KEY POINT SUMMARY

OBJECTIVES

To test whether or not two different hospitals showcase different types of programming (weakly programmed or strongly programmed).

How Strongly Programmed is a Strong Programme Building?: A comparative analysis of outpatient clinics in two hospitals

Sailer, K., Pachilova, R., Kostopoulou, E., Pradinuk, R., MacKinnon, D., & Hoofwijk, T. 2013 | *Proceedings of the Ninth International Space Syntax Symposium*.
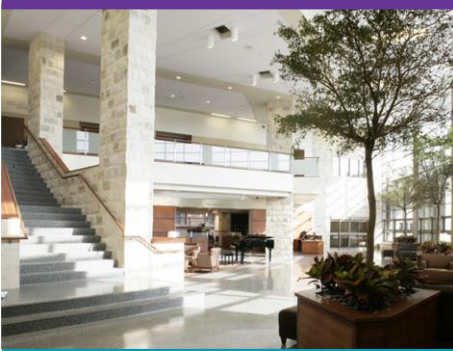
Key Concepts/Context

The spatial configuration of a given building can be classified into one of two popular theoretical categories: weakly programmed or strongly programmed. These terms have become increasingly more commonly used when analyzing the spatial syntax of buildings; however, the authors suggest that their definitions and criteria are not clearly defined. The original study that popularized these terms stated that strongly programmed buildings are defined by featuring an interface between different user groups that is highly regulated in terms of space, while also not following the layout of the building but rather the program itself. Weakly programmed buildings act "generatively," meaning they attempt to structure and optimize random encounters within building spaces.

Methods

Two hospitals were observed over the course of summer and autumn in 2012. The first hospital was located in a rural environment, while the second hospital was a large urban institution. The researchers focused on five outpatient clinics within each hospital, using Space Syntax as a technique for comparing and contrasting the physical makeup of each clinic. A survey was conducted in order to quantify communication patterns amongst caregivers, and six different caregivers were observed in the field over a period of 10 days (two days in each clinic).

Findings

The authors conclude that neither of the two hospitals observed in this study could be easily labeled as a strong or weak program building. Rather, both hospitals show instances of strong and weak programming within in different areas of the 10

separate clinics observed. Neither of the two buildings was consistently programmed more "strongly" than the other.

Limitations

The authors noted several limitations within this study. Field observations were conducted only during exam hours in outpatient clinics, and no data concerning patient activities were collected. The survey administered to staff concerning communication rates had a low response rate of 31% for Hospital A and 43% for Hospital B. Lastly, the authors note that the argument for the validity of "weak" and "strong" programs should be extended to transport structures, courts, and shopping malls so that the method can be further analyzed in different contexts.

Design Implications

When considering the Space Syntax concepts of "weak" or "strong" program designs for healthcare environments, consider how these concepts may not be entirely applicable to the unique nature of hospitals in particular. While this methodology can help classify and describe certain structural features and floor plans, it may not be a universally applicable method for assessing the efficiency of movement and communication in healthcare environments.

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