



# DESIGNING FOR DIVERSITY

- designing wayfinding for all of us

*By Triagonal Information Design*

**Diversity encompasses much more than meets the eye** in line with the illustration above. Designing for diversity in public spaces means welcoming all. Very much in line with the principles behind "design for all",<sup>1</sup> where a design might have been conceived with the needs of a specific group in mind, but where the end result truly benefits us all. A very good example of such a design is the one grip faucet, which was originally designed for people with arthritis, and which has later been embraced by the mainstream market for its universal advantages.

Designing for diversity in relation to wayfinding requires a profound understanding of the differences and similarities between us. Age and certain medical conditions may entail reduced endurance, strength, and balance. Colour-blindness, severe dyslexia, memory loss and not speaking the native language are all

impossible to immediately detect by others, and can easily be overlooked. Nervousness caused by stressful situations like for instance a forthcoming journey or medical examination can severely reduce our ability to orientate ourselves in complex, often unfamiliar and perceived as intimidating environments like airports and hospitals.

**We are all temporarily impaired from time to time,** and accessibility is not about designing for the few. Designs that are developed to cater for special needs – whether temporarily or permanently – most often benefits all. This fundamentally inclusive approach to design, however is just rarely applied to the design of physical environments and visual communication.

Consciously applying inclusive design principles to wayfinding solutions enhances the overall quality of

<sup>1</sup> EIDD is a European network for design professionals and design users focusing on Design for All; <http://dfaurope.eu/>

the user experience. Examples could be ensuring sufficient lighting on signs and maps, careful choice of colours to make signs more recognisable and readable and paying attention to optimal placement and size of signs and maps – and to the fact that “optimal” varies from individual to individual. When possible, using distinct and memorable elements at decision points is a help for all of us.

**Different users have different preferences** – as well as different capabilities – when interpreting the environment with the purpose of finding their way. Therefore, using both written signs, maps and pictograms – as well as establishing recognisable visual or spatial patterns – can help people navigate even though they are not able to read or understand the local language. Moreover, different means of communication activate different areas in the brain, and thereby facilitate navigation for all.<sup>2</sup> In addition to understanding the value and effectiveness of always considering how the planning and execution of wayfinding strategies can encompass as many users as possible, incorporating technological aids that can target the individuals’ specific requirements in relation to wayfinding has opened up for a wealth of new opportunities. Opportunities that might further enable us to cater to the different abilities, preferences and needs of each user.

**The intersection between the built environment, affordances and wayfinding systems**, in particular in the context of care environments, needs to be regarded as a whole to reduce the effort needed to decode the information provided – as well as respecting the often vulnerable modality that characterizes the state of mind of many visitors. When possible, wayfinding should be an integrated part of the building’s fundamental design, to get the best result. Unfortunately, the architectural design itself – whether applied to existing building structures or to new, dedicated structures – often creates, rather than alleviates issues related to wayfinding. Studies show that in hospitals, such issues consist of *“the actual facilities being excessively large and overwhelming due to several different departments, towers and/or buildings. This issue may further degrade the wayfinding experience of visitors and patients even more than the impact of their current health and/or vision conditions.”*<sup>3</sup>

**Fundamental principles of good wayfinding include coherence and consistency** with regard to colours, typography, iconography and principles of placement, easily understandable hierarchies of information and striving towards simplicity and universal legibility. Consistency in design and placement of signs help all of us recognise patterns and systems, and to use prior experiences to navigate, as *“Sign perception is improved if the person is familiar with the overall form and design of the sign and placement methodology. For this reason, a sign system that involves a consistent design in terms of size, colour, lettering and possibly symbols are more likely to be noticed by users.”* Moreover, *“Having a specific sign colour assists the recognition and perception of specific signs.”*<sup>4</sup>

Wayfinding can be challenging in itself; balancing the perceived needs of users and what is possible in any given environment. Adding the principle of embracing all should not be seen as another layer of complexity, but rather a means to achieve a better end result. Good wayfinding design not only supports the users, but empowers them to easily and effectively find their way – regardless of conditions that may temporarily impair their ability to take in or process the guidance given. Acknowledging the abilities of, caring about the dignity of and aiming to empower each individual user are all integrated components of the inclusive design process.

Besides pursuing fundamental principles of equality and dignity, and of engaging users in the best possible experience through empowerment, much speaks for the positive effects of prioritising an inclusive approach to user journeys and wayfinding, also from a cost benefit perspective. *“Successful healthcare facilities realize that efficient wayfinding is synonymous with optimal patient flow, and that applying organizational, architectural and graphic principles not only reduces patient stress and anxiety, but can lead to improved patient outcomes, profitability, safety and staff utilization.”*<sup>5</sup> This is not only an argument for “design for all”, but fundamentally and regardless of perspective, good for all of us.

## 2

---

<sup>2</sup> Ibrahim, M. (2019): *Effects of Art and Design on Orientation in Healthcare Architecture: A study of wayfinding and wayshowing in a Swedish hospital setting*, Architecture and built environment, Faculty of Engineering, Lund University

<sup>3</sup> Rousek, J. B., & Hallbeck, M. S. (2011): *The use of simulated visual impairment to identify hospital design elements that contribute to wayfinding difficulties*, International Journal of Industrial Ergonomics 41:447–458.

<sup>4</sup> Fewings, R. (2001): *Wayfinding and Airport Terminal Design*, The Journal of Navigation

<sup>5</sup> Rousek, J. B., & Hallbeck, M. S. (2011): *The use of simulated visual impairment to identify hospital design elements that contribute to wayfinding difficulties*, International Journal of Industrial Ergonomics 41:447–458.