

Faculty Office Space: Research and strategies to address real and perceived needs

Bill Orosz, Director of Space Planning Corrie Feldmann, Senior Facility Planner



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Learning objectives

- 1. Real and perceived needs
- 2. Substantiated claims

3. Strategies, tools and tactics

4. COVID-19 impacts

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1. Professional environment, recruiting, expectations, demands

2. Actual office use, office size requirement, location, location, location,

3. Freedom of choice, kit of parts furniture system, involve all faculty

OSUWMC approach to the challenge

Interview process

| 01 / | 02/ | 03 / Ongoing | 04 / Ongoing | | | |
|--|--|---|--|--|--|--|
| Interviewed 10 physicians and toured/photographed offices. | Analyzed interview transcripts and photos for patterns and clustered into related categories and themes. | Draw insights from key observations within a pattern group. | Identify actionable implications based in research insights. | | | |
| 000 | | | <u>HMW</u> | | | |
| Facilitated 10, 30-60 minute interviews with physicians from a variety of departments. | | An insight is a concise statement of the "w hy" behind a group of observations. | | | | |

Interview process

- All faculty offered the opportunity to participate
- Qualitative study to understand perceived need
- Introduction, background and role with the university
- "A day in the life"
 - Explain what a typical day/week looks like for the specific faculty member
 - Meetings, class, clinic, activities, etc.
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Interview questions

Specific office questions

- What do you use it for?
- How did you get your current space?
- How much time do you spend in your office
- Do you have a private or shared office now?
- Have you ever had to work in the other environment (shared/private)?
- What are your thoughts on the trend of using more shared workspaces in lieu of private offices?

Space experience questions

- How do you measure office 'experience'?
- How have you seen the built environment?
- How are decisions made about your physical/built environment?
- Who do you think makes decisions and what criteria is used?
- How do you think office space is assigned?
- How do you know a space is meeting objectives?

Office activities

- Course prep
- Student/staff/research/admin meetings
- Charting
- Email
- Conference calls
- Phone calls
- Grant-writing
- Research
- Sleep
- Eat
- Drink

- Change clothes
- n Rejuvenate
 - Hide

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- Accessible
 - Adequate Size

Ideal space descriptors

- Airy [x2]
- Bright
- Central [x2]
- Clean
- Colorful
- Comfortable [x3]
- Connected
- Convenient Location
- Different

- Expansion
- Functional
- Homey
- Interchangeable [someone else in a similar role could use that space with no changes]
- Modern [x2]
- Multifunctional
- Open
- Organized [x2]
 - Personal

- Private [x4]
- View
- Window

Reimagining faculty space

New office plan



Reuse office plan



Faculty Hub

A more open space with a variety of shared private offices and open office concepts, with focus spaces spread around the entire floor plate Unloaded Corridor Plan A more open and varied corridor with spaces to do a variety of tasks, with meeting rooms peppered among the layout

Reimagining faculty space: open office





Perception of open office

The concept of open office is perceived negatively for a number of reasons which are often based on the perceived idea of the solution Potential reality of open office The potential of the open office concept can take on many forms and work successfully as long as the end users have input on the solution

Reimagining faculty space: shared office





Zones



Reimagining faculty space: private office



What did we learn from our faculty?

Key criteria: strong alignment among faculty!

1. PRIVACY – for sensitive conversations, focus work, and rejuvenation

2. PROXIMITY – to amenities, clinical sites, and frequent collaborators

3. PROFESSIONALISM – a space that reflects well upon the profession

 If you're going to have a difficult conversation you want privacy. It's awkward if you have a partner right there and you have to ask them to leave so you can have that conversation.
 – 7_MD_015

2. It's central to the division and department so I can meet other people or see them in the hallway.
I like that I can pop my head out and talk to anyone. – 7_MD_010

3. Where I trained there were really nice offices. It was state of the art. It looked like offices you'd see for lawyers on TV. It was really nice. Really representative of the profession, appropriately.
- 5 _MD_021



Perceived

Real

٠

- ٠
- Cluttered •
- •
- •
- Crowded •
- Disorganized •
- Dungeon ۰
- Homely ٠

Negative

- Antiquated
- Basement
- Crammed
- Cramped
 - - Outdated

•

Smelly •

Old

Impersonal

Convenience

[close to some

things, not others]

Messy

Mixed

Positive

٠

Bright ٠

Current space descriptors

- Comfortable ٠
- Central [x2] •
- Enjoyable ٠
- Green [contains ٠ plants]
- Mine •
- Organized •
- Private [x2] •

Sizable •

Quiet

Productive

• Sequestered

- Spacious
- Unique •
- Useful •

•

Welcoming

•

•

Key pain points



Pain points

1. RECRUITING – Physicians worry that new talent will be difficult to attract if office space isn't improved

- 2. MEETING SPACE Physicians want adequate office space to meet with small groups
- 3. CONDITION Furniture, tools, and amenities that are outdated and/or defective

1. New people and younger people will come into my office and I'm worried they'll see me as a 23 year full professor in a small office and ask what's in it for them. I probably won't be able to meet in there anyway. – **4_MD_010**

2. And it's harder to meet people there. I don't have a table or another chair. I could try to borrow it from one of my office colleagues but it's not really a meeting place. I could reserve a conference room but I think it's more personal when you meet with someone in your own space. - 1_MD_022

3. I think a lot of people here suffer in silence. They're unhappy about parking or their office and they don't tell anyone til they flame out and leave. They don't say anything because they think nothing will change so it's important to message out the efforts you have going on. – 4_MD_022

Key criteria #1: privacy

90% of physicians indicated in their interviews that they would prefer a small/private space to a large/shared space citing productivity, focus, and confidentiality. Very few participants favored a larger/shared space for ease of collaboration, information transfer, and socialization.

Some participants also indicated that a newer/smaller space was preferable to an older/larger space.

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Smaller private space would be my preference. I'm more productive in private space without distractions. You need privacy at certain times. - 3_MD_023

I would want a small private space. I do a lot of writing where I need space to think. I need alone time for grants and papers. – 4_MD_025

I would choose a smaller private space so I can have private conversations. I don't want the awkward moment of kicking someone out. - 7_MD_027

I would choose a shared larger space. It's easier to talk with the people you work with and it makes information transfer more efficient. It's also less lonely. – 10_MD_029

Current reality: what is real?

Medical campus: what is real?

Lincoln Tower

"Fall short of all 3 key criteria most important to our faculty"

□ Privacy

□ Proximity

Condition



Medical campus: future



Execution of the plan

Office master plan: truly comprehensive

| DRAFT of Hiring plans | | | Assumed to be Acurate | | | | | | TBD | | | |
|--------------------------------|-----------------------------|------------------|-----------------------|----------------|---------------------|------|------|------|------|--------------------|-----------------------|----|
| Department | | SIMS Capacity | Current Oct 2019 | Target FY20 | FY20 (remaining) | FY21 | FY22 | FY23 | FY24 | 5 year estimate | Total Growth Delta | |
| Administration | ADM-Medicine Administration | 23 | 6 | 6 | 0 | 0 | 0 | 0 | 0 | 6 | 0 | Г |
| Anesthesiology | Anesthesiology | 93 | 100 | 108 | 8 | 8 | 12 | 4 | 2 | 134 | 34 | St |
| Biomedical Education & Anatomy | BMEA-Administration | | 7 | 7 | 0 | 0 | C | 0 | 0 | 7 | 0 | Г |
| | BMEA-Division of Anatomy | 8 | 8 | 8 | 0 | 0 | C | 0 | 0 | 8 | 0 | |
| Emergency Medicine | Emergency Medicine | 40 | 65 | 69 | 4 | 1 | 1 | 1 | 1 | 73 | 8 | St |
| Evenutive Lealth | Evenutive Lealth | | 1 | 1 | | | | | | 1 | | |



| | Master Plan | | | | | OSU Square Footage Guidelines | | | | | |
|----------|---------------|---|-----------------------|---------------------------------------|--|---|---|---|------------------------------------|--|--|
| h | Move Strategy | Current Location(s) | Desired Move Location | Could Hotel/ Reasonable Sharing | Current FacultyTotal Sqaure Footage | CurrentTotal Faculty Saquare Footage (80 ASF) | Current Square Footage Delta (80 SF) | Total Faculty Square Footage Including Growth (80 ASF) | Square Footage Delta (80 SF) | | |
| 0 | | Biomedical Research Tower - Hamilton - Starling | | | 3,040 | 480 | 2,560 | 480 | 2,560 | | |
| 34 Stay, | // no move | Doan -Tzagournis | | Yes | 6,176 | 8,000 | -1,824 | 10,240 | -4,064 | | |
| 0 | | Hamilton Hall | | | | 560 | -560 | 560 | -560 | | |
| 0 | | Hamilton Hall | | | 880 | 640 | 240 | 640 | 240 | | |
| 8 Stay, | | Prior Hall - Davis Heart and Lung Research | | Yes | 3,084 | 5,200 | -2,116 | 5,680 | -2,596 | | |

The Ohio State University Wexner Medical Center

Office master plan: Phase 1: infuse capacity - 11th and Neil office building



Relocation Plan

Pulmonary, Critical Care, & Sleep

3. Davis Heart & Lung 5. Starling Loving Hall 7. Graves Hall Pathology 4. Hamilton Hall **Orthopaedics** 1. Ackerman 600 6. Prior Hall Nephrology 4.395 W. Twelfth Ave **Cancer Clinical Trials** 5. Starling Loving Hall **Clinical Trials Management Office** 3. Davis Heart & Lung

Optometry

5. Starling Loving

Overall office master plan



The building blocks...space standards

Private office concept: interaction



Private office concept: reading and writing



Room Zones
Creating
Focusing
Thinking
Storing

Private office concept: rejuvenation



Kit of parts: office selection checklist



For each section, check the box for the item that you would prefer for your office.

Kit of parts: modular office wall system



PRIVACY WALL

High performing + flexible

- · Painted steel
- Vertically oriented, unitized frame
- Minimal kit of parts
- First cost-competitive with fixed construction



MODULAR WALL SOLUTIONS

Designed for sustainability

- Cradle to Cradle Certified™
- SCS Indoor Advantage™ Indoor Air Quality Certified
- BIFMA level[®] 3 Certified
- Recycled, low-emitting materials
- No PVCs or VOCs
- No on-site off-gassing
- 100% reusable
- Contributes to LEED





Kit of parts: modular office wall system

INTERACTION Typical office layout: Base cost

OFFICE APPLICATIONS







OFFICE APPLICATIONS

REJUVENATION Base cost -14%







OFFICE APPLICATIONS

READING & WRITING Base cost -12%



BAW8/100E

J801/08W

AMIA

CUSH

Private office implementation: a new facility





Private office implementation: an existing condition











The Ohio State University Wexner Medical Center

COVID-19 impacts

Pandemic response

- Small private offices create a perfect setting for social distancing and allowing faculty to return to campus
- Staff spaces are being separated in the cube environments with plexiglass shields
- 6' separation is necessary for campus mandates
- Staff permitted to remain working remote during the pandemic response
- Certain impacts TBD:
 - Ultimate size of office footprints
 - Ultimate lease portfolio
 - Proximity of faculty to staff
 - Clinical faculty locations

Lessons learned

What have we learned?

- Office space is personal
- Inclusion in the design process goes a long way toward consensus
- Smaller private space is preferred when larger space could result in shared space
- Opportunities to choose office layouts was helpful create trust with faculty members
- Daylight is important to faculty members
- Challenge your thinking
- Think globally and comprehensively
- Apply your guidelines

Thank you

Questions?

William Orosz

Director of Planning



William.Orosz@osumc.edu

614.293.0519

Corrie Feldmann

Senior Facility Planner



Corrie.feldmann@osumc.edu

614.293.0518

Save the Date

2020 GBA/GIP Virtual Programming: *Disrupting the HR Model: What Happens When You Blow Up the Old Way of Working?* Thursday, November 19, 2020 4:00 – 5:00 pm ET

For more information, please visit our website: https://www.aamc.org/professional-development/events/2020-gba/gip-virtual-programming



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