

GOCO HEALTH SQUARE

Providing close & person-centred care in GoCo Health Innovation City



Author: Isabell Johansson Cimen
Examiner: Cristiana Caira
Supervisor: Lin Tan

Chalmers School of Architecture
Department of Architecture and Civil Engineering
Architecture and Advanced Programmes: Healthcare

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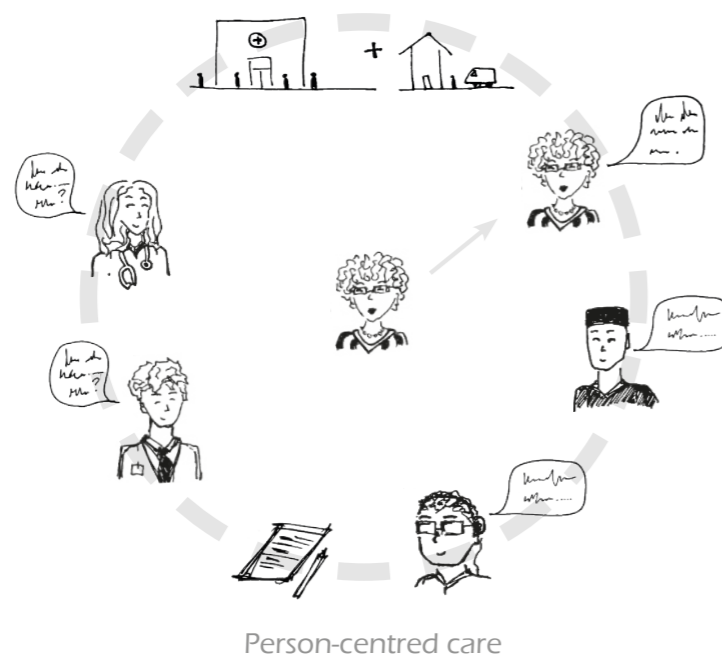
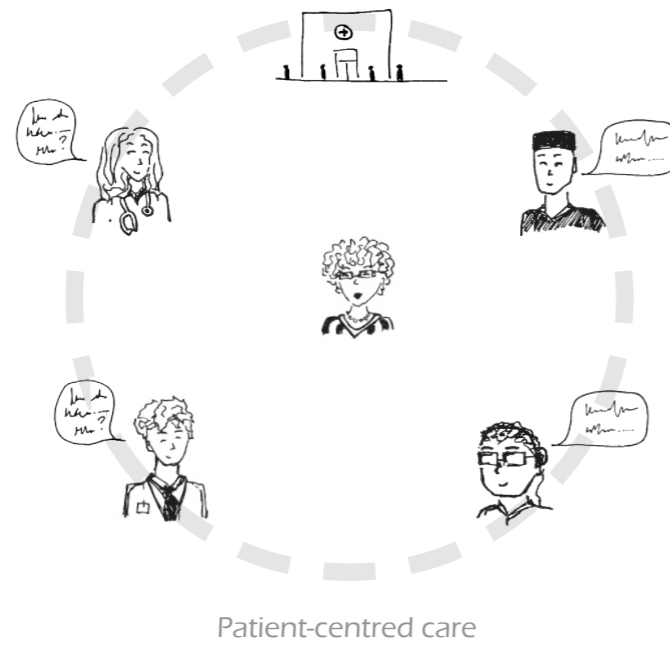
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CHALMERS
UNIVERSITY OF TECHNOLOGY



There is an ongoing reform of the Swedish healthcare system towards close care. The reform aims to make primary care the hub of care with good interactions with other health and social services and the transition also means a shift in focus to working in a more person-centred, cohesive, proactive, and health-promoting way. Although research has shown positive outcomes from the person-centred approach to care, analyses made of the latest International Health Policy Survey show that people's experiences of care in Sweden still are weak in continuity, person-centeredness and accessibility.

The healthcare reform, and further implementation of person-centred care, opens up for new collaborations in healthcare and with this thesis there have been opportunities to investigate how collaborations between different actors in GoCo Health Innovation City could look like. The thesis aims to start a discussion on how the transition to close care, as well as person-centered care, can be supported through the proposal of a new healthcare building in GoCo Health Innovation City.

In GoCo Health Innovation City, Mölndal, the first building phase is partly done and the second phase is being planned at this moment. Based on the results from the conducted studies a design proposal for phase two has been made. The proposal includes a health centre with treatment- and meeting rooms for primary care, psychiatry, dentistry, and specialist care.

The investigation was based on participatory and qualitative methods, including meetings, interviews, and questionnaires. By interviewing GoCo Founding Partners, the result and design proposal became more relevant to the client. By including healthcare professionals, the understanding of specific needs grew and could be turned into design strategies to implement in the design proposal.

The result contributes to inspiration for the client of what healthcare facility could be relevant to include in the development of GoCo Health Innovation City.

Keywords: Person-centred care, Close care, Health centre, GoCo Health Innovation City

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INTERVIEWEES

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Caroline Olsson, Caroline Svenjeby,
Emmy Petersson, Eva Wahlberg
Helle Wijk, Henrik Claesson,
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Thank you for all supporting words and acts of kindness, for sharing my links, and for always believing that I could wrap this work up.

Thank you!



The author

WHY HEALTHCARE ARCHITECTURE?

When I was 16 years old I got diagnosed with a rare liver disease, and since then I have been a patient at Ryhov in Jönköping, Karolinska in Stockholm, and now Sahlgrenska here in Gothenburg. All the hours I have spent in different healthcare facilities and hospitals wouldn't have felt the same if the staff had reflected the stress that they were working under. As a young adult, I felt safe, but also very vulnerable, while receiving care. Now, as I have grown older, I still do, but I have also reflected on how grateful I am that we still have people who choose to work with these very important professions within healthcare.

I try to imagine what it would be like to work in their environment, but I cannot. Therefore, I have chosen to include healthcare professionals in this thesis to get a broader perspective on the chosen research question. By choosing healthcare architecture as a profile and thereby learning more about the practice, I hope to give rewarding results from the research questions back as a way to show appreciation for their work.

EDUCATION & INTERNSHIP

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Master's Program in Architecture and Urban Design, Chalmers University of Technology

2024: Master's thesis in Architecture and Advanced Programmes: Healthcare

2023: Master's thesis preparation

2023: Housing Inventions 2

Study break: Internship at Dall & Lindhardtzen, Helsingör, Denmark

2022: Public Buildings

2022: History, theory & method 5:

Dealing with inequalities

2022: Architectural Competitions

2021: Future Visions for healthcare, housing and work 3: Healthcare Architecture

2018-2021

Bachelor's degree in Architecture, Chalmers University of Technology

+ Summer course 2020: BIM: Building Information Modeling



Isabell
Johansson
Cimen

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1 INTRODUCTION

A major challenge today is to bridge the gaps that arise in healthcare transitions. What is effective in one part of the healthcare system is not necessarily effective for the system as a whole (SKR, 2023a). The government has decided that local healthcare in Sweden should be developed and strengthened (SOU 2016:2) and the starting point for the reform of the healthcare system is to get closer to the patient and user (SOU 2020:19). Close care is not a new organizational level according to SKR, Sweden's Municipalities and Regions (2024). Nor is it a new name for primary care. It is rather a new way of working with health, care and welfare, and the transition to close care means a shift in focus to working in a more person-centred, cohesive, proactive and healthpromoting way.

One aim is to make primary care the hub of care with good interactions with other health and social services (SKR, 2023a). Researchers from the Centre for Healthcare Architecture, CVA, have analysed how different regions in Sweden are interpreting the transition to close care. This is to provide an overview of the ongoing work and the indirect or direct need for space linked to close care in our healthcare system. The study showed that there is a need to define close care (Thodelius, et. al., 2021). The author explains that a contradictory desire emerged regarding the definition, where some regions want a national or general definition that leads to uniformity, while other regions want a locally adapted or flexible definition that is adaptable to the contextual conditions in the individual region. Further on, the author's summary of the conducted interviews showed that property developers and local planners often work towards future needs,

Relevance

while care developers and care operations often work with here-and-now issues. It was also emphasised that collaboration and new forms of coordination between and within regions, municipalities, and even private actors, may be needed.

PROBLEM STATEMENT

The latest International Health Policy Survey (2024), shows that the transition to Good and Close Care is not reflected in the population's experiences. In the survey, adults' experiences of health care in Sweden were compared with experiences in nine other countries. The analysis of the experiences shows that Sweden still has weak results in continuity, person-centeredness and accessibility.

AIM

This thesis aims to fulfill the client's request to find out what kind of care that is relevant to include in the development of GoCo Health Innovation City so that the residents and workers benefit from its location and accessibility. It also aims to start a discussion on how the transition to close care, as well as person-centered care, can be supported through the proposal of a new healthcare building in GoCo Health Innovation City.

Thesis framework & Research questions

RESEARCH QUESTIONS

What kind of care facility could provide the people in, and around, GoCo Health Innovation City with close, qualitative care?

How can this new building support person-centred care?



THESIS STRUCTURE



DELIMITATIONS

In this thesis there will only be general reasoning about the structural engineering solutions, and technical systems.

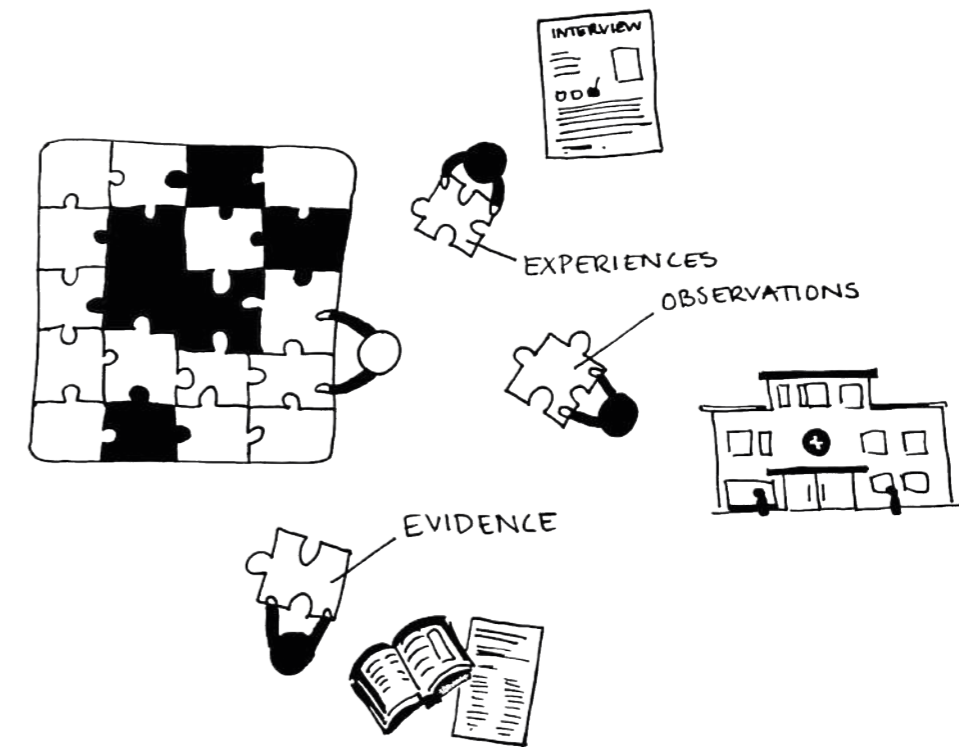
This proposal uses a foundation of material received by both the client, GoCo Health Innovation City, as well as one of the owners, Next Step Group. The proposal will consist of a site plan drawn by the owners and not by the author. There is also a 3D model produced by Next Step Group that the author has permission to use in this thesis. Illustrations of the site model has been made by me, the author.

THEORY

The studied literature has mainly been gathered from the published research and concept programs done by the Centre for Healthcare Architecture, CVA. Two other important sources has been Gothenburg Centre for Person-Centred Care, GPCC, and Sweden's Municipalities and Regions, SKR.

METHODOLOGY

The investigation for the proposed program was mainly based on participatory and qualitative methods, including meetings, interviews, and questionnaires. By interviewing GoCo Founding Partners, the result and design proposal became even more relevant to the client. By including healthcare professionals, the understanding of specific needs grew and could be turned into design strategies to implement in the proposal.



Method illustration

Introducing the client

GOCO HEALTH INNOVATION CITY

When visiting GoCo Health Innovation for the first time in 2023 I was introduced to the story behind the area. Douglas, one of the clients to this thesis presented the story of how AstraZeneca, the global science-led pharmaceutical company, in 2017 announced that they were selling a portion of their land in Gothenburg, Sweden. The requirement to buy this land was that the new owners would continue to add value to the already existing health ecosystem. Next Step Group and Vectura then formed a collaboration that resulted in the joint venture GoCo Health Innovation City.

Today, representatives from academia, the industry, and the private and public sectors are welcome to enjoy a vibrant city centre that already includes offices, laboratories, clinics and apartments. Phase two is being planned in full swing and it was after being asked whether there should be more healthcare facilities in the area that this master's thesis came into play.

SUSTAINABILITY FRAMEWORK

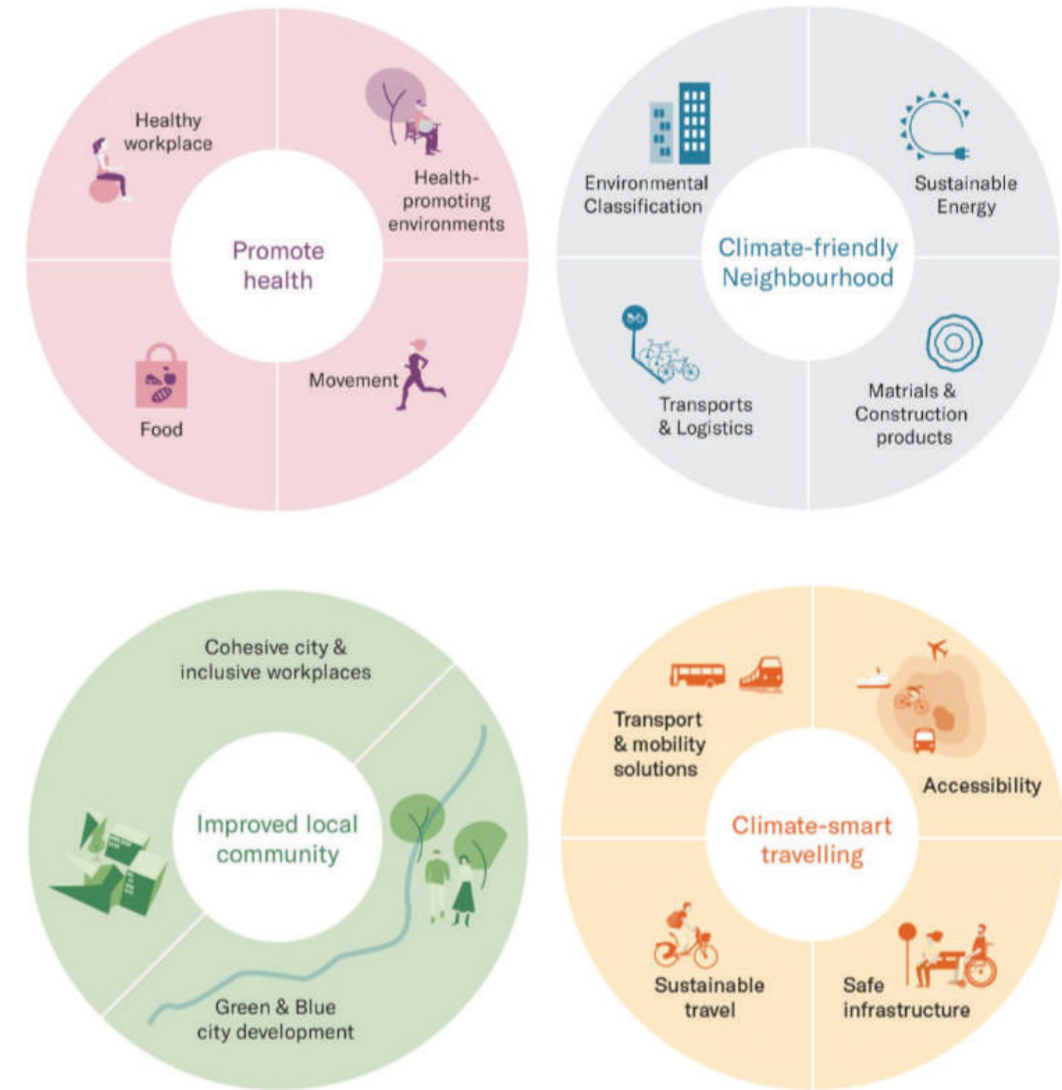
GoCo Health Innovation City has a sustainability framework for their city development. Their aims are categorized in the four topics shown on the coming page. These are all relevant to interpret in the design proposal to meet the area's standards.



*Douglas,
Business Development,
GoCo Health Innovation City*



*Anna,
Director Real Estate Development,
GoCo Health Innovation City*



GoCo's Sustainability framework

2 BACKGROUND

What is Close Care?

IS THERE A DEFINITION?

As mentioned earlier, studies of the interpretation of close care in Sweden show that there is a need to define close care (Thodelius, et. al., 2021). For this project, no specific definition of close care could therefore be used, on the other hand, it was possible to get a broad understanding of the term by learning more about the four focus areas that the Swedish Association of Local Authorities and Regions, SKR (2024) have mentioned as important approaches for the transition to close care. These are to work in a person-centred, cohesive, proactive and health-promoting way.

THE GOAL

In one of the latest agreements between SKR and the Swedish government, the goal of the transition towards close care is clearly stated. "The aim of the transition is to provide patients with good, close and coordinated care that strengthens their health" (SKR, 2023b, p. 5). In line with that, the aim is a more socio-economically efficient and long-term sustainable healthcare system. It is described that by strengthening primary care and working more proactively, a more sustainable healthcare system will occur as the available resources can be used in the best way; at the right time and in the right place.



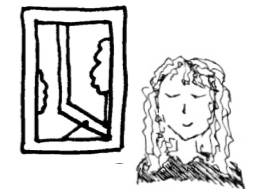
Person-centred care



Cohesive care



Proactive work



Health-promotion

"The core of close care is a person-centred approach based on the individual's needs and circumstances.

This means recognising, involving and adapting interventions according to what is important to that particular person." (SKR, n.d.)

Understanding the terminology



PERSON-CENTRED CARE

To learn more about person-centred care, I have turned to The University of Gothenburg Centre for Person-centred Care, GPCC. Their vision is sustainable health through sustainable care, which is described as preventing and reducing suffering, and strengthening the efficiency of health care through person-centred care. The following is being said about person-centred care:

”In person-centred care, patients are seen as persons who are more than their illness. Person-centred care is based on a partnership between patients and those working in health care. The point of departure is that the healthcare personnel listen to the patient’s story. Within the narrative the person’s prerequisites, resources and obstacles are identified, which, together with other examinations, are used to write a health plan together. All health care, care and rehabilitation can be person-centred” (University of Gothenburg, u.å.).



COHESIVE CARE

An analogy was found where the concepts cohesion and coherence was described as cohesion/cohesive being building materials, and coherence/coherent being the completed building. ”You can have cohesion without coherence but you cannot have coherence without cohesion” (Kaur, 2018) and with this in mind I think we can understand cohesive care as:

You can have cohesive (coordinated) care without having a coherent (logical) healthcare system, but you cannot have a coherent healthcare system without cohesive care.

LOCAL CONTEXT

In Gothenburg, the regional board has initiated the development towards close care through a phased expansion of specialized outpatient care (VGR, 2018). It is explained that the recently opened community hospital in Högsbo, and the already existing one in Angered, serve as hubs for coherent and close care in their respective areas. These community hospitals form the basis of a functionally coherent local healthcare system that is integrated with emergency care and regional care. The regional board describes that the transition to close care opens up for new solutions in the healthcare system, which gives an opportunity to investigate different kinds of collaborations between the municipality, the region and private actors.



PROACTIVE CARE (PREVENTION)

The Public Health Agency of Sweden (2024) describes prevention and health promotion as the two components of public health work. Prevention and health promotion complement each other and can sometimes be difficult to distinguish. They describe the difference as:

”Health promotion is based on knowledge of what makes individuals develop well and feel good, while prevention is based on knowledge of what causes illness and disease in individuals” (Folkhälsomyndigheten, 2024).

Some aims of proactive work are for example to reduce the risk of disease, injury, physical, psychological or social problems occurring. As well as preventing recurrence or, through early detection, the development of diseases.



HEALTH PROMOTION

”Health promotion aims to promote health and strengthen or maintain people’s physical, mental and social well-being. It does this by strengthening people’s confidence in their own abilities and increasing their control over their own health” (Folkhälsomyndigheten, 2024).

GLOBAL CONTEXT

Zooming out to the global level, we have the World Health Organization, WHO, whose core mission is to promote health. Since the first International Conference on Health Promotion was held in 1986, WHO have established and developed global principles and areas of action for health promotion (World Health Organization [WHO], n.d.). In addition to fighting diseases, their work is to ensure healthy lives and promote well-being for all ages. During the global conference in Shanghai 2016, critical links between the 2030 Agenda for Sustainable Development and health promotion was highlighted. WHO describes that action to promote health can be done through different settings. This often involves development on an organizational level, including changes to the physical environment. (WHO, n.d.).

3

INVESTIGATION: THEORY & PRACTICE

Evidence-based design

The report Evidence-based design Research and support for the physical healthcare environment (Centre for Healthcare Architecture [CVA], 2021) has compiled studies related to the design of healthcare environments, and there are many lessons to be learned in order to contribute with good healthcare architecture in GoCo Health Innovation City. The research findings most relevant to this paper are summarized below.

PATIENT SAFETY & INFECTION CONTROL

The many different studies on the physical environment and risk of infections spreading are summarized by the fact that good hand hygiene is of great importance in reducing the spread (CVA, 2021). Placement of sinks and hand disinfection dispensers are crucial for compliance with hygiene practices. In addition, it is shown that the design of rooms and floor plans can contribute to increased patient safety by reducing stress for potentially aggressive patients, but also contribute to a good working environment, which in turn reduces the risk of medication errors or lack of communication between staff.

DAYLIGHT & LIGHTING

Another factor mentioned in the report (CVA, 2021) for a good working environment and reduced risk of medication errors is good lighting and good daylight intake to reduce staff stress and help staff feel more alert. Daylight also plays a role in increasing well-being.

ATTRACTIVITY & HEALTH PROMOTION

Attractiveness, a characteristic in environments that provide positive experiences, is highlighted as one of the factors that can promote health and well-being (CVA, 2021). It is related to the concept of positive diversion where visual and physical access to nature, art, materials, colors and professional character plays an important role in the perception of the environment and the user's comfort and well-being.

NATURE & HEALTH PROMOTION

Studies on positive diversion with nature and elements of nature in focus show that a positive effect is given by both physical access to nature, sounds from nature, as well as sight in the form of outdoor views, art, photography and film (CVA, 2021).

ORIENTATION & WAYFINDING

Although there are no experimental studies in the field of orientation and wayfinding (CVA, 2021), it can be pointed out from the studies that have been compiled that views of nature from communication routes can facilitate orientation and that art can be good landmarks. It has also been shown that more signs are better than fewer signs. Colors, arrows and pictograms are good tools to help provide clear directions.

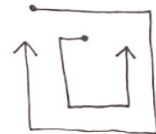
Primary care design & development

The development of close care means that primary care facilities, but also the digital environment, are used in both new and traditional ways. Technology is constantly evolving and new trends emerge with new knowledge and experiences. For example, after the COVID-19 pandemic, the importance of distance and the possibility of digital solutions have been reinforced. Based on the conceptual programmes on primary care facilities (CVA, 2022) and on reducing the spread of infections (CVA, 2023), a few key points to consider when designing for the development of primary care are summarized below.



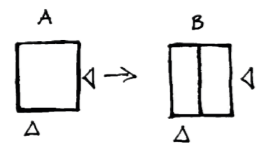
DIGITAL & MOBILE SOLUTIONS

- Digital meetings & consultations
- Local healthcare teams for home visits
- Self check-in services
- Sharing knowledge online for empowerment & self-care



SEPARATED FLOWS

- Infection control
- Efficient and safe work for staff



ADAPTABLE DEPARTMENTS

- Infection control
- Changes of ownership
- Changes of content
- Different opening hours

Person-centred care, PCC

In the research paper Person-Centred Care - Ready for prime time (Ekman, et. al., 2011) the authors presented the positive outcomes of person-centred care, but they also described that there is a challenge on ensuring that PCC is practiced. They therefore decided to propose simple routines on how to apply this approach systematically and consistently. These routines were:

Routine 1: initiating the partnership:
patient narratives

Routine 2: working the partnership:
shared decision making

Routine 3: safeguarding the partnership:
documenting the narrative

Then, in 2020, another paper was released, presenting learnings from the implementation of the model of initiating, working, and safeguarding the partnership (Britten, et. al., 2020). The results shows that working with a person-centred approach have had positive outcomes in the clinical trials that were made.

1

Initiating the partnership



Listening & understanding the life situation, views and needs

2

Working the partnership



Shared decision making on a care plan

3

Safeguarding the partnership



Documenting the narrative and care plan

Questionnaire on PCC

To quickly widen and compare the knowledge found in research papers a questionnaire was made. The questions were targeting care providers' personal understanding and interpretations of person-centred care.

RESULTS

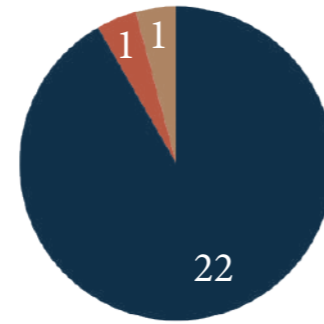
Out of the 24 responses received, the majority (22) of respondents answered that they have a clear picture of what person-centered care means. On the other hand, a smaller number, still a majority, responded that they have a clear vision in their workplace on how to work person-centred.

REFLECTION ON THE RESULTS

The answers to the questions A and B show that there still needs to be some clarifications on some workplaces to get to whole staff team on the path of working in a person-centred way.

The answers to the open question, question C, give many different perspectives and views of person-centred care since the respondents have different professional roles in health and social care. Some answers focus on a specific target group, for example the elderly, or children. Even though no answers are the same, it is possible to say that person-centred care is about taking a holistic approach, working as a team, listening, and working towards common goals with the help of a personalized care plan.

A) Do you have a clear picture of what person-centered care means?



B) Do you have a clear approach/vision in the workplace for how to work person-centered?

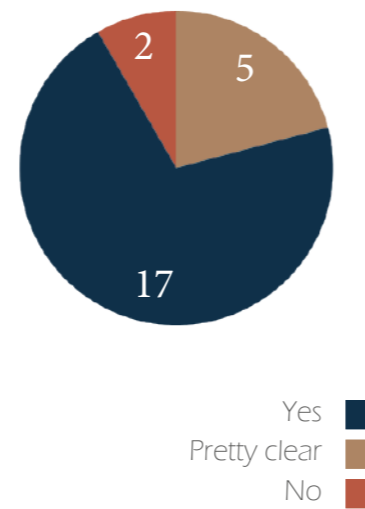


Diagram 1 and 2. Results from the questionnaire on person-centred care

C) Please describe what person-centred care means to you

SOME OF THE ANSWERS

"That the patient can participate in deciding on their care, based on the patient's needs and wishes. We work in a family-centred way; there can sometimes be ethical dilemmas when the patient (child) does not want the same as the guardian"
- Occupational therapist

"Person-centred care means that I help the whole person; I don't just see the medical condition. Together, the client and I will have a plan for how the care should be as good as possible based on the existing conditions. The client's own care plan"
- Assistant nurse

"Listen to the older person's needs and wishes about how care and support should be provided"
- Regional Director

"Patient-centred, participation in their care and rehabilitation, goal setting to ensure that interventions meet the patient's perceived needs"
- Visual educator & Occupational therapist

"That care is individual, everyone has different conditions. There are specific staff who are selected to build a strong relationship in order to be able to describe how the user wants care to be provided. This is described in implementation plans in a detailed way so that staff can work in the same way, based on the user's needs and wishes. Primarily, communication is the focus of care, but documentation is for users who have difficulties communicating and expressing all their needs all the time"
- Head of unit in health and social care

"Seeing the person as a whole, ensuring that the patient receives the care that suits that particular individual. Self-determination"
- Assistant nurse

"The whole team works with the patient in mind"
- Assistant nurse

"Focusing on the older person, how they want to live their life and not have to fit into institutional structures"
- Head of Operations

C) Please describe what person-centred care means to you.

SUMMARY OF THE ANSWERS

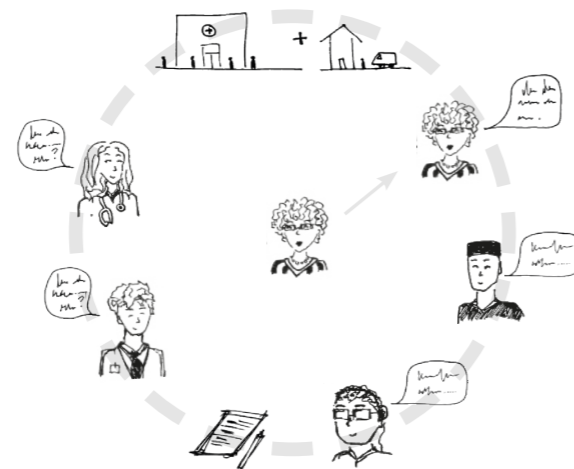
goal:

A personalized care plan based on the person's needs and wishes.



how:

- HOLISTIC APPROACH
- PARTICIPATION
- SHOW EMPATHY
- TEAM WORK
- COMMUNICATE
- LISTEN



what to listen for:

- STORY
- NEEDS
- PRECONDITIONS
- WISHES
- RESOURCES



Interviews with healthcare staff

Besides reading about the design of healthcare facilities, I also spoke to healthcare staff from all around Sweden about their work environment. Here are some key quotes from all interviews.

JONATAN - NURSE



"There is a need for smaller administrative spaces, not only open landscapes, so that it is possible to focus while doing administrative work"

SARAH - PEDRIATIC SURGEON



"There is a need for meeting rooms and also rooms for undisturbed work"

EMMY - CERTIFIED ASSISTANT NURSE



"I would like a more warm and home-like environment. Lots of plants and light. Even if the plants are made of plastic, it feels nicer than not having any at all"

MARIA - RADIOLOGY NURSE



"The location needs to be accessible, even by car. And with an easy-oriented building, we can reduce anxiety for the patient before the visit"

CAROLINE S. - HOUSE OFFICER



"There needs to be a close connection between the changing room and the kitchen, or a pantry were you can just drop of your lunch box as soon as you get to work"

CAROLINE O. - OPERATIONS MANAGER



"The elderly often come to our health centre to socialize even though they don't have an appointment"

"The sink would be better placed at the same wall as the door to make the room more furnishable"

Study visits

RELEVANCE

Citysjukhuset +7 provide both public and private care within all their specialities. The program includes both a health centre and specialist care.

CONTENT

- General surgery
- General medicine
- Drop-in vaccination
- Gastroenterology
- Gynaecology clinic
- Hand surgery
- Skin clinic
- Health check up
- Reception of certificates
- Ear, nose and throat clinic
- Cardiology
- ME/CFS
- Neurology clinic
- Orthopaedic clinic
- Sampling
- Psychiatric reception
- Rheumatology
- Pain management centre
- Urology



Citysjukhuset +7, Waiting room

RELEVANCE

Högsbo Community Hospital is inspiring with its contribution of providing close care in Gothenburg. Learnings on how to create a safe and efficient work environment have resulted in a layout with separated flows for patients and staff.

CONTENT

- Gynaecology clinic
- Heart and diabetes clinic
- Skin clinic
- Surgery centre
- Neurology clinic
- Orthopaedic clinic
- Sampling
- Radiology unit
- Rehabilitation centre
- Ear, nose and throat clinic
- Eye clinic



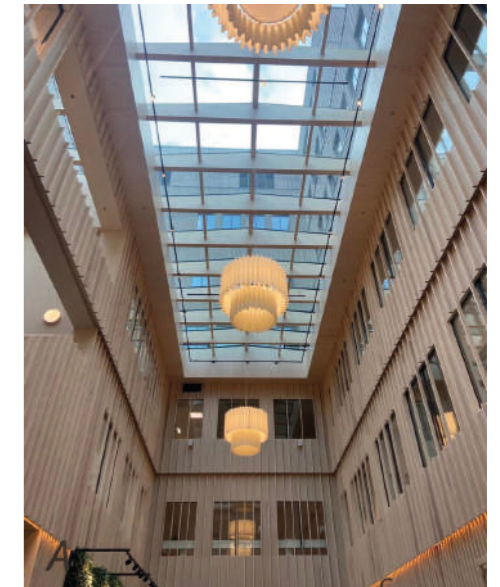
Högsbo Community Hospital, Entrance hall

RELEVANCE

GoCo Clinic is located in the GoCo Health Innovation City and provides various healthcare services. The study visit helped both to understand what kind of care could complement the already existing one, as well as an understanding of what it is like to work in GoCo Health Innovation City when it is under development.

CONTENT (AND TENANTS)

- Radiology unit (Evidia)
- Hand- and foot surgery (Atleva)
- Clinical trial unit (Clinical Trial Consultants)
- Laboratory & Clinical trial unit (Ribocure)
- Pain management centre



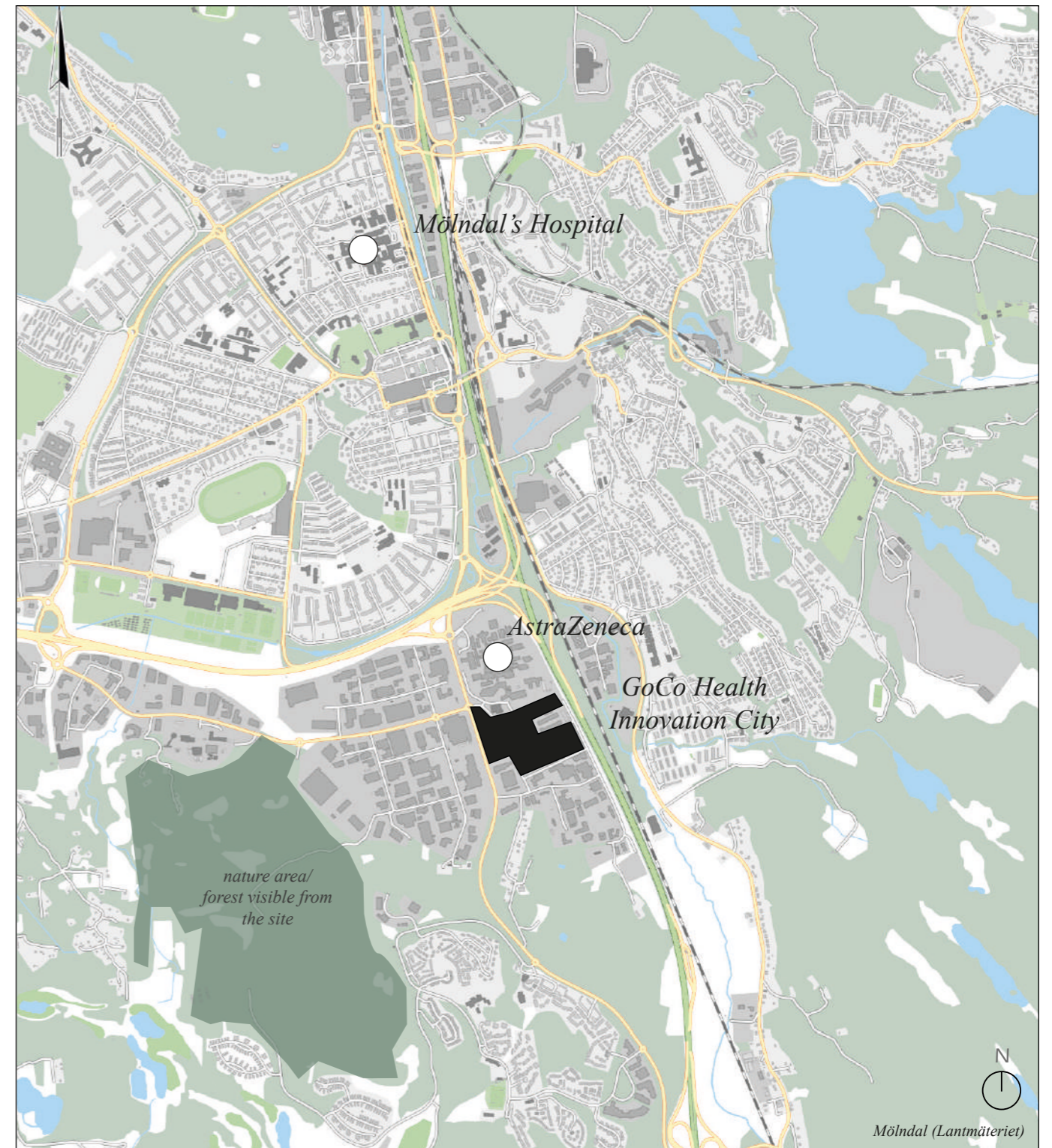
GoCo Clinic, Entrance Hall

LEARNING OUTCOMES

- Lighting:**
 Controllable (health promoting/stress reducing)
 Outside lighting (feeling of safety)
- Parking:**
 Allowed time (avoid fees/stress reducing)
 Distance (pain) (way-finding/stress reducing)
- Art:**
 Placement (positive distraction/stress reducing)
 Paths of art (movement)
- Elements of nature:**
 Views to the outdoor (positive distraction/health promoting)
 Placement indoors (positive distraction) (colour)

- Room sizes:** Need of large rooms (family perspective)
 Risks with large rooms (noise) (no privacy)
 Need of small rooms (rest) (patient privacy)
 Risks with small rooms (cramped feeling)
- Flows and zones:**
 Infection vs. no infection (separate hallways)
 Staff zones (efficient work) (patient connection) (team-based work)

4 SITE ANALYSIS



”The development of Phase 2 builds on the overall vision and will strengthen and connect the area. The development means that the district is expanded with a mix of functions, which contributes to creating a vibrant neighbourhood with life and movement. The different areas and their contents contribute with different puzzle pieces that together generate a comprehensive and sustainable urban development” (GoCo, p. 8).

Interviews with GoCo Tenants & Founding Partners

1. GOLIFE NORLANDIA ELDERLY CARE

"Here we have a person-centered approach where each resident decides for themselves. From the time they get up, to the time they go to bed. We make several trips a week to the health center which is 2.8 km away"



2. MÖLNLYCKE HEALTH CARE

"Perhaps, you could have the companies signing up for occupational health services"



"Speaking as a salesperson, I would like a project like this to include as many of our products as possible. For a wound care clinic or a hospital, we could provide about seventy to seventy-five percent of all the necessary products. We would also like to provide education in the field of wound care, both for the patients and for the clinicians, as well as the people who nurse their wounds at home. It would be very interesting to test some of our products in a home care setting."



3. ATLEVA, GOCO CLINIC

"There is an overall request for therapy - for all ages - you can stop a lot of costs for sick leave. There are a lot of this online now as well but I think it would be beneficial to have in the area"



4. WELLSPECT HEALTHCARE

"We see this issue from three different perspectives - product development, potential collaborations, and having access to a facility hosting end users that we make our products for. We address mostly patients with enlarged prostates, but also everyone who have problems emptying their bowel or bladder. In such facility, we could participate in clinical trials, or have a test bed in which we could introduce and try out new solutions"



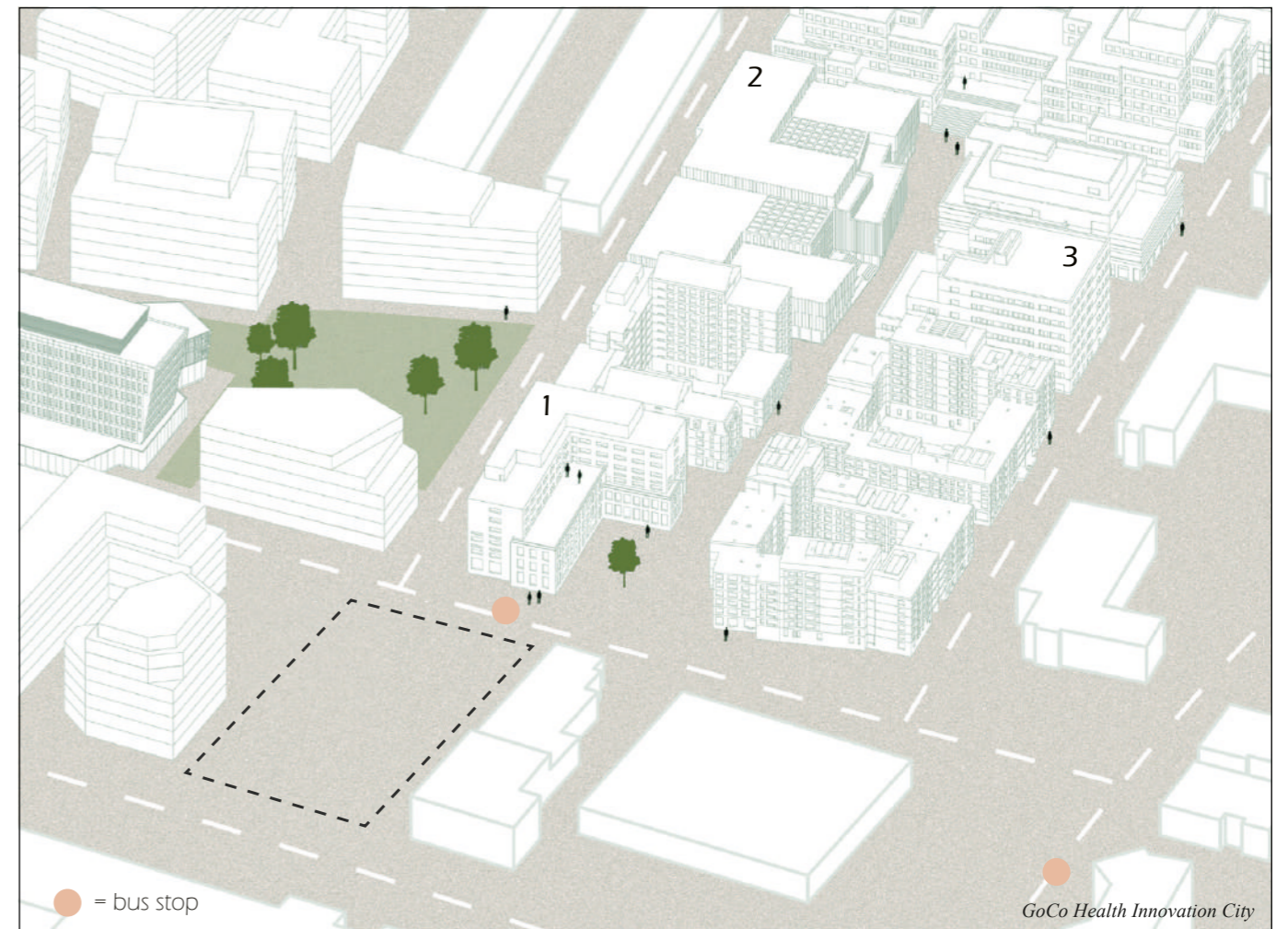
5. ASTRA ZENECA

"From an AstraZeneca point of view, it's hard to see we would gain so much from a healthcare facility. You should try to decentralize, in my point of view. Quantity drives quality."



SAHLGRENSKA ACADEMY

"I think if we are looking into private care there is a need to complement the public healthcare"



SWOT-analysis

STRENGTHS

1. GoLife elderly care is located next to the site. The new health square will make the trips shorter for the carers and GoLife tenants.
2. GoCo bus stop is located next to the plot.
3. Less than 2 km, 8-10 min by bike, from Mölndal city centre & Mölndal station.
4. The nearby bus stops are connected to Sahlgrenska University Hospital, Brunnsparken, Frölunda Torg and Mölndal C.
5. There are good solar conditions on the site due to the low building to the south and large open areas to the west and east.
6. There are large recreational areas in less than 5 minutes walking distance.
7. The new buildings in the area have varied facade expressions.

WEAKNESSES

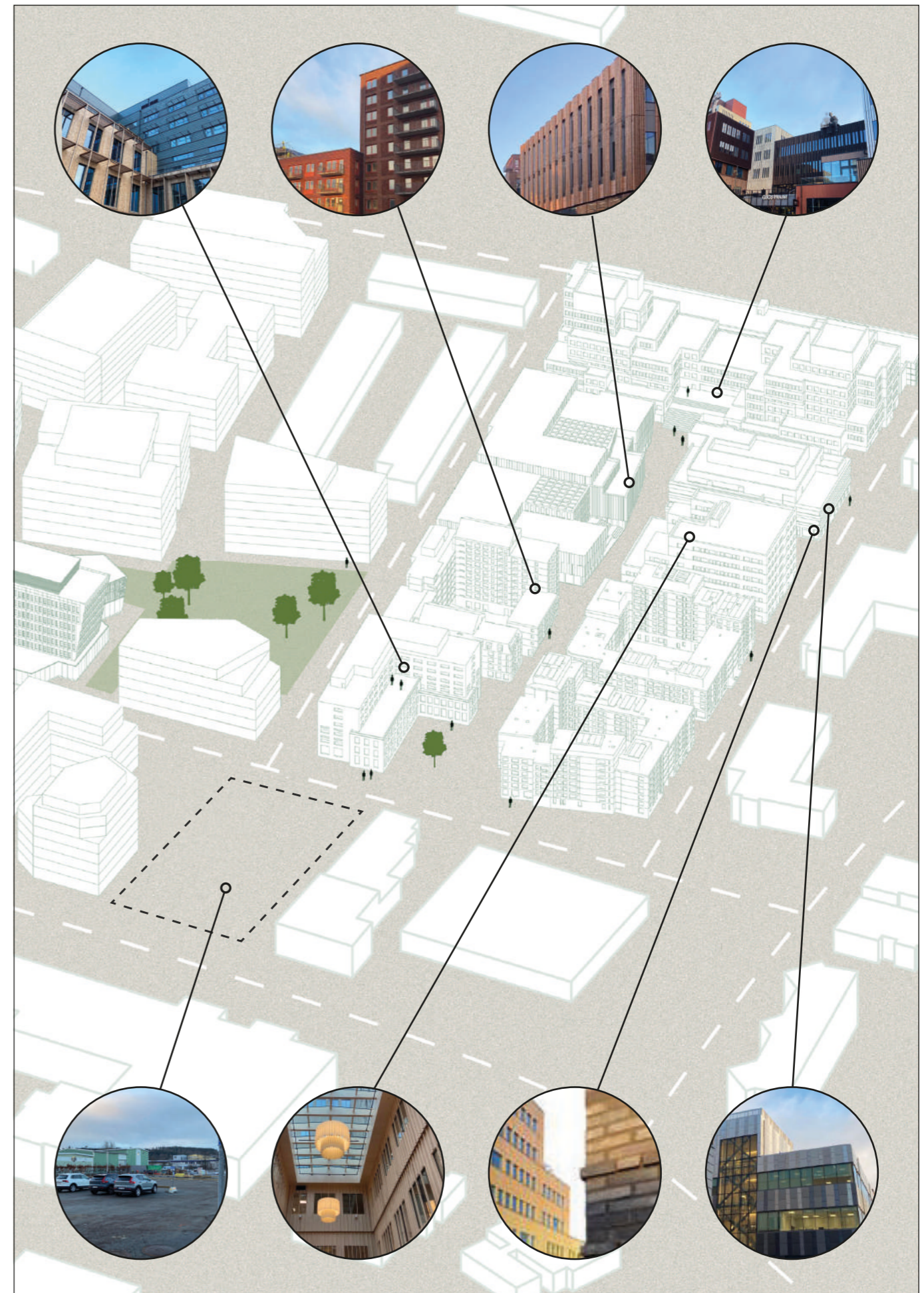
1. Mentally long distance to surrounding areas.
2. Large parts of the surrounding area still consist of a monofunctional industrial area that lacks qualitative greenery and life in the evenings/weekdays.

OPPORTUNITIES

1. Many existing workplaces and an ongoing area conversion
2. A neighbourhood that enables everyday life with a wide range of services.
3. Nearby urban development project (Forsåker)
4. Improved and potential for even more public transport and connections to Mölndal C. (future city bus connections to Åbro and further to Sahlgrenska Hospital. Shuttle buses to Mölndal C, etc.)

THREATS

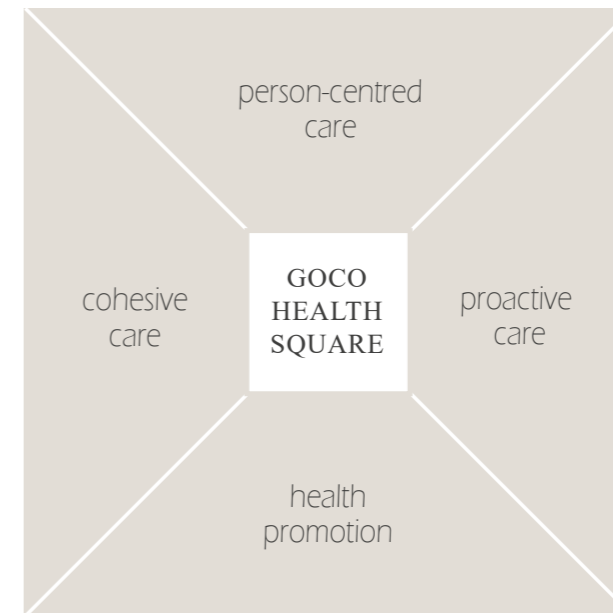
1. High noise levels and particle problems from neighbouring roads.
2. Barriers such as motorways and railways.



5
RESULTS & PROJECT VISION



SUSTAINABILITY GOALS



DESIGN FOR CLOSE CARE



PROGRAM

Sustainability goals

SOCIAL EQUITY WITH ACCESSIBLE CARE

By offering a wide range of services and access to care at all hours of the day and night, the health square is able to meet the varying health needs regardless of socio-economic status. This promotes health equity and ensures that all individuals have the opportunity to achieve physical and mental well-being.

The aim is to support the health and well-being of residents throughout their life journey, meaning that children, young people, adults and the elderly can receive care at GoCo Health Square.

CULTURAL COMPETENCE & INCLUSION

In GoCo Health Innovation City, it is estimated that 7000 employees in 50 different fields, with 80 different nationalities will work. Through staff training and multilingual services, culturally competent care is provided to meet the needs of patients from diverse backgrounds.

To respect and integrate the individual's cultural, ethnic and linguistic background into care is essential for care to be person-centered.

LOCAL ECONOMIC DEVELOPMENT

GoCo Health Square helps create jobs in the community by offering employment opportunities in both health care professions and the café business. For young people looking to enter the workforce, as well as students looking for an extra income, the café business is a good option.

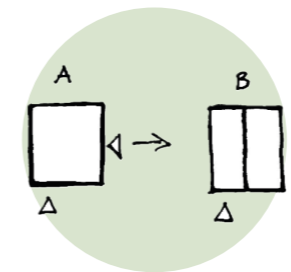
Access to preventive care and early treatment can prevent the development of more serious and costly health problems, reducing the overall burden on the health system and lowering costs for individuals and insurers.

ENVIRONMENTALLY FRIENDLY DESIGN & WORK PRACTICES

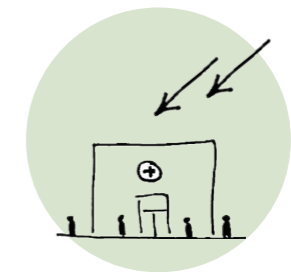
GoCo Health Square implements sustainable building and operational solutions to minimize its environmental impact, such as solar panels, a wooden load-bearing system and energy-efficient heating and cooling systems.

There are clear recycling systems throughout the building, as well as training sessions for staff to encourage environmentally friendly working practices at all times. Paper consumption is reduced through digital records and communication methods. Sustainable transportation habits are encouraged by the availability of bicycle parking and charging points, as well as the short distances to bus stops.

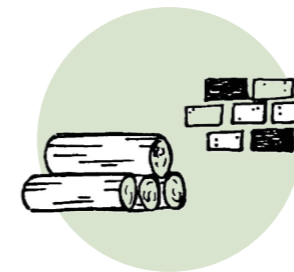
DESIGN PRINCIPLES FOR AN ENVIRONMENTALLY FRIENDLY HEALTH SQUARE



Enable care services for today's and future needs with an adaptable department layout



Use the roofscapes for solar panels and sedum roofs. Showcase the choices of energy and ecosystem services



Use recyclable, robust materials and a timber construction to lower the carbon footprint of the building



Enable sustainable travelling and provide charging points for electrical cars

Design for Close care



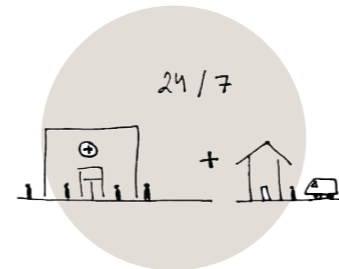
DESIGN PRINCIPLES TO SUPPORT CLOSE CARE & SOCIAL SUSTAINABILITY



INCLUSIVE



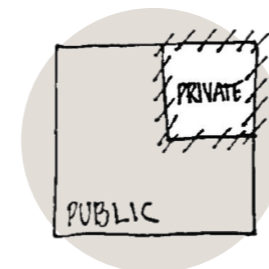
MOVEMENT & EMPOWERMENT



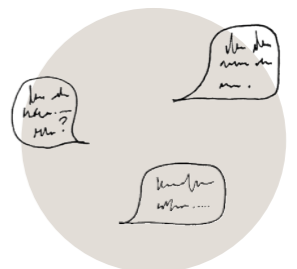
ACCESSIBLE, HERE & HOME



NATURE, WAY-FINDING & DAYLIGHT



SAFE SPACE FOR STORY-TELLING



TEAMWORK & KNOWLEDGE EXCHANGE

Program



GROUND FLOOR

- Health centre
- Sampling/Laboratory
- Local healthcare team
- Children's health centre
- Pharmacy
- Foot care
- Health café
- Staff areas

1ST FLOOR

- Dentistry
- Therapy
- Health café
- Staff areas

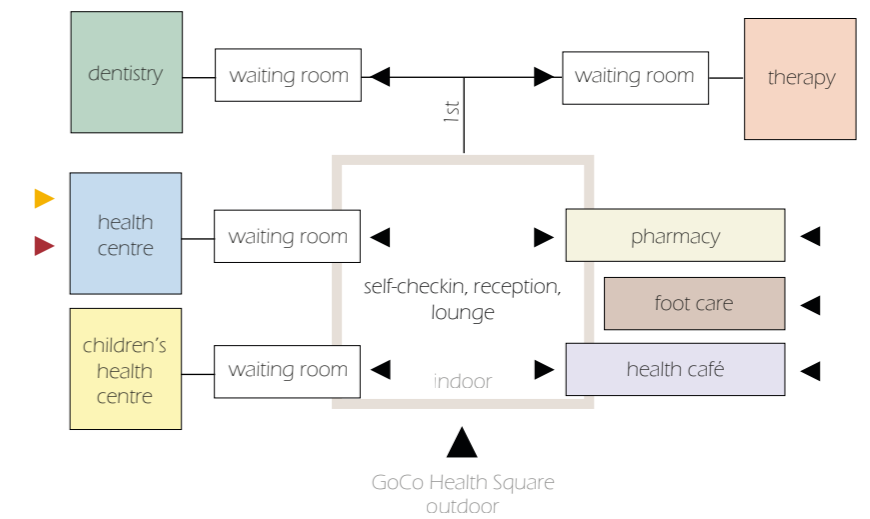
MAIN FLOWS FOR PATIENTS AND VISITORS

▶ entrance ▶ infection ▶ ambulance

Daytime 08-17

GoCo Health Square will provide a range of health services to support a more holistic approach to health. Focusing on both physical health, but also mental, emotional and social well-being to improve the quality of life for people in, an around, GoCo Health Innovation City.

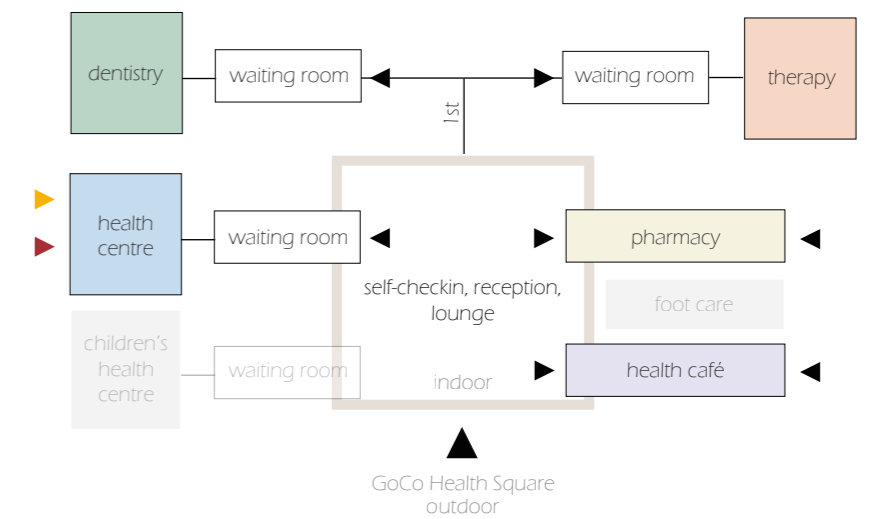
GoCo Health Square provides a continuum of care allowing people to receive consistent and coordinated care as they age.



Early evening 17-20

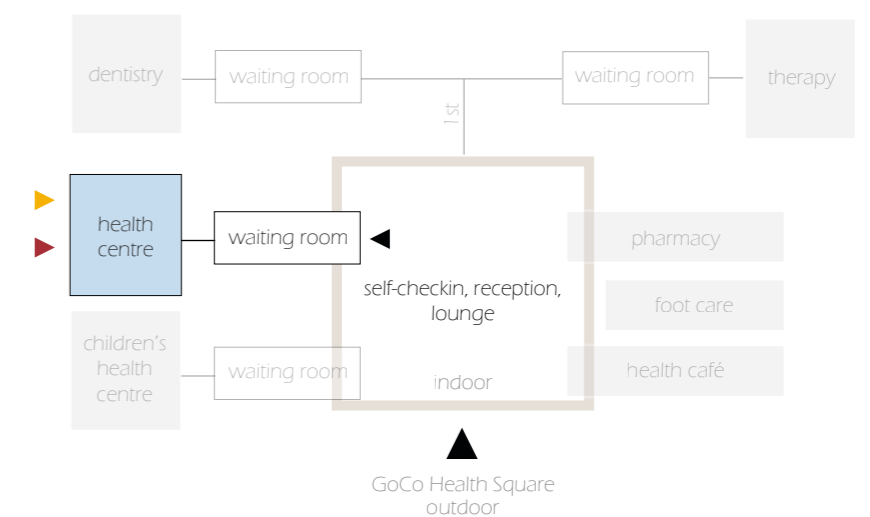
Keeping the majority of departments and services open in the evening allows for more accessible care. Workers can seek care without needing to take time off from work or rearrange their schedules.

The location of the café also helps to bring light and life to the street. This hopefully contributes to a sense of security for the people waiting on the bus next to GoCo Health Square.

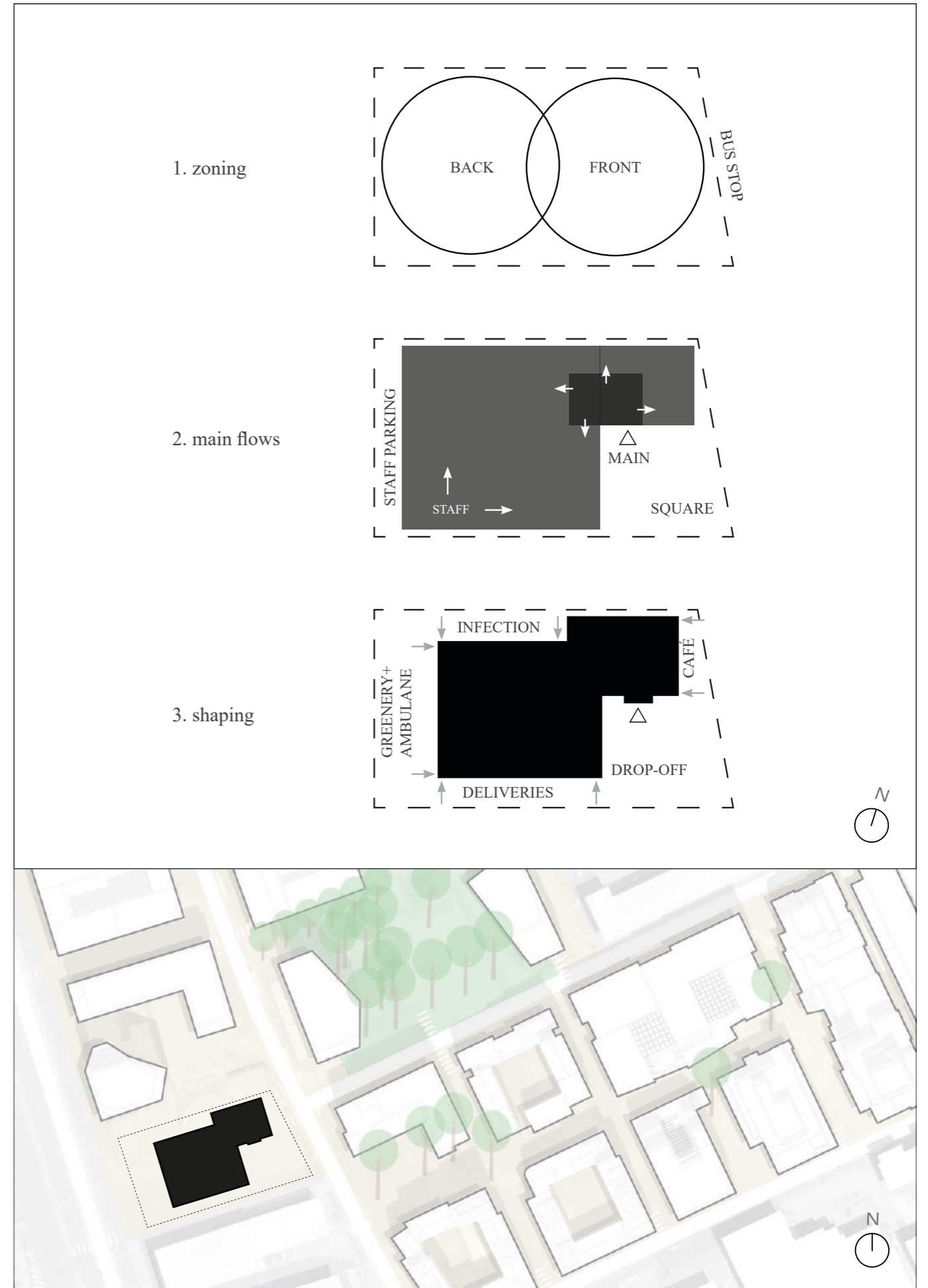


Evening, night & early morning 20-08

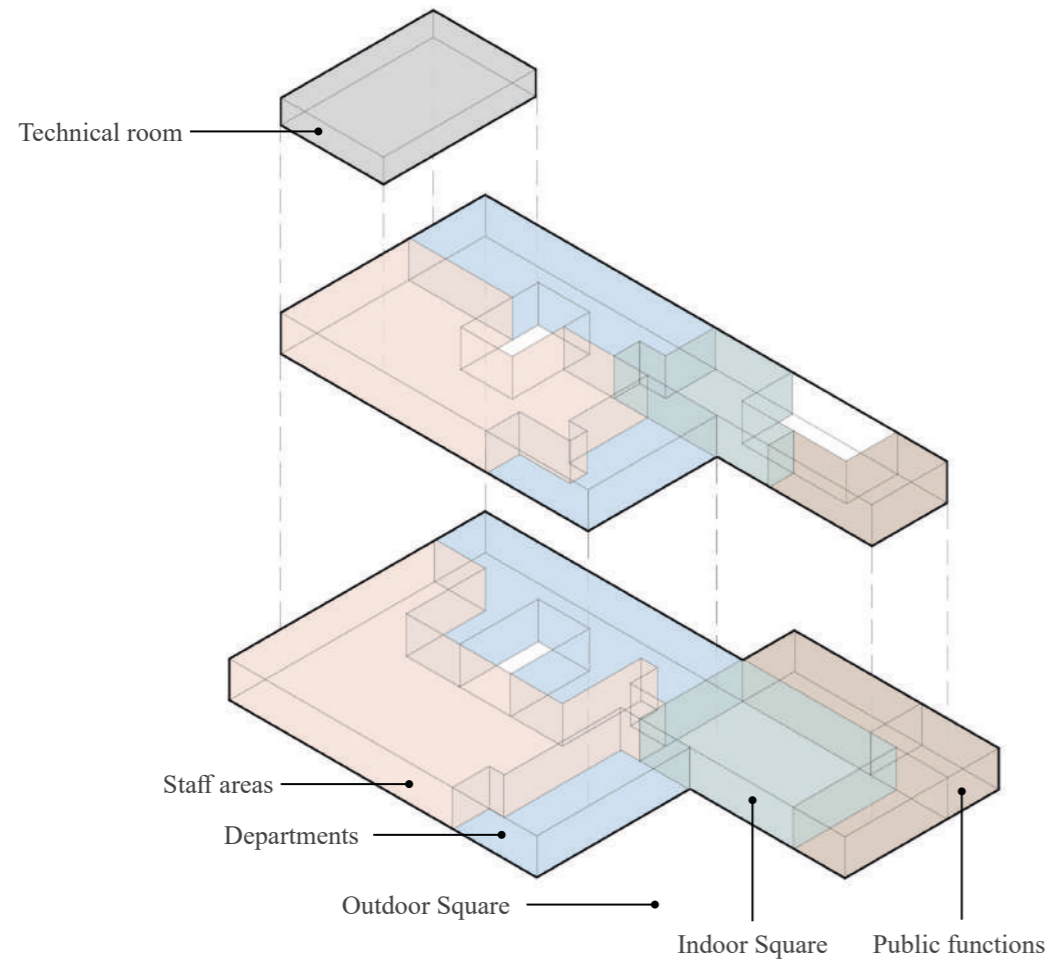
The availability of care services all hours of the day and night ensures that people can receive care in urgent but non-emergency situations. Examples include sudden illness, minor injuries or worsening of chronic conditions. This can help reducing the burden and pressure on the emergency care so that emergency services are reserved for true emergencies.



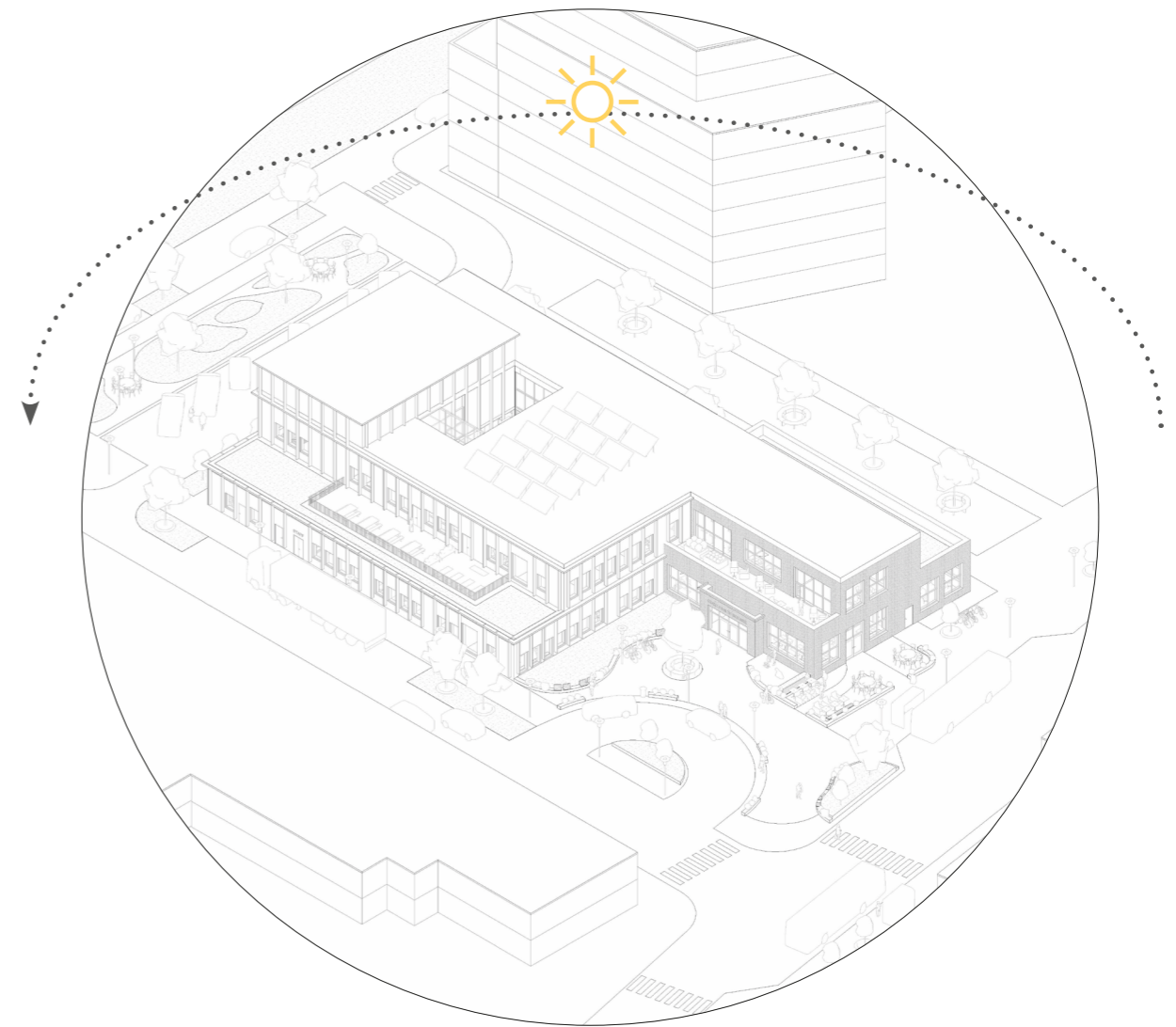
6 DESIGN PROPOSAL



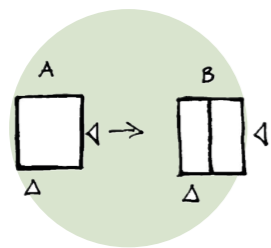




ZONING OF THE BUILDING



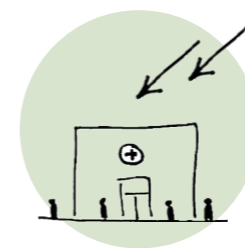
BUILDING ON THE SITE



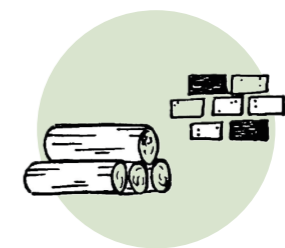
Enable care services for today's and future needs with an adaptable department layout



Enable sustainable travelling and provide charging points for electrical cars



Use the roofscapes for solar panels and sedum roofs. Showcase the choices of energy and ecosystem services



Use recyclable, robust materials and a timber construction to lower the carbon footprint of the building

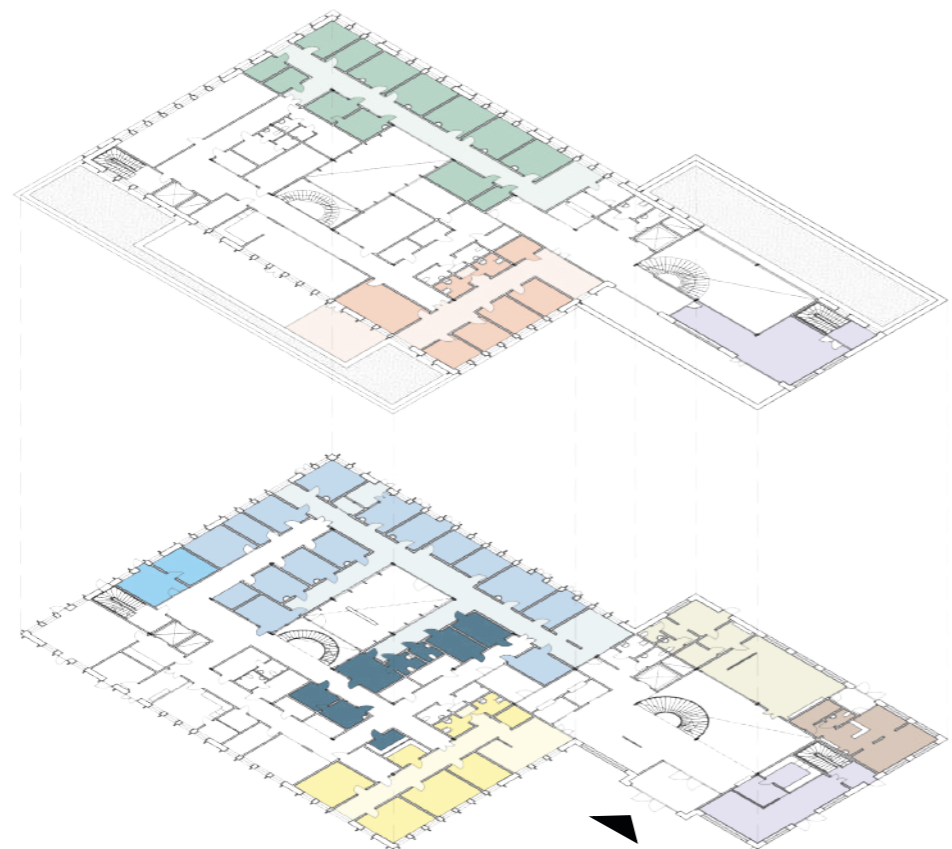
DESIGN STRATEGIES

GROUND FLOOR

- Health centre
- Sampling/Laboratory
- Local healthcare team
- Children's health centre
- Pharmacy
- Foot care
- Health café

1ST FLOOR

- Dentistry
- Therapy
- Health café



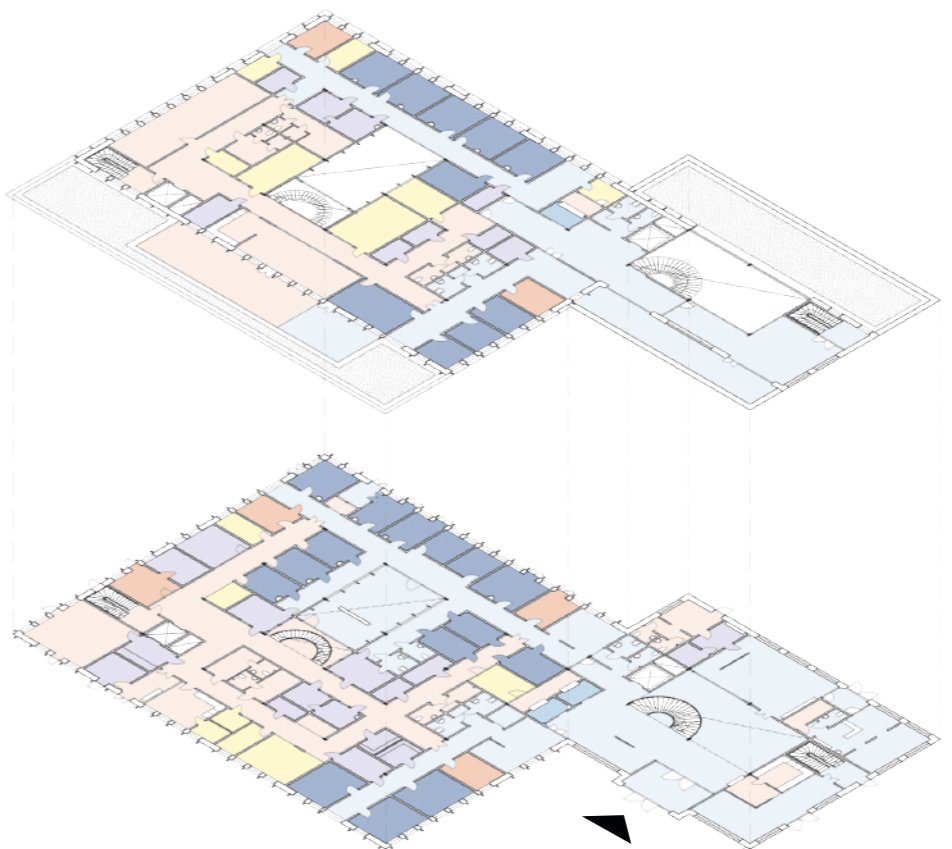
AXONOMETRY, DEPARTMENTS

ROOM FUNCTIONS

- Reception boxes
- Examination/Treatment/Conversation rooms
- Team stations
- Administrative spaces/Video call rooms/Meeting rooms
- Support functions

FLOWS

- Patients & Visitors (and staff)
- Staff only



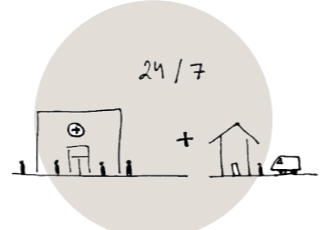
AXONOMETRY, ROOM FUNCTIONS



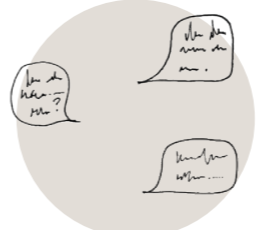
Including all age groups in the program. Rooms for small and large teams and families.



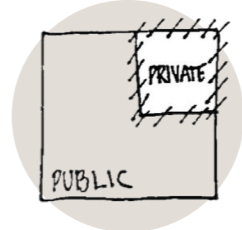
Signage in the floor and on the walls. Views to the outdoors. Windows to all examination rooms.



Local health care team for home visits. Extended opening hours for several departments for a more accessible care.



Team stations in every department and conference rooms for interdisciplinary meetings



Reception boxes for private conversations about your concerns or wishes



Visible stairs to promote movement. Health café with books about habits and lifestyles.

DESIGN STRATEGIES

- 0a. Self check-in instructions
- 0b. Reception box
- 1. Waiting area
- 1a. Nursing corner
- 1b. Kids corner
- 1c. Strollers
- 2. Team station
- 3. Drop-off shelf
- 4. Self check-up room
- 5. Sampling
- 6. RWC Sampling
- 6a. RWC with Changing table
- 7. Examination/Treatment/Conversation room
- 8. Infection room
- 9. Sluss
- 10. Look-through, equipment parking
- 11. Emergency room/Multipurpose room
- 12. Outdoor waiting area

STAFF AREAS

- 13. Staff & Goods entrance
- 14. Changing rooms
- 15. Clean laundry
- 16. Open landscape
- 17. Office
- 18. Call room
- 19. Pentry and break room
- 20. Copy/Printer
- 21. Storage
- 22. Analysis room
- 23. Desinfection, clean and dirty
- 24. Technical rooms
- 25. Emergency shower
- 26. Back-office
- 27. Reception
- 28. Cleaning equipment
- 29. Medicine room and extra storage
- 30. Unpacking of goods
- 31. Recycling
- 32. Bicycle room

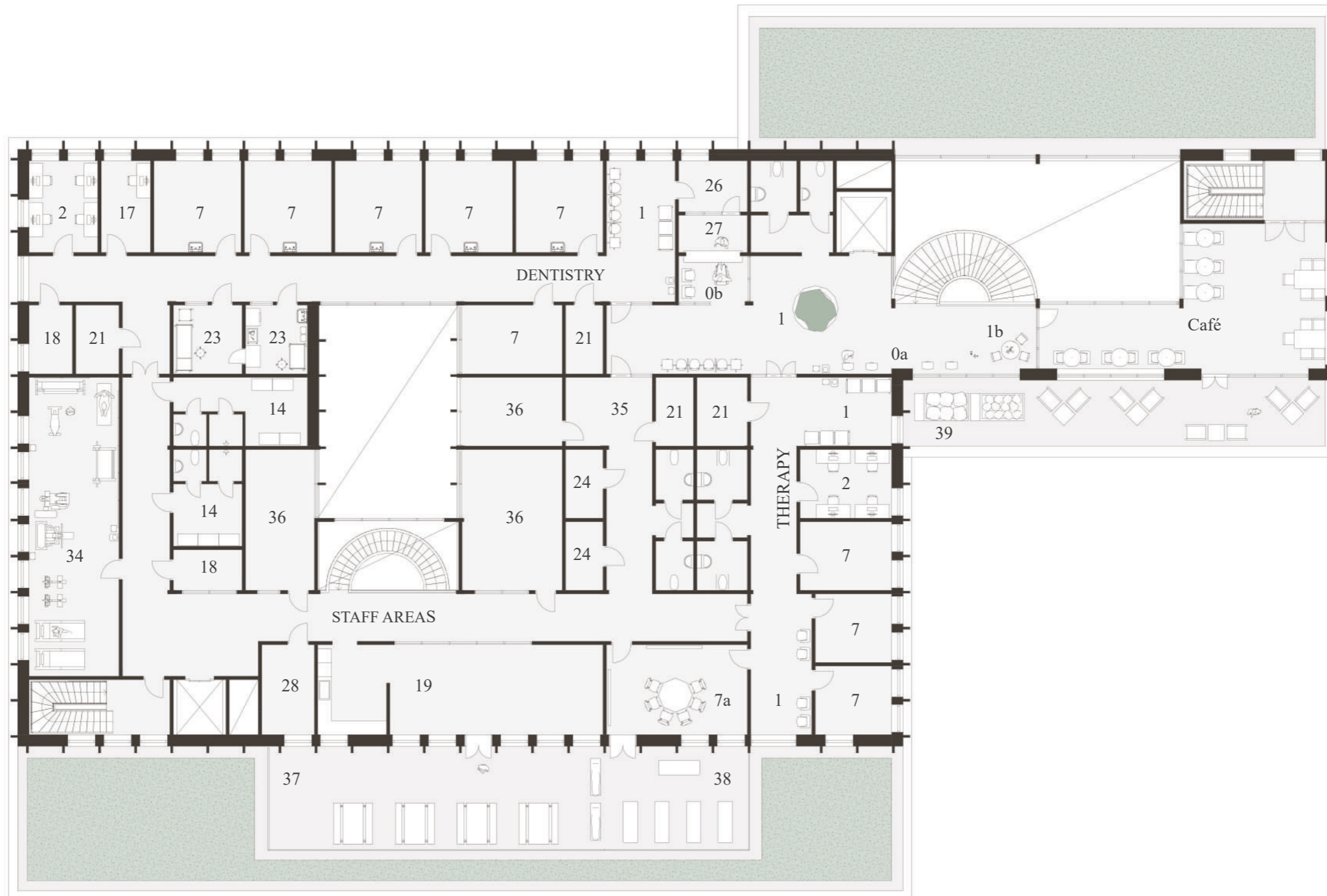
LOCAL HEALTHCARE TEAM

- 33. Office/Call centre
- 34. Equipment storage + Parking for two team cars

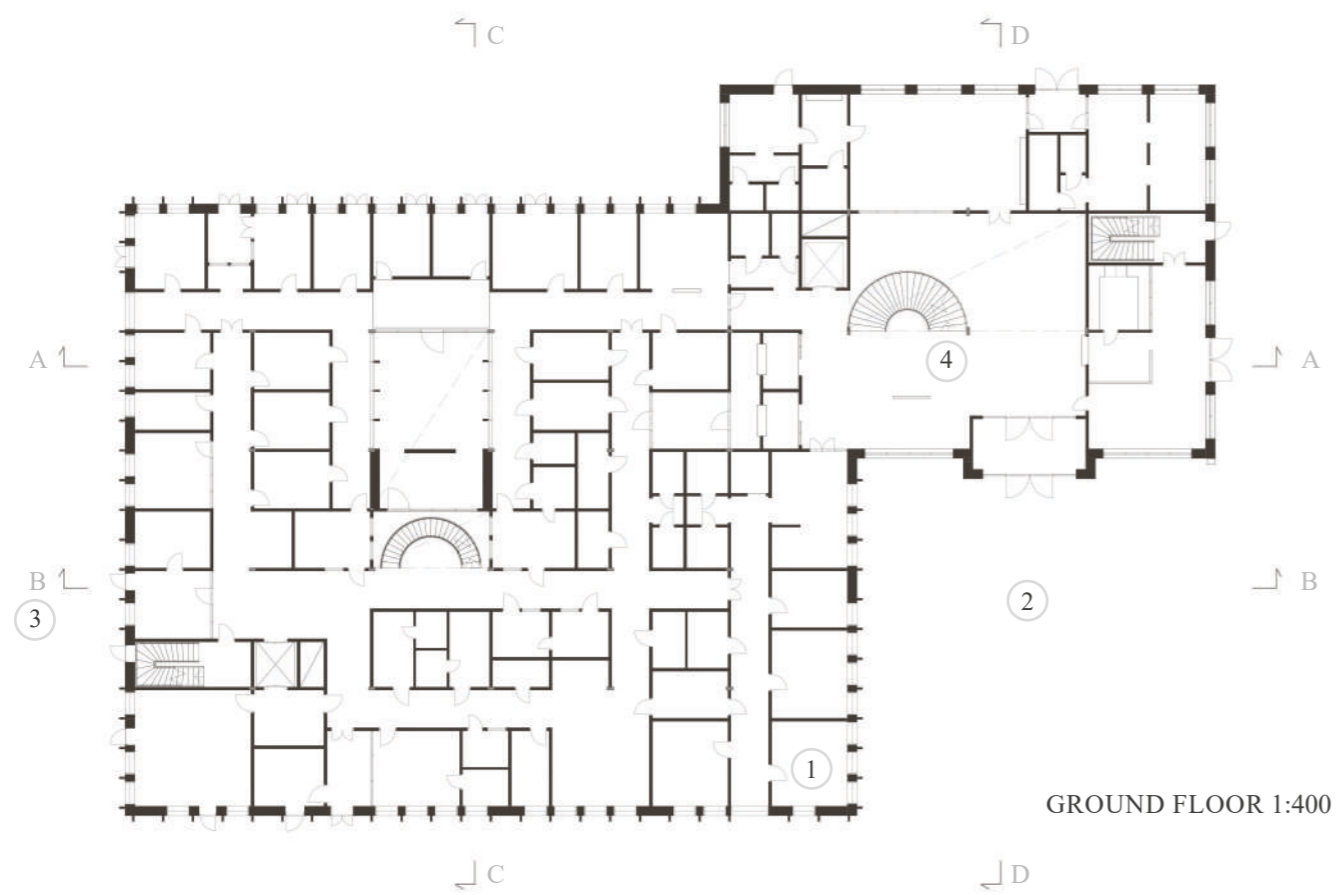


GROUND FLOOR 1:200
Partly furnished

- 0a. Self check-in instructions
 - 0b. Reception box
 - 1. Waiting area
 - 1b. Kids corner
 - 2. Team station
 - 7. Examination/Treatment/Conversation room
 - 7a. Group therapy & Yoga room. For staff before and after opening hours.
 - 14. Changing rooms
 - 17. Office
 - 18. Call room & Copy
 - 19. Lunch room
 - 21. Storage
 - 23. Desinfection, clean and dirty
 - 24. Technical rooms
 - 26. Back-office
 - 27. Reception
 - 28. Cleaning equipment
 - 35. Cloak room
 - 36. Conference & Meeting rooms
- TERRACES
- 37. Lunch & Events
 - 38. Yoga & Movement therapy
 - 39. The cafés planter boxes




 FIRST FLOOR 1:200
 Partly furnished



For the younger



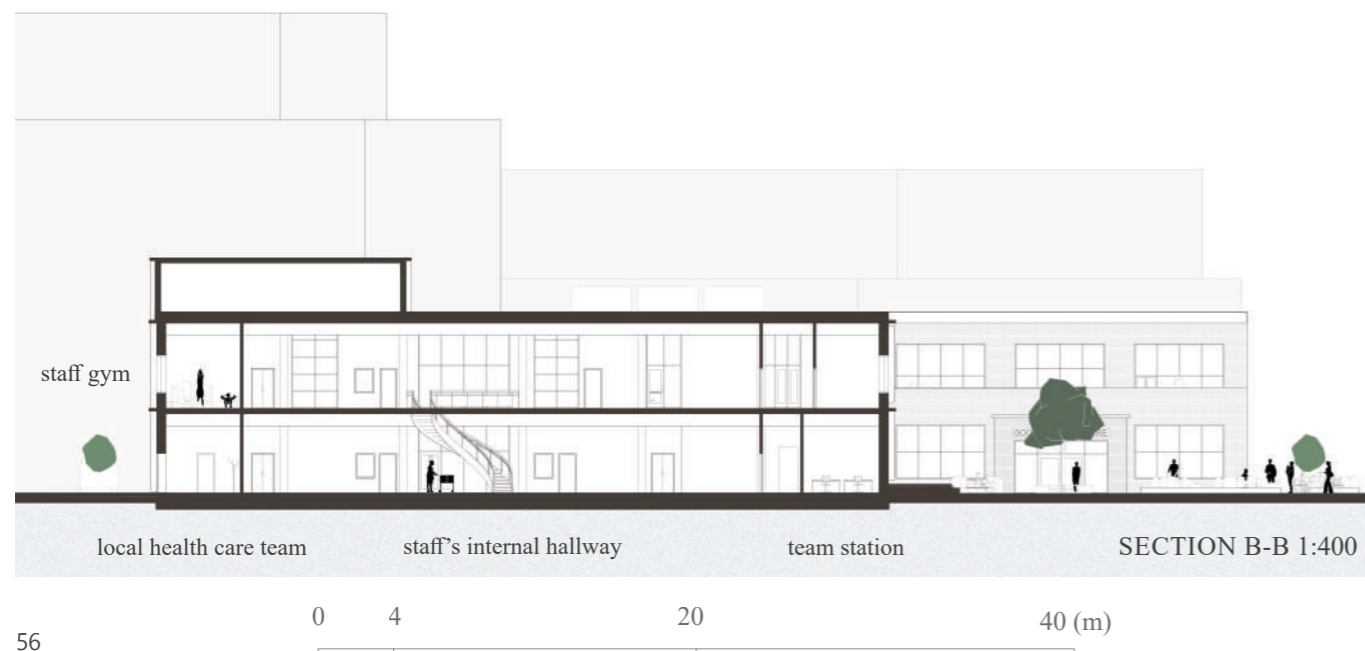
For the older

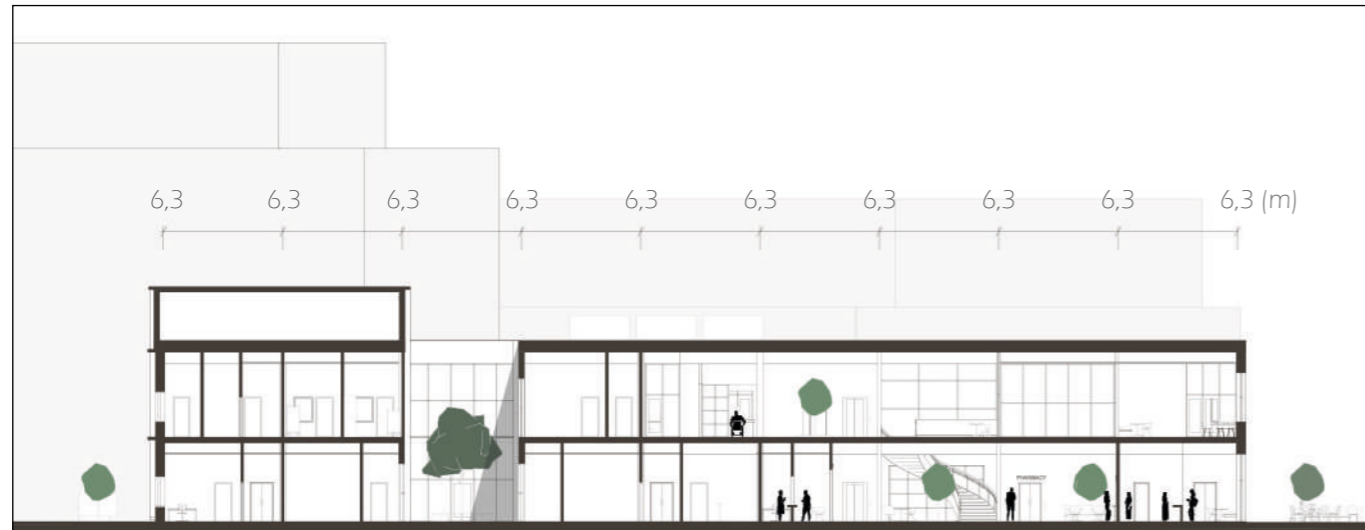


For the once at home



Welcome to GoCo Health Square





SECTION A-A 1:400



SECTION B-B 1:400



SOUTH ELEVATION 1:400

0 4 20 40 (m)



MAIN ENTRANCE



SECTION C-C 1:400



SECTION D-D 1:400



EAST ELEVATION 1:400

0 4 20 40 (m)



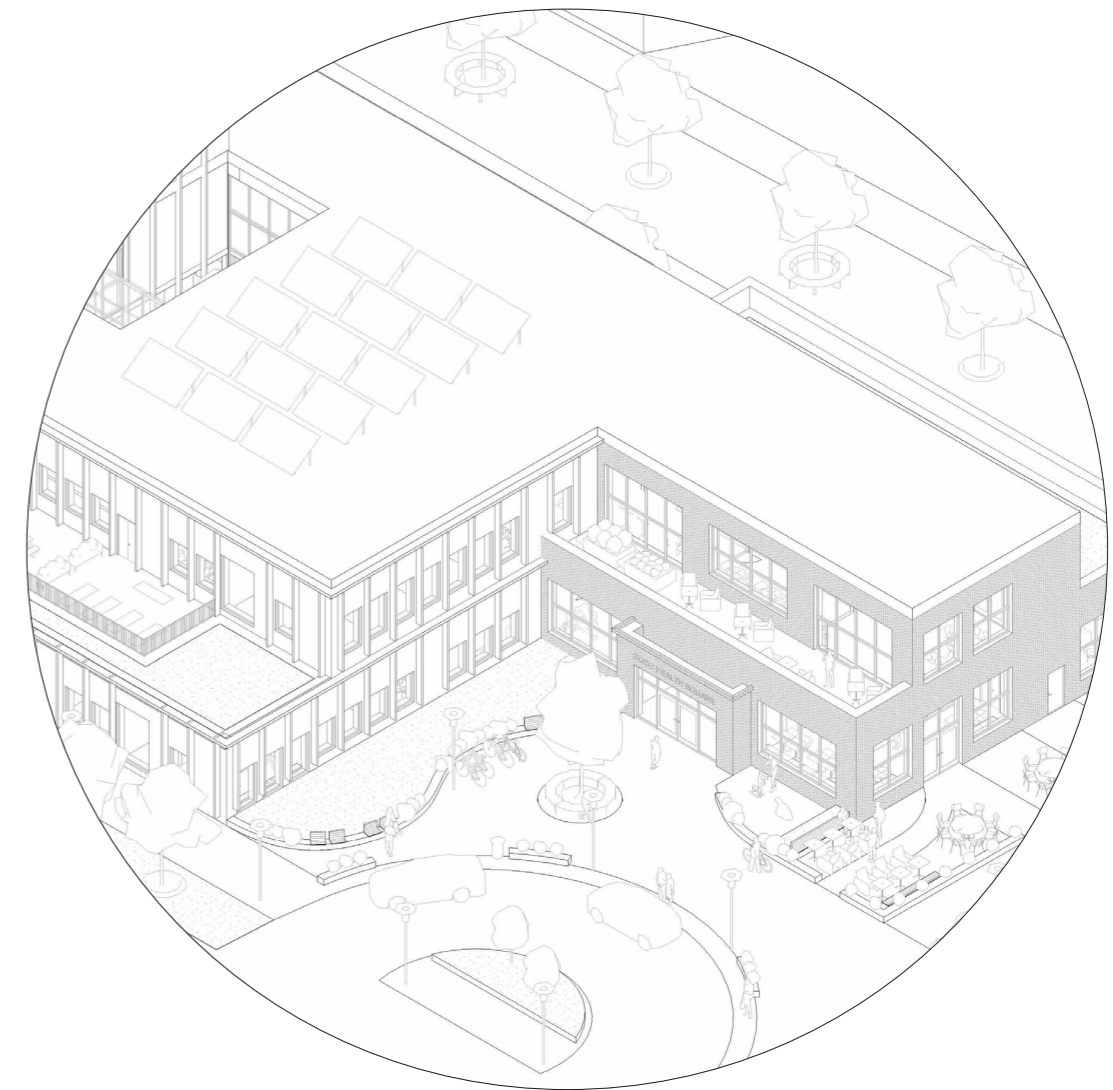
HEALTH CENTRE



GOCO HEALTH SQUARE

PART OF THE SOUTH ELEVATION 1:100

0 1 5 10 (m)



Wood facade
from the outside to the inside:

95/300 wood cladding & elements
50 insulation
10 weatherboard
45x220 timber frame/insulation S600
vapor barrier
45x45 timber frame/insulation S600
12 OSB
13 plasterboard

Brick facade

108 reused bricks
40 air gap
50 insulation, rockwool
10 weatherboard
200 insulation
vapor barrier
120 CLT

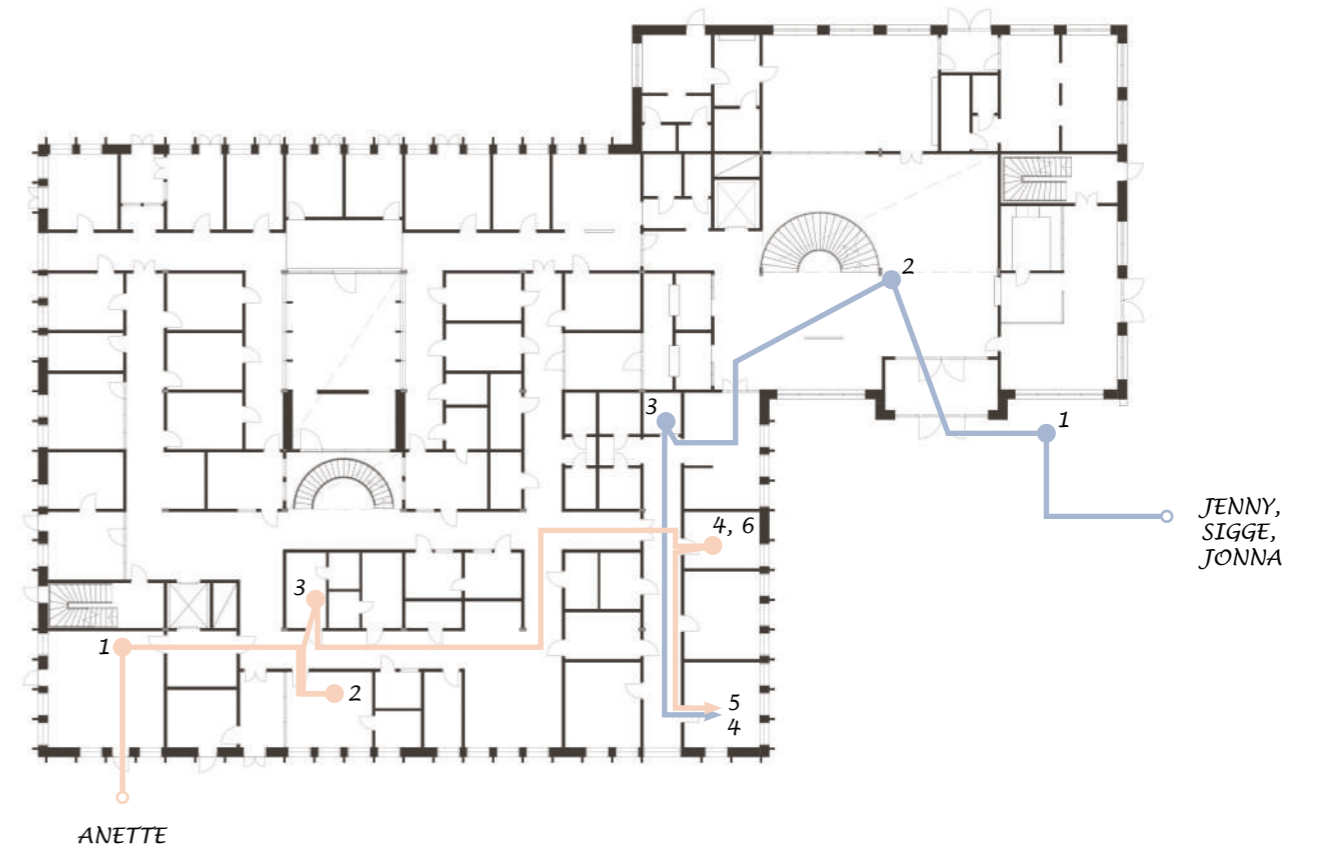


CHILDREN'S HEALTH CENTRE

Future user scenarios

JENNY, SIGGE & JONNA

Jenny, a mother of two, arrives with her toddler Sigge and newborn Jonna for a check-up. Anticipating a long wait in the waiting room, she chose to maximize their time by spending some time in the playground before meeting Anette in the examination room.



ANETTE

1. parking the bike & chatting with a colleague
2. leaving the lunchbox
3. changing clothes
4. preparing for the visit, reading journals
5. examining & planning next visit
6. documenting

JENNY, SIGGE and JONNA

1. waiting & playing
2. self-check-in
3. leaving the stroller
4. examination & planning next visit

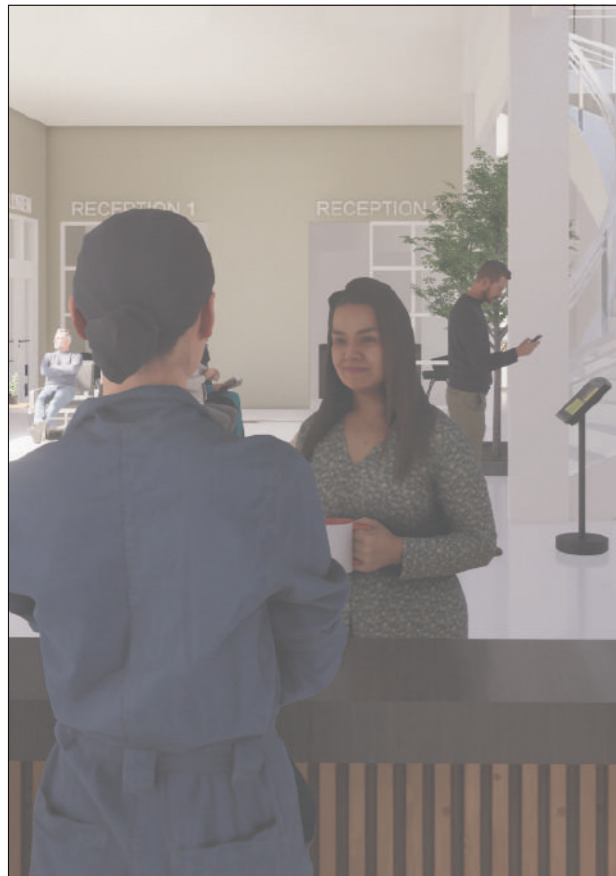
GROUND FLOOR 1:400



Emma, outdoor square



Tony, indoor square



Nida, café & Kasper, indoor square



Arne & Magda, outdoor square

EMMA

After wrapping up her workday in Mölnlycke Health Care, Emma made her way to Goco Health Square for her dental appointment. Luckily, it wasn't far from her job, so she didn't have any trouble getting there.

TONY

Tony works at Goco House, a healthcare place. When it's time for his lunch break, Tony does something he has wanted to do for a long time. He will join a group therapy session. Tony sits in the waiting room, soaking up the sunshine while he waits for other patients to show up. It's a nice way for Tony to relax and enjoy a break from his busy day.

NIDA

While her mother leaves some blood samples at the health centre Nida enjoys a cup of tea in the entrance hall. Her mother felt confident today and wanted to go inside by herself. It feels important for Nida to support her mother since she has been a bit scared of visiting health centres before.

KASPER IN THE BACKGROUND

Kasper is getting ready for his doctor's appointment by checking in by himself. He's heading to the showroom in the health centre at Goco Health Square. During this appointment, he'll receive some new equipment, and guidance from a professional on how to use them at home. They'll teach him how to monitor his blood pressure, along with other important health procedures tailored to his needs.

ARNE & MAGDA

Arne had a visit at the eye-clinic in the health centre & Magda have been reading in the café meanwhile.

7 ENDING

Conclusion

The work has revealed that there is much to learn from practice about how we as architects can design to create a good workplace for caregivers to perform effectively while focusing on person-centred care. By creating an inclusive, safe and health-promoting environment, we strengthen the possibilities for a person-centered approach.

Proposing rooms assigned for self-care, showing how to continue with home care, private conversations for storytelling and spaces for the local healthcare team supports the development of close and person-centered care.

The result contributes to inspiration for the client of what type of healthcare facility that could be relevant to include in the development of GoCo Health Innovation City.

Reflections

As architects, our ability to provide well-designed, attractive environments is essential to promote public health. We also need to implement a person-centered approach to understand the people we are designing for. This approach is not only relevant in the healthcare practice even though the perspective is another.

If continuing, or further deepening, this work, it would have been interesting to know what healthcare providers think about the proposal to confirm whether their vision of a safe and health promoting environment has been met when it comes to the connections between rooms, and the program.

This work has contributed to new knowledge, personally, as the focus has been on understanding an approach in a different profession. Being able to draw a proposal, even though the proposal is hypothetical, for a client that supports innovation has helped motivate learning and trying new things.

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APPENDIX

A-1: Interview questions to ambassadors for GoCo Founding Partners

A-2: Interview questions to healthcare professionals

A-3: Study visit notes

A-4: Questionnaire to healthcare professionals

A-1: Interviews with ambassadors for GoCo Founding Partners

1. Do you see a need for a hospital in a smaller format at GoCo? If so, what type of care should it include?
2. Which actors do you see as important to include in such a project? What could this co-operation look like, and what would it contribute to the development of a new facility on the site?
3. Do you have any input to give? Important aspects to consider?
4. Can you suggest someone else who might be relevant to talk to regarding possibilities/issues with a proposal like this?



*Interview date: 16th of January 2024
Henrik Claesson
Wellspect*



*Interview date: 23rd of January 2024
Kristin Hedlund
Mölnlycke Health Care*



*Interview date: 16th of January 2024
Eva Wahlberg
Wellspect*



*Interview date: 15th of January 2024
Lavi Zurka
Mölnlycke Health Care*



*Interview date: 23rd of January 2024
Ann-Marie Wennberg Larkö
Sahlgrenska Academy*



*Interview date: 17th of January 2024
Anders Persson
AstraZeneca*

A-2: Structured interviews with healthcare professionals

Would you like to be a part of my thesis work by also appearing with name (and picture) next to the answers?

Tick: Name Picture No thanks, but the answers may be used for the work

5 QUICK QUESTIONS

Date:

Name (optional):

Have you graduated: Tick: Yes No - Year of graduation:

Professional role / Ongoing Education:

Workplace and department:

1) What are your responsibilities and duties at work?

2a) Choose 3 words/phrases that you think are of high importance in your workplace:

HEALTH PROMOTING CARE HOME CARE

TEAM WORK PERSON-CENTRED CARE

MOBILITY TEAMS INNOVATION

CLOSE CARE GOOD QUALITY OF CARE RESEARCH

SUPPORTING EMERGENCY CARE REDUCING INFECTION

Other: _____

2b) If you elaborate on the answers above, how do you work with it?

3) What is the best thing about your work and your workplace?

4) The building & the rooms - Does the design of the premises you work in sometimes create any obstacles to the work or training of new staff? If so, what and how? What could have been a solution?

5) If you were involved in the planning and design phase of a ward/hospital from the beginning of the process, what are 2-5 things you would prioritize?



*Interview date: 19th of October 2023
Jonatan Axelsson
Nurse*



*Interview date: 18th of October 2023
Sarah Tornberg
Pediatric surgeon*



*Interview date: 20th of October 2023
Maria Wahlgren
Radiology nurse & Area director*



*Interview date: 18th of October 2023
Caroline Svenjeby
Medical intern*



*Interview date: 21st March 2024
Caroline Olsson
Operations Manager*



*Interview date: September 2023 + Several
conversations about the project until August 2024
Emmy Petersson
Certified Assitant Nurse*

A-3: Study visit notes & Interviews



The square
GoLife in the blue/green volume

Norlandia GoLife Elderly Care, Mölndal

The 19/2 I got the chance to visit GoLife, the new elderly care home in GoCo Health Innovation City. Suzane Erlandsson, Acting Regional Director in South, met me for a tour in the building and a chat about Norlandia and this Master Thesis. Only 18 days ago, on the first of February 2024 GoLife opened up and today 18 people have already moved in. GoLife has 60 apartments where 40 of them are for people with dementia and 20 of them for somatic conditions.

As I walked around in the building, I was inspired by a local photographer's art hanging on the walls. I asked about him and apparently all departments are named after nature areas in Mölndal. The photographer has captured beautiful landscapes and the hallways felt really homely.

We talked with staff while walking around and one nurse told me about the trips they do to the health centre. They can not take walks as they have been used to since it is 2,8 km to the health centre they have an agreement with. This made me wonder if the specific health centre would be interested in expanding and open up in GoCo as well. I will try to reach out to Omtanken Åby today and see if they are able to talk. The nurse said it would be amazing to have a health centre in the area so they could take walks with the elderly instead of having to order transport service.

We also discussed the current situation in Gothenburg and came to a realisation that a patient hotel could be the typology that is necessary due to the overcrowded inpatient wards.



TERRACE WITH VIEWS TO THE FOREST



LIVING ROOM



YOGA STUDIO



PROMOTING WALKS IN THE HALLWAYS



REST SPOT IN THE END OF THE HALLWAY



APARTMENT, HALLWAY



APARTMENT, VIEW FROM BED



APARTMENT, BATHROOM

Summary:
There is a homelike feeling thanks to the warm interior, the art and the living rooms.

Visiting the health centre today requires a trip with transport service.

Interesting functions for the project would be:
Health Centre, Patient Hotel, Rehab Centre/Clinic, Physiotherapy/ Foot care.



GoCo Clinic, Mölndal

The 6/2 we got the chance to walk around in GoCo Clinic and here what is working and what is not working in the facility. This is very important to hear as an architect student since the healthcare professionals are the ones that will be here almost every day.

We had a very interesting talk with Petra Berndtsson, Atleva's Business Developer, about how it is to work in GoCo Health Innovation City. For the surgeons for example, it is difficult to attend events that occur during work hours or even go and have their lunch somewhere else, while Petra, as a business developer, is much more flexible with choosing where to have her lunch or where to bring her laptop for working remotely.

The spontaneous interactions that are supposed to take place between different people with different competences may thus be somewhat hampered at present due to working practices. How can we increase interest in attending after work events or create opportunities for even more meetings to take place in the future? Time, space and availability are important aspects to consider for these somewhat planned "spontaneous meetings" to occur.

Summary:

- Lack of parking in the area
- Wayfinding is key,
- the area is a construction site right now
- Events in GoCo House are difficult to attend for doctors and nurses
- What's nice architecture might not always be practical

*Entrance to GoCo Clinic in GoCo Health Innovation City.
Picture by the author*



Högsbo Community Hospital, Gothenburg

During the autumn semester 2023 I got the chance to visit Högsbo Community Hospital.

The main ideas for the clinics have been to create a safe and efficient work environment with separated flows for patients and staff. The visit was also inspiring since a lot of focus has been put on how the architecture and new digital solutions can empower the patients and relatives or other visitors.

Summary:

- Art & views to nature is important for the wellbeing of staff and patients
- All digital solutions weren't in place yet but the idea is to strengthen the patients with more self-monitoring functions
- Separated flows will decrease the risks of infections spreading

*Entrance to Högsbo Närsjukhus.
Picture by the author.*

A-4: Questionnaire to healthcare professionals

- A) Do you have a clear picture of what person-centered care means?
- B) Do you have a clear approach/vision in the workplace for how to work person-centered?
- C) Please describe what person-centred care means to you.
- D) What is your professional role?
- E) Describe briefly some of your most frequent or most important tasks.
- F) Are there any obstacles or aggravating circumstances in your daily work caused by the design of the workplace? (e.g. doorways too narrow, windows/visibility affecting privacy, size or distance to specific rooms, etc.)
- G) Is there anything that could have made your/your daily work easier? (free to angle as you wish: working hours, communication, the built environment, etc.)



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