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QUO VADIS?

Analysis for orientation and wayfinding in the places of care

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Very often you hear of humanization of hospitals, and often refers to actions of "beautification" of health facilities, or at best to interventions that aim to improve the conditions in which users are located. In consideration of this, I feel I can say that interventions targeted to a wayfinding project can be considered as interventions of humanization. If with wayfinding we means the ability of a person to mentally determine its position through a representation of the environment achieved by cognitive maps, or rather the ability of an individual to reach a destination, then these interventions are also targeted , like those of humanization, to make the hospital less hostile to the user, allowing it to understand, recognize themselves in it and then move through without getting disoriented.

The complexity of wayfinding inside hospitals, comes from the absence of a common layout in hospitals. The orientation in absence of a mental map of support the environment result "unfamiliar" when we entry in a hospital, with the absence or almost of psychological reference points for the user to help its localization and the search of the destination.

The external paths together with parking, the lobby and the internal paths are the three stages of approach and discovery of the structure and constitute the key points of wayfinding project. They must, in addition to responding to functional requests, be designed in a unified and coherent method, how to create an invisible thread that leads the user from his position to his destination, never leave it alone or make it unable to move .

In addition to the sign systems, there are numerous factors that can contribute to forming a proposed wayfinding, color, lighting, furniture, materials, views, and art, are, in fact, if we turn our secondary components to the panel information, which can never fail, but allow you to create a unified project that will create that invisible thread that guides the user within the structure. The important thing is that if more elements are used, these must be coordinated with each other, otherwise, not only do not represent any added value for the wayfinding system, but can lead to situations of inconsistency the subjects causing disorientation.

In pediatric facilities was noted that for children is very important to the discovery of the environment through multisensory experiences. Contrary to what happens to adults, for whom the act of touching is generally considered unsuitable for children, especially younger children, the perception by touch is a fundamental mode of knowledge of their surroundings, as well to be an important factor for their psycho-emotional well-being.

Therefore, it was finally I proposed a wayfinding project for the Regina Margherita Hospital in Turin, based on theoretical study and observation of some studies case, in which attention was paid to the user in the foreground. Following numerous site inspections carried out on the structure revealed that there are many problems that are imposed on it from the point of view orientation, both outside and inside. The age of the building, the many interventions made necessary from the technological and functional adaptation over the years, have brought this facility to have several inconsistencies in the information system, or even missing in some cases. My proposed project has the goal of creating a system that is functional to the structure but at the same time make the environment less hostile and more friendly to users, with special attention to children once.

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