



**Arkitektur- og designhøgskolen i Oslo**  
The Oslo School of Architecture and Design

## DIPLOMA PROGRAM FALL 2017

Diploma candidate: Kaia Opstad Sæbø

Institute: FTH

Main supervisor: Beate Hølmebak

Second supervisor: Lars Danielsen Holen

External supervisor:

Company cooperation:

---

Title of project: Eidfjord Bygdaheim



Florence Nightingale and her owl, Athene.

## 01 SYNOPSIS

Title: Eidfjord Bygdaheim

The surgeon and professor Atul Gawande (1965-) points at the medicine's narrow focus leading up to clinical and institutionalized nursing homes, in his book *Being Mortal* (2014). He suggests it is time to include "sustenance of the soul"<sup>1</sup>. By having theoretical and practical experience from the profession of nursing myself, and from elderly care, I can recognize the institutions he describes. The nurse and social reformer Florence Nightingale (1820-1910) had similar concerns, and highlighted measures in the environment as crucial remedies for healing, in her book *Notes on Nursing -what it is and what it is not* (1859). The measures regards fundamental human needs such as light, variety, manual labour, fresh air and a view. In the preface of the book she writes: "I do not pretend to teach her how (to nurse), I ask her to teach herself, and for this purpose I venture to give her some hints".<sup>2</sup> Considering the way the elderly care has developed, described by Gawande, I believe that returning to Nightingale's hint could inform and inspire care for elderly today.

Thesis:

**Responding architecturally to Florence Nightingale's hints:**

**How can an elderly home be built when fundamental human needs are put first?**

---

1 Gawande, 99

2 Nightingale, 5

## 02 CONTEXT

Gawande formulates the problem with elderly care in this way:

*The problem with medicine and the institutions it has spawned for the care of the sick and the old is not that they have an incorrect view of what makes life significant. The problem is that they have almost no view at all. Medicine's focus is narrow. Medical professionals concentrate on repair of health, not sustenance of the soul. Yet – and this is the painful paradox – we have decided that they should be the ones who largely define how we live in our waning days. For more than half a century, we have treated the trials of sickness, aging, and mortality as medical concerns. It's been an experiment in social engineering, putting our fates in the hands of people valued more for their technical skills than for their understanding of human needs.<sup>3</sup>*

One can ask whether the evidence-based medicine, by being the «only star on the sky» has decreased our ability to understand that medical problems and possibilities also concerns experience based knowledge like handcraft and intuition. An early comment on the same issue came from the Nightingale in Notes on Nursing:

*Vast has been the increase of knowledge in pathology, scarce any in the art of observing the signs of the change while in progress. Or, rather, is it not to be feared that observation, as an essential part of medicine, has been declining?<sup>4</sup>*

Nightingale highlighted measures in the environment as crucial remedies for healing:

*Nature alone cures, medicine and surgery assists nature to remove the obstruction. Nursing put the patient in the best condition for nature to act upon him<sup>5</sup>*

I suggest that what Nightingale says about nursing, can also be said about the architecture of a nursing home. It can not heal, but it can put the patient in the best condition for nature to act upon him. «Healing» in this case, means achieving the best possibly well-being for the resident.

---

3 Gawande, 99

4 Nightingale, 228

5 Nightingale, 259

# *Being Mortal*

---

Medicine and  
What Matters in the End

---

Atul Gawande

## NOTES ON NURSING

The mentioned book from 1859, contains notes meant to give hints to people who have personal charge of the health of others. It discusses health as a result of environment and nursing as prevention. Following are some examples of notes concerning the environment:

# NOTES ON NURSING:

WHAT IT IS, AND WHAT IT IS NOT.

BY

FLORENCE NIGHTINGALE.

LONDON:  
HARRISON, 59, PALL MALL,  
BOOKSELLER TO THE QUEEN.

[*The right of Translation is reserved.*] c

## Light

*I had rather have the power of carrying my patient about after the sun, according to the aspect of the rooms, if circumstances permit, than let him linger in a room when the sun is off.<sup>6</sup>*

*A very high authority in hospital construction has said that people do not enough consider the difference between wards and dormitories in planning their buildings. But I would go farther, and say, that healthy people never remember the difference between bedrooms and sick-rooms, in making arrangements for the sick. To a sleeper in health it does not signify what the view is from his bed. He ought never to be in it expecting when asleep, and at night. Aspect does not very much signify either (...), because he ought never to be in his bed-room except during the hours when there is no sun. But the case is exactly reversed with the sick, even should they be as many hours of their beds as you are in yours, which probably they are not. Therefore, that they should be able, without raising themselves or turning in bed, to see out of window from their beds, to see the sky and sun-light at least, if you can show them nothing else, I assert to be, if not the very first importance for recovery, at least something very near it.<sup>7</sup>*

*It is a curious thing to observe how almost all patients lie with their faces turned to the light, exactly as plants always make their way towards the light; a patient will even complain that it gives him pain «lying on that side.» «Then why do you lie on that side?» He does not know, -but we do.<sup>8</sup>*

*A fashionable physician has recently published in a government report that he always turns his patients' faces from the light. Yes, but nature is stronger than fashionable physicians, and depend upon it she turns the faces back and towards such light as she can get. Walk through the wards of a hospital, remember the bed sides of private patients you have seen, and count how many sick you ever saw lying with their faces towards the wall.<sup>9</sup>*

---

6 Nightingale, 165

7 Nightingale, 166-167

8 Nightingale, 170

9 Nightingale, 170

## Noise

*Unnecessary noise, or noise that creates an expectation in the mind, is that which hurts a patient. It is rarely the loudness of the noise, the effect upon the organ of the ear itself, which appears to affect the sick. How well a patient will generally bear, e.g., the putting up of a scaffolding close to the house, when he cannot bear the talking, still less the whispering, especially if it be of a familiar voice, outside his door.<sup>10</sup>*

## Variety

*To any but an old nurse, or an old patient, the degree would be quite inconceivable to which the nerves of the sick suffer from seeing the same walls, the same ceiling, the same surroundings during a long confinement to one or two rooms.<sup>11</sup>*

## Manual labour

*Again, every man and every woman has some amount of manual employment, excepting a few fine ladies, who do not even dress themselves, and who are virtually in the same category, as to nerves, as the sick. Now, you can have no idea of the relief which manual labour is to you—of the degree to which the deprivation of manual employment increases the peculiar irritability from which many sick suffer. A little needle-work, a little writing, a little cleaning, would be the greatest relief the sick could have, if they could do it; these are the greatest relief to you, though you do not know it.<sup>12</sup>*

---

10 Nightingale, 257

11 Nightingale, 110

12 Nightingale, 117

## BILL THOMAS

In *Being Mortal*, Gawande tells stories about «people in the world that change imaginations». One of them, Bill Thomas, was in 1991 the new director of a nursing home in New York. It belongs to the story that Thomas, in addition to being a doctor, also was a farmer. Gawande writes:

*From the first day on the job, he felt the stark contrast between the giddy, thriving abundance of life that he had experienced on his farm and the confined, institutionalized absence of life that he encountered every time he went to work. What he saw gnawed him. The nurses said he would get used to it, but he couldn't, and he didn't want to go along with what he saw. Some years would pass before he could fully articulate why, but in his bones he recognized that the conditions at Chase Memorial Nursing Home fundamentally contradicted his ideal of self-sufficiency. Thomas believed that a good life was one of maximum independence. But that was precisely what the people in the home were denied. He got to know the nursing home residents. They had been teachers, shopkeepers, housewives, and factory workers, just like people he'd known growing up. He was sure something better must be possible for them. So, acting on little more than instinct, he decided to try to put some life into the nursing home the way that he had done in his own home -by literally putting life into it. If he could introduce plants, animals, and children into the lives of the residents, fill the nursing home with them – what would happen?<sup>13</sup>*

After a long process of putting the idea to life, the inhabitants of Chase Memorial Nursing Home now included one hundred parakeets, four dogs, two cats, plus a colony of rabbits and a flock of laying hens. There were also hundreds of indoor plants and a thriving vegetable and flower garden. The home had on-site child care for the staff and a new after-school program.

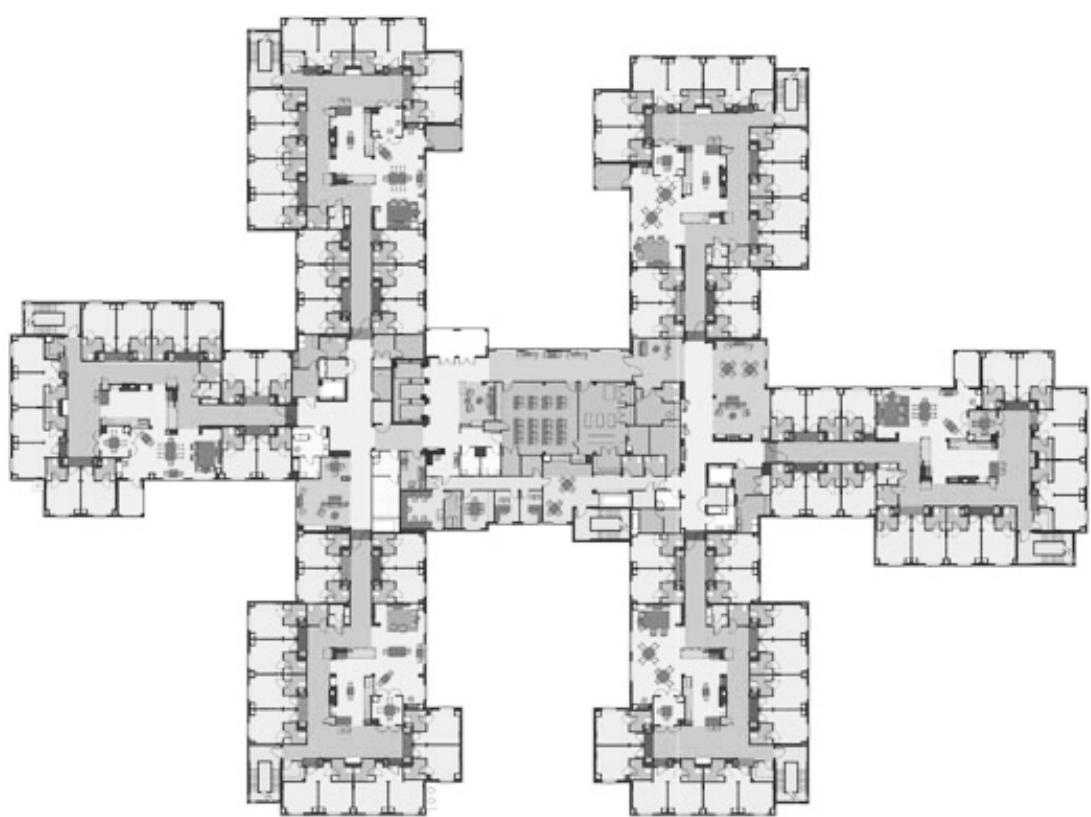
## The Philosophy of Loyalty

Researchers studied the effects, which were good, but it could't say why. But Thomas thought he could: «I believe that the difference in death rates can be traced to the fundamental human need for a reason to live».<sup>14</sup> Gawande find support for this in the book *The Philosophy of Loyalty*, written by the philosopher Josiah Royce. He wanted to understand why simply existing -why being merely housed and fed and safe and alive – seems empty and meaningless to us. What more is it that we need in order to feel that life is worthwhile? The answer, he believed, is that we all seek a cause beyond ourselves. The cause could be large (family, country, principle) or small (a building project, care for a pet). The important thing was that, in ascribing value to the cause and seeing it as worth making sacrifice for, we give our lives meaning. Royce called this dedication to a cause beyond oneself loyalty. He regarded it as the opposite of individualism. In more recent times, psychologists have used the term «transcendence» for a version of this idea. Above the level of self-realization in Maslow's hierarchy of needs, they suggest the existence in people of a transcendent desire to see and help other beings achieve their potential.

## NEWBRIDGE

Another example Gawande shows, is NewBridge on the Charles, in the Boston suburbs. He describes it like this:

*Instead of housing sixty people to a floor in shared rooms along endless corridors, NewBridge was divided into smaller pods housing no more than sixteen people. Each pod was called a «household» and was meant to function like one. The private rooms were built around a common living area with a dining room, kitchen and activity room -like home. The households were human size, which was a key intention. Research has found that in units with fewer than twenty people, there tends to be less anxiety and depression, more socializing and friendship, an increased sense of safety, and more interaction with staff -even in cases when residents have developed dementia. The open design let residents see what others were up to, encouraging them to join in. I could see the action spill over boundaries the way it does in real homes. Two men were playing cards in the dining room. A nurse filled out her paperwork in the kitchen instead of retreating behind a nurses station.* <sup>15</sup>



## 03 FOCUS AND METHOD IN THE DIPLOMA PROCESS

### Approach

I will study the spacial qualities through models and drawings, in different scales, to investigate how the ideas from Nightingale and Gawande can be formed architecturally, in relation to the site.

Spatial qualities I will be working on within the program:

Sizes and distribution of units and spaces and zones

How to solve the private and social zones and transitions between

Implementation of care for plants and animals in the spatial planning

Relationship between climatized and unclimatized spaces

Faciliating for outdoor use

Relationship to the close and the peripheral environment

How natural light is let into the different spaces

Views from the rooms

Materiality according to atmosphere and cleanliness

Variations

## 04 PROGRAM

Home for 24 residents

Private bedrooms with bathroom

Common area including kitchen and place to eat

Common garden(s)

Rinsing room / washing room

Storage(s)

Room / Installation for medical support

Wardrobes and toilets

## 05 THE PROJECT'S RELATION TO REALITY

### Site

#### Eid fjord

Eid fjord is a municipality located in Hardanger, situated at the end of Eid fjorden, an inner branch of Hardangerfjorden. It has a population of 950 people, partly in Øvre Eid fjord and mainly in Nedre Eid fjord. The nature with fjord and mountains, provides the basis for both power generation, agriculture, hunting, fishing and tourism.

#### Eid fjord Bygdaheim

«Eid fjord Bygdaheim» / «Eid fjord Homestead» is an existing nursing home containing place for 24 residents. Bygdaheimen include also «arbeidsstove» / «labour room» with offers also for people not living at Bygdaheimen. In 2017, Bygdaheimen will be demolished, and a new nursing home will be build, with a program similar to the old.



## 06 WORK FORMAT

Submitted material diploma

(Scale, type)

Site model 1:200

Model 1:100 or 1:50

Plans and sections 1:100

Detail drawings 1:10

Spacial illustrations

## 07 WORK PLAN

Schedule diploma semester

Mid August Start of diploma semester

September 20. First pin-up (B, critic and co tutors)

Sitemodel 1:200

Plans and section 1:100

October 18. Second pin-up (B, critic and co tutors)

Siteplan

Updated sitemodel

Plans and sections 1:100

Models of important spaces 1:50

Detail drawing 1:10

Spacial Illustrations

November 22. First test presentation (group, B, critic and co tutors)

Same material but updated

Mid December Deadline diploma

Start of January Test of presentations (B and possible co tutors)

Early January Diploma reviews

## 08 RELEVANT EXAMPLES OF SIMILAR WORK

Reference projects

Aldo van Eyck: Amsterdam Orphanage

Peter Zumthor: Home for Senior Citizens, Chur

## 09 REFERENCES

Gawande Atul, *Being Mortal*, Metropolitan Books, 2014

Nightingale Florence, *Notes on Nursing*, D. Appleton and Company, 1898

