaring in deze ruimte? <small>Bijvoorbeeld: overzicht, privacy, helderheid, afleiding, ondersteuning, zelfstandigheid, sfeer, relax, rust, comfort</small>
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- Questionnaire “Spatial experiences at the hospital”
1. Spaces you passed through (from start to end of visit)
 2. How much time do you feel you spent here? (scale 1-5, with 1 = little time, 5 = a lot of time)
 3. How much stress did you experience here? (scale 1-5, with 1 = little stress, 5 = a lot of stress)
 4. Which words would you use to describe your spatial experience in this space?

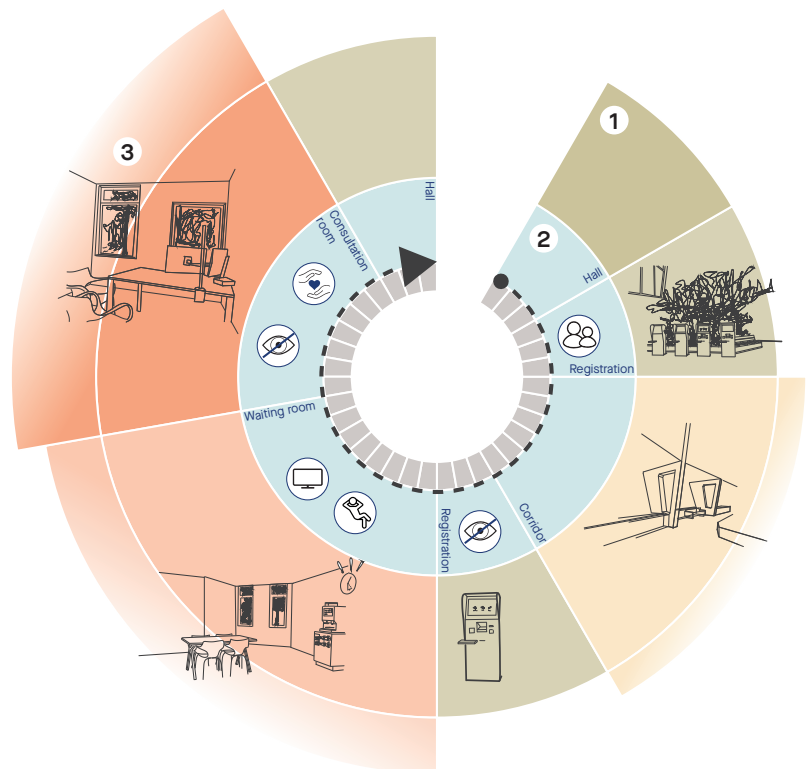
PERCEPTION MODEL

① Experience


② Experience

- | | |
|---|---|
|  orientation |  independence |
|  overview |  atmosphere |
|  view |  healing environment |
|  privacy |  nature |
|  homeliness |  tranquility |
|  distraction |  warmth |
|  support |  comfort |

③ Situation sketches



KNOWLEDGE WE WOULD LIKE TO SHARE

Do we seriously want to contribute to the reduction of stress and anxiety in patients? Do we want to better respond to their feelings and experiences at the hospital? Then we need to know even more about the patient's experience and further integrate this knowledge into the design process. In order to gain a clear understanding of the full range of patient perspectives, we need to talk to them about their experiences and emotions in the hospital. Our design method offers us one way to do this, allowing us to map out an experience route. Then it is important to translate this information and incorporate it into the design process. We have already started collecting data from patients, and our "body of evidence" continues to grow. Now we would like to share this source of knowledge with you so that we can expand and apply it together!

A powerful tool throughout the design process

The experience routes have the potential to function as a powerful tool throughout the entire design process. They can be used from vision to evaluation to truly put the patient first and to embed their perspective into the final hospital design. The patient's voice is not only heard, but can also be translated into

spatial choices, contributing to a patient-centred and future-proof care environment. This makes patient input extremely valuable for both design teams and clients.

SHAPING THE BEST CARE TOGETHER

In any hospital, care revolves around sincere attention to the well-being of others.

By creating a pleasant, well-designed environment, we can significantly improve the patient experience. Evidence-Based Design shows that such an environment reduces anxiety and stress, thereby supporting the healing process.

The experience route helps to visualise the essence of care – as seen through the eyes of the patient. Together with you, we want to give the patient's voice a central place in the design of the care environment. We hope that our research will inspire you to consider the possibilities with us and continue the conversation.

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Conducted interviews

March 4, 2025 – Interview with fertility patient at Máxima Medical Center in Veldhoven, the Netherlands

February 27, 2025 – Interview with partner of gastroenterology patient at Radboudumc in Nijmegen, the Netherlands

January 27, 2025 – Interview with orthopedics patient at Deventer Hospital in Deventer, the Netherlands

October 21, 2024 – Interview with diabetes patient at Tergooi MC in Hilversum, the Netherlands

August 21, 2024 – Interview with diabetes patient, the Netherlands

July 16, 2024 – Interview with diabetes patient at Isala Hospital in Zwolle, the Netherlands

April 26, 2024 – Interview with the owner of a Van der Valk Hotel, the Netherlands

April 8, 2024 – Debate theme: Patient in design

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