

EMPATHY + HEALTHCARE ARCHITECTURE

By: Lindsay Gavos Todd

HKS Healthcare Fellow 2010-2011

An Inherent Disconnect

People discover unseen opportunities when they have a personal and empathetic connection with the world around them. For individuals, that means developing the ability to walk in other people's shoes. For companies and other large institutions, that means finding a way to bring the rest of the world inside their walls.

Excerpt taken from Dev Patnaik's "Wired to Care" book

Empathy once existed organically within industry. Exchanging goods and services was as intuitive and natural then, as market research and consumer focus groups are to doing business today. It was a time when face-to-face connections and transactions were the only way to do business – in fact, producers and consumers were often one and the same. Fishermen were constructing, refining and selling fishing poles; musicians were playing, testing and bringing new and improved instruments to the music scene; and people who lived in cold climates were creating unique clothing lines and special snowshoes for use during the snowy season.

The line between the two was so blurred that the instinct to create, adapt and evolve products and services to meet consumers' changing needs took place without the intention or effort that it takes today.

Insert the global reach of the Industrial Revolution, where a new network of rail systems, plus the increased availability of steamship transportation, allowed for the shipping and trading products worldwide. The growth of industry and

commerce radically altered the business world forever, causing products, services and business in general to be made accessible to people who had never before been exposed. However, with all the benefits and change that the Industrial Revolution brought, it also created a gap between producers and consumers – a disconnect that had not previously existed.

Before the Industrial Revolution, it was fairly easy to guess which products would sell well. Producers and consumers led similar lives and shared tremendous implicit knowledge about each other. The broader the reach of individual companies has become, the more that this implicit connection between producer and consumer has diminished. Manufacturing managers in Guangzhou don't intuitively know what life is like for someone who loves to snowshoe.

Excerpt taken from Dev Patnaik's "Wired to Care" book

This inherent disconnect between those creating and those consuming is not something that has improved over the years, even though communication and the ability to stay connected has. The gap has, in reality, only widened. It is much harder to successfully create things for people whose lives you know hardly anything about. It is done all the time; however, it must be acknowledged that the level of intuitive innovation and radical transformation of a product or service under this condition is unquestionably limited. Cultivating empathy within the business world will help draw producers and consumers back together and bridge the gap initiated by the Industrial Revolution.



While products provide a more tangible example of this intrinsic gap between producers and consumers, services can just as readily fall subject to the same empathetic disconnect. In many ways, architecture is a professional service that, at first glance, appears to embody and provide ample opportunity for empathy to naturally exist between those creating and those utilizing. Nearly every single person in the world will encounter one, if not two or more, built structures intended for a specific use (for example, home, business, shopping, etc.) daily. The environment of those structures will either proffer positive or negative experiences, shaping the way people interact with one another as well as their surroundings.

If you pause to think about how the built environment has the ability and power to shape culture and the way people live, work and play, this impact is monumental. Given the fact that essentially all people everywhere are encountering and experiencing architecture daily, this notion seems to lend itself to the idea that architecture is a service where empathy is inherently fostered among its creators.

Or is it? In some cases, it seems safe to say that perhaps the innate, empathetic connection naturally exists between an architect and the end user of the space. For example, most architects likely reside in some sort of shelter that they call

home. Thus, they are automatically aware of what makes a series of spaces a home as well as what sort of activities might go on in one's home, because they share that experience. However, it is unlikely to presume that a residential architect will always design for an individual that shares everything in common with them, from their likes and dislikes to whether or not they have children. These details have the potential to broaden the gap between architect and end user or client. This creates less of an intuitive understanding as to what their actual home needs are, or even how they might intend to use certain spaces differently within the home.

In contrast to residential architecture, healthcare architecture design presents an entirely different challenge – primarily because most people do not live, work or play in a hospital and therefore do not know it experientially the way one might know a home. Without question, the possibility exists for empathy to be gained by experience. However, that experience will likely only come by great intentionality on the architect's part, or an unfortunate event to occur that would cause the architect to be forced to experience the hospital either as a patient or as the loved one of a patient.



During his 30-year career, designer and architect Michael Graves has earned widespread international acclaim. The founder of an eponymous Princeton (N.J.) firm, Graves has received more than 160 awards, including the National Medal of Arts in 1999 and the American Institute of Architects' Gold Medal in 2001. Both whimsical and functional, Graves's designs are behind Walt Disney headquarters in Burbank, California, the Central Library in Denver, and nearly 2,000 consumer products...In 2003, an untreated sinus infection left Graves paralyzed from the waist down. In a wheelchair for the past three years, the designer says he has come to understand firsthand the everyday limitations posed by living with a disability. So it is not surprising that Graves's next project is a line of durable medical equipment... Having revolutionized household product design, Graves is hoping to make a similar impact on the sober world of medical devices.

Excerpt taken from Business Week "Michael Graves' New Target: Medical Devices" by Stacy Perman

Michael Graves' story is an authentic example of how experience brought new insight and revelation to an environment that otherwise might not have been discovered, subsequently altering the course of his career. Looking at his architectural and industrial design projects prior to being paralyzed, Michael Graves might not ever have considered entering the world of healthcare architecture and design.

It is safe to assume that most healthcare architects and designers do not find their way into the field the way Graves did, but rather by a choice they made at some point in their career. A small percentage of healthcare designers might have a similar "unfortunate opportunity" to be a patient at some point during their career, which to some degree will inevitably offer them a greater empathetic connection and understanding of the environment they influence.

However, even fewer will know from experience what it is like to work day in and day out within the corridors, spaces and rooms they design, and truly understand whether or not the placement of those provides greater flexibility and efficiency – the way they were likely intended – or whether the environment actually hinders operation and work flow of hospital staff. Knowledge and expertise of hospital environments generally comes to healthcare architects through years of industry experience, working with hospital staff and administration on project after project. Rarely does it come through personal, empathetic experiences in a hospital. Graves recounts:

When I was at Kessler Institute for Rehabilitation in New Jersey, a place specifically for rehabilitation, there were problems with simple things like the placement of the mirror in the bathroom, the faucet, the way you call a nurse, that were all out of range of motion and reach. It was crummy and ugly, and you were made to feel like if you are in a wheelchair or horizontal all of the time, you are a second-class citizen. I have the feeling that these people who call themselves experts have never spent a day in a wheelchair or a hospital.

Excerpt taken from Business Week "Michael Graves' New Target: Medical Devices" by Stacy Perman

This presumption may or may not be true of those responsible for the Kessler Rehabilitation facility design, but what Graves points out is likely true. Even with the intention, effort and design expertise, a healthcare architect simply cannot experientially or empathetically know the hospital environment the way staff and patients do unless they themselves have either been a doctor, nurse or patient. There exists, then, an inherent disconnect between the architects and designers sitting behind a desk in an office building, drawing in the placement of the mirror in the

bathroom (the producers) and the staff and patients who subsequently live with the placement of this mirror for the next 50 years (the consumers).



Michael Graves Design Height Adjustable Clamp on Tub Rail

Cultivating a Culture of Empathy

Seeing an opportunity isn't the same as acting on it. To do that, you have to care. When you have a real sense of caring for someone, you become compelled to act in their best interest. More than that, you can develop a sustaining source of courage to stick with an idea over the long term. Any new initiative in a company begins with energy and passion. But after months and years of work, that energy can wane. An emotionally resonant experience fades more slowly in our memories than a well-reasoned argument. When we act according to our human impulse to care for other people, we develop the courage to stay the course.

Excerpt taken from Dev Patnaik's "Wired to Care" book

We are all, in fact, wired to care. Most, if not all, healthcare architects transition into this market specifically because they care. Healthcare architecture is often a programmatic puzzle that requires the designers and planners to follow myriad rules and guidelines to ensure the safest and most efficient outcome for the end users. It is not always the most glamorous or free-in-form building type to design – when compared to museums, opera theaters or high-rise hotels – but its unique impact upon people attracts architects and designers to create and construct hospitals all over the world. However, recognizing and being motivated by the opportunity to have an impact through designing hospitals is not enough. One must care enough to be willing to step outside of their world – what they know and what they are comfortable with – to bridge that “inherent disconnect” and cultivate a culture of empathy so new levels of design innovation, hospital operation, and patient and staff satisfaction might be attained.

This sounds simple enough in concept. In practice, it can seem nearly impossible to execute when the real-life demands of budget, schedule, travel and project timeline enter the picture. How might a healthcare architect step outside themselves and into the world of the people for whom they are designing? And, maybe more importantly, when is something like this realistically supposed to take place among all the other obligations and responsibilities that already exist when designing and constructing a hospital?

The complexities of bringing empathy inside the walls of an organization can appear difficult and even inconvenient at the outset, but if it is incorporated naturally into the studio or office culture and the way people work, it might not require as much change or transition as one would expect. Three key characteristics will help bring empathy inside the office walls and make sure it endures: first, make it easy; second, make it experiential; and third, make it every day.

The American business world has bred an extended, busy and committed workforce – often committed to the point of great, personal sacrifice. Inspiring employees to do more than what their job already requires might present a challenge unless it is easy to incorporate. Empathy must be easy for people to develop without asking much more of them than what is already demanded during a typical work day.

The quickest way to have empathy for someone else is to be just like them. For companies, the answer is to hire their customers.

Excerpt taken from Dev Patnaik’s “Wired to Care” book

Many large companies all over the world have employed this strategy to bring empathy inside their organization’s walls and gain valuable insight regarding their product or service.

In healthcare architecture, it is common among the larger firms to hire nurses and establish small research resource groups to provide architects and designers with a window into the world of caring for patients. Without question, this has been a tremendous step forward for healthcare architects and their businesses in more empathetically understanding the world they are responsible for designing and shaping. These nurses serve as valuable mediators during the design process, helping translate between the two parties. At times, architects can have a language of their own, and it is often not understood by others the way it was intended. Those nurses who immerse themselves into the architectural world, can offer a valuable skill set by being able to “speak both languages” during brainstorming and design meetings. Many of them also remain abreast of current literature in the medical world that predicts the latest trends or advancing practice-altering studies, and provides critical insight into the evolving world of hospital architecture.

It’s often not possible or not enough to hire your customers. To continue to grow and prosper, you have to step outside of yourself and walk in someone else’s shoes.

Excerpt taken from Dev Patnaik’s “Wired to Care” book

While hiring your customers can jumpstart your organization’s understanding of the benefits of empathy, it will also have limitations when it comes to cultivating a work culture of widespread empathy. The input nurses provide healthcare architects in planning and designing a hospital offers the architects only secondhand knowledge into their world. For organizations to truly capture the breadth and depth of the effects of empathy, it must also be experiential. We are often most impacted and shaped by our experiences, which tend to stick with us more than, say, what we learned in our 10th grade algebra class. The primary difference is that one was experienced personally by us, while the other was taught formally to us. When people step outside of who they are and what they know, they often uncover previously unseen opportunity for change and innovation.



Early one morning in 1979, Pattie Moore did a peculiar thing. A young designer living in New York, she woke up, got out of bed, and started to make herself frail. She strapped herself into a body brace that made her shoulders hunch forward. She hid her auburn locks under a white wig and painted her eyelashes gray. She plugged up her ears so she couldn't hear. And she put on horn-rimmed glasses that blurred her vision. Transformed into a woman more than three times her actual age, Pattie headed out into the world, a wooden cane guiding her path. Leaving her Gramercy Park walk-up, Pattie stepped out into a land that was unlike any she had ever experienced. Pattie had made herself old, and now even her own neighborhood looked strange to her.

Excerpt taken from Dev Patnaik's "Wired to Care" book

Pattie Moore's story goes on to say that through experiences such as the one above influencing her work as an industrial designer, she has helped countless of people's everyday lives become a little more livable. And, in essence, isn't that what we are motivated by in our professions – knowing, whether directly or indirectly, that we are helping people through our work? Not all employees, however, are aware of that greater sense of purpose, because they never leave the confines of their cubicle walls to step outside and experientially see how their work – or their organization's work – impacts and affects people's lives. Making empathy experiential is essential for the organization to capture and realize its full effect within the workplace culture.

To truly cultivate a widespread and lasting culture of empathy, one's experiences and empathetic connections cannot be contained to special events that only happen once or twice a year. It must be a recurring philosophy that permeates the office and fosters an environment of people who seize every opportunity available to gain greater

personal experience and insight into the people for whom they provide a product or service. For empathy to become second nature, it must be nurtured every day.

To really stick, empathy needs to be part of the everyday routine: accessible, quick and a constant presence.

Excerpt taken from Dev Patnaik's "Wired to Care" book

There are many tactics a business can employ to open up their organization to the outside world and their consumers. One of the quickest and easiest ways has already been mentioned – hire your consumers. This method has proven to be effective in the world of healthcare architecture, and it is one way that many firms have begun to truly know their clients. While this is an easy way to bring the outside in and blur the line between producer and consumer, it does not produce empathy that is encountered or experienced every day.

One place that is undoubtedly accessed at least once a day by every employee in every type of organization is the restroom. This space holds the potential for creating an everyday empathetic moment with a captive audience. In healthcare architecture, posting patient stories, facts or statistics in the medical world or employees' experiences with their clients inside restroom stalls, is a quick and simple way to provide employees an opportunity to learn something or be reminded or encouraged by what is going on around them. And, while something temporary like pieces of paper on a restroom stall can instill empathy every day, it could also be something static, such as an office installation, that reminds people each day why they do what they do, and who they do it for.

In its New York offices is a wall covered with hundreds of lost gloves, all hanging in neat rows. The gloves range from fashionable ladies' gloves to construction workers' gloves to children's mittens. Whenever OXO employees find a lost glove on the street, they bring it into the office and hang it on the wall. It serves as a reminder of all the different kinds of people and all the different kinds of hands that OXO products need to fit.

Excerpt taken from Dev Patnaik's "Wired to Care" book

Through this creative installation, OXO provides its employees with a constant reminder of who they are creating their household and kitchen products for by highlighting the fact that all of their consumers are different people with different needs. OXO intends to design for all people. For large organizations or businesses, such as a healthcare architecture firm, the best way to bring empathy inside of its walls to everyone and foster an empathetic work culture,

is by making it something employees come face to face with every day.

While it might seem to require a major shift in an employee's daily work, empathy can permeate a business without necessitating a big commitment or even change in routine. What it will really begin to shift is the overall mentality, philosophy and work culture that – in and of itself – will forever alter the way an organization thinks and makes decisions, interacts with clients and one another, and in general, does business.



When people in an organization have an implicit understanding of the world around them, they make a thousand better decisions every day. They're able to see new opportunities faster than companies that rely on secondhand information. And they spend less time and money arguing about things that should be intuitively obvious. Empathy drives growth because it tells an organization what's valuable to the people outside its walls. Often the benefits of an empathetic organization are cumulative over time. A thousand better decisions can collectively add up to massive change.

Excerpt taken from Dev Patnaik's "Wired to Care" book

Establishing and cultivating a culture of empathy will take some level of effort and intentionality to set opportunities in place for employees to have their eyes opened and have the way they think be rewired, but the lasting impact and change that will be produced cannot be measured. There is great innovation waiting to be tapped into for any healthcare architect who knows their work experientially enough that they begin to see their designs through the eyes of a nurse or a patient, and allows that newfound intuition to drive their pen. And, for empathy to truly break into an organization's walls and take root within its work culture, it must be made easy for employees to incorporate into their current responsibilities. It must be made experiential to take hold of an organization's philosophy and way of thinking to have a lasting impact. And, it must be every day so that people are regularly reminded that their work matters and has great purpose and influence in the lives of those they serve.

A Personal Mission

To translate this idea of empathy into the 2010-2011 Healthcare Fellowship topic, I committed my time and thinking in the beginning to conceive of creative ways that I could single-handedly bring empathy inside the walls of the HKS healthcare studio. What I quickly discovered in the process was that until I personally understood what it

meant to have empathy for the people and environments I am dedicated to influencing, how could I expect to impact others? To resonate with the concept and the need to discover what empathy in the field of healthcare architecture might look like and the impact it might have was not enough. Action needed to be put in place to see if my assumptions were true. I began this year-long journey with a mission statement defining what I would set out to do and exactly why I felt compelled to do it. Below is an excerpt from that:

It was almost too obvious. Sitting at a conference with thousands of fellow designers, planners and innovators in the healthcare design field, I was taken aback by keynote speaker Dev Patnaik as he spoke on a topic that struggles to realistically exist in today's culture: empathy. He notes empathy is not a new concept; in fact, there was a time not so long ago when there was a broad and deep connection between producers and consumers that allowed everyone to prosper. Over time, there have been many contributors to the gap that separates us today; however, no one guiltier than me. What was Patnaik saying to this room full of creative minds? What were the actual implications for me as a young, aspiring architect in this world that has, in some ways, lost touch with one another? Before I could entertain the enormity of this question, the overarching answer became apparent. To be better in my world – creating, designing and planning healthcare facilities – I need to know their world – the hurting, healing and caring of those who live and work in said healthcare facilities. And it would not be enough to simply research the topic, talk to those who provide or receive care in hospitals or by understanding the latest trends in healthcare facility design. No, I want to know their world experientially by actually putting the black patent pumps up for a season and walking in their shoes.

As the 2010 - 2011 Healthcare Fellow, I am driven by this idea of understanding, both experientially and empathetically, the environment to which I am dedicating my career and my life to designing. Given the time frame of

the fellowship and the myriad opportunities that exist within a hospital, I have selected a single service line to concentrate on for this study. To experience and understand the environment of a cancer patient, I hope to follow a diverse selection of key individuals working and living in this world, gaining as many perspectives as possible.

I was pleasantly surprised when our friends at Texas Health Resources, Presbyterian Dallas Hospital responded to the above fellowship study abstract with passion and excitement for the topic equal to mine. They were, in fact, more familiar than I was with the literature I had read that really birthed the idea and inspired me to explore this particular topic. Furthermore, empathy, in the way it is written about in “Wired to Care,” is something the staff at Presbyterian Dallas tries to embrace and incorporate into their work culture to provide better patient care. It was a wonderfully serendipitous union of shared passions and beliefs. After the first coordination meeting with a group of Presbyterian Dallas staff and administration, I felt certain we both would learn and benefit a great deal from this experiment. At that initial meeting, I was introduced to Joyce Bass, nurse manager for the inpatient oncology unit as well as the outpatient infusion clinic, who I would be working with at Presbyterian Dallas. She has been my fearless coordinator throughout this study, without whom I am certain this adventure would not have been as successful.

Nothing could have adequately prepared me for my first full day shadowing the nursing staff on the inpatient oncology unit. Working a typical, 12-hour nursing shift was one of the most difficult things I have done in my career as an intern healthcare architect. Without question, I have a newfound respect for the incredibly taxing work that is caring for patients. And what I discovered after that first shift, when I left the hospital around 7 p.m., was that very few occupations are as taxing in a multi-faceted manner as nursing. Nursing is demanding physically, emotionally and mentally the entire 12 hours a nurse is on duty. As a healthcare architect, our vocation is primarily mentally



Texas Health Presbyterian Hospital Dallas

taxing, and on occasion, might also be emotionally taxing. We spend our days in the office problem-solving, puzzle-piecing and translating our solutions into drawings that will one day be built. Whether many nurses will come forth in regard to the physical, mental and emotional strain asked of them, from these outside eyes and weary feet, I will tell you a 12-hour day caring for patients takes a toll on any individual. Doing anything for 12 hours can make for an exhausting day, but being on your feet that entire time produces an inevitable physical strain.

I learned that administering chemotherapy and caring for oncology patients often requires a “double check” system in which one nurse will prepare the treatment or the transfusion and then another nurse will come in before treatment is given to look over what has been prepared to avoid errors. This “double check” system spoke volumes to me in regard to the mental capacity and knowledge required to properly care for patients – their lives are literally in the hands of those providing care. Nurses must remain mentally alert throughout the day so that in moments where quick decisions are required or when they are still caring for patients at the end of a very long shift, they are able to rise to the occasion. It absolutely amazes me.

I am certain that they have each embraced the weight of their calling and that after many years of practice it is something that they are more accustomed to than someone realizing it for the first time. At the end of my first shift, one of the patients we had seen multiple times throughout the day requested to see the nurse one more time before the shift change occurred and a new nurse would be overseeing this patient's care. I had learned that the nurse I had been shadowing had developed a special relationship with this patient, and even greeted the patient with a song each morning (taking part in the patient's daily musical therapy session). He had become more than this patient's nurse; he was considered a friend and trusted advisor. This final visit and last conversation came at the end of this physically and mentally exhausting day.

To put it plainly but also maintain the patient's privacy, she wanted to have a conversation about whether or not to continue with her treatment. She was weary. And beyond

that, she was tired of being extremely sick – something I am certain nurses on this particular unit see often. Listening to the care this nurse showed this patient and her family went beyond the call of duty of “patient care” as I had known it before and brought me to tears in the corner of the room. I felt privileged to have witnessed such a raw exchange between patient and nurse, which felt more like a conversation between friends that resulted in the right amount of perspective and encouragement to continue the fight. All of this at the end of a 12-hour day was not something I took lightly.

My journey and my experiment in empathy continued with many more 12-hour shifts, chasing nurses around the inpatient unit as they tirelessly care for their patients, as well as a few shifts shadowing the staff at the outpatient infusion clinic. This opportunity to “know those shoes” provided me with a wealth of firsthand, personal experiences that I feel certain I will be unable to forget. I witnessed



a fire drill on the unit, where the staff ran through what would actually occur during a fire. I was in the room when a patient took his last breath and learned considerably from the process that followed, dealing with the family, the morgue and the funeral home. I was shadowing the day The Joint Commission, which evaluates and accredits healthcare organizations, made a surprise visit to the unit and watched the madness unfold as nurses ran about throwing away coffee cups and closing certain doors that are normally kept open. And, I watched the rapid response team frantically and successfully answer a code on the unit.

While some of these experiences have been sad and difficult to witness, they have had a significant impact on me as a designer and planner of healthcare environments. I feel confident that these personal, empathetic experiences will take root and guide my thinking, designing and overall project approach as a healthcare architect from this point forward. I have already witnessed the intangible benefits that empathy has had on my work here at the firm, as it has guided my thought process and my pen strokes as I began with a blank piece of trace and a program in front of me. Although the unit at Presbyterian Dallas is different and outdated compared to the new work we are doing today, what is learned by observing nurses administer care while attending to other day-to-day events can be applied somewhat universally. It is also important to remember something that was previously mentioned:

Often the benefits of an empathetic organization are cumulative over time. A thousand better decisions can collectively add up to massive change.

Excerpt taken from Dev Patnaik's "Wired to Care" book

We might not immediately realize the impact that investing in empathy and truly knowing our clients has on our projects or our work culture, but observing the full effect of empathy will undoubtedly be worth it over time as it changes the way we lead in innovation, engage our clients with firsthand knowledge and understanding, and witness the great transformation that takes place within each one of us.

About Lindsay Todd



Lindsay Todd was named the 2010-2011 HKS Healthcare Fellow, a one-year program developed to recognize and encourage aspiring and talented recent graduates committed to improving the built healthcare environment. This study is the product of her time spent towards the fellowship.

Todd graduated in 2005 from Texas A&M University with a Bachelor of Environmental Design degree. Upon graduation, she joined HKS's healthcare group for three years – working on Capital Health Replacement Hospital in Trenton, NJ – before beginning graduate school at Clemson University. She received a Master of Architecture degree from Clemson in May 2010, with an emphasis in architecture and health. While at Clemson, Todd also earned the distinction of becoming one of the 2009-2010 AIA Arthur N. Tuttle Jr. Graduate Fellows. She had the honor of presenting her thesis work at the Healthcare Design Conference in Las Vegas in fall 2010.