Hospitalisation: A Study investigating the Personalisation of Sterile Domains.

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The humble hospital corridor sees human life at its most fragile. Patients, families and NHS professionals can find themselves spending more time in these liminal corridors and makeshift waiting spaces, than in the hospitals ‘front stage spaces’ such as the treatment, diagnostic and consulting spaces. Taylor denotes “liminal entities are neither here nor there; they are betwixt and between”.

For many people the primary purpose of a corridor is functionality, however in reality this is a complex multi-purpose space, where the array of visual signage and wall finding graphics can create a sense of chaos and in some cases make navigation impenetrable to master. These ‘non-spaces’, highlighted by Auge, can be an assault upon our human senses, with a constant cleaning and sterilisation regime to manage the demands of infection control, noise levels then add to the confusion and discomfort felt in such spaces, Blesser & Salter states, “We can sometimes identify the aural architecture of a space, but far more frequently aural architecture is the incidental consequence of unrelated sociocultural forces.”

This research poster discusses the work in progress of a PhD by practice that aims to investigate how liminal space interventions can improve the perceived level of wellbeing of NHS patients, utilising temporal personality traits such as voice, scent and shadow.

Research Type:
Qualitative Research
Multiple Methods
- Stakeholders focus groups (KAP)
- Participatory Action Research (PAR)
- Observation
- Qualitative questionnaire with patient groups, NHS professionals and estates

Research Motivation:
Exploratory
- To understand what is happening within the hospital corridor environment
- To seek new and developed insights
- To assess phenomena in a new light
- To generate ideas and hypotheses for future research

References

Sonic Model
Sonic Context
Intersectional Motion
Fragmented Textures
Spatial Resonance
Difference & Repetition