SAILOR MOON – BRIEF

Background and Project Overview

The context is Naples, a large city in southern Italy — a country where the percentage of elderly people is relatively high.

In our city, we have identified a recurring issue affecting many older adults: **the long waiting times** they face daily in clinics, hospitals, municipal offices, and post offices.

Compared to northern regions, **waiting times for specialist visits or diagnostic exams in Campania are among the longest in Italy**, often **double** those in the North.

This condition results from multiple factors:

- **Administrative inefficiency**
- **Outdated infrastructure and public services**, whereas in the North, clinics are often more modern, with numbered queue systems, air conditioning, and adequate seating
- **Limited digitalization**
- **Cultural and social habits**, as in the North people tend to respect their turn and services flow more quickly, while in the South, queues often become spaces for negotiation and informal socializing

As a result, many elderly people leave home very early to avoid queues but still end up waiting for hours.

Here, **waiting is not just empty time**, it becomes a **daily source of discomfort**, producing physical fatigue and stress, especially for those with mobility issues, chronic conditions, or cognitive decline.

Moreover, these waits often occur in **uncomfortable environments**, with hard seating, poor information, and excessive noise, all contributing to anxiety and loneliness.

Elderly Neapolitans therefore need not only **assistance**, but also **orientation** and **digital accompaniment** to navigate these services more easily.Research

The Problem and Global Evidence

Waiting for services (healthcare, bureaucracy, transportation) significantly affects the quality of life of older adults, particularly in contexts with high population density and inequitable access to services, such as Brazil.

Psychology of Waiting: Studies on Temporal Experience show that passive waiting ("empty time") feels longer, more stressful, and more unpleasant (Maister, 2017). Uncertainty about duration is the main source of anxiety.

Loss of Control: In healthcare or bureaucratic settings, waiting implies a perceived loss of autonomy. Design should aim to restore **a sense of control** for elderly users (Berry & Seiders, 2008).

Loneliness and Engagement: Research on **Design for Well-being** suggests transforming waiting into an **opportunity for connection or learning**, reducing isolation (Kahneman & Tversky, 1979).

The Neapolitan Lens: The Resilience of Waiting

Naples offers a unique cultural lens to reinterpret waiting — shifting the focus from frustration to **active hope and shared humanity**.

- **Philosophy of Time:** In Neapolitan wisdom, waiting is part of life's necessary rhythm, **"Tutto arriva a chi sape aspettà"** ("Everything comes to those who know how to wait"). Eduardo De Filippo's famous line **"Ha da passà 'a nuttata"** ("The night will pass") expresses the patience of endurance and hope.

- **The Elderly as Storytellers**: The elderly are not just "patients" but **keepers of stories and traditions**. Waiting in public spaces has historically been a time for storytelling, sharing, and cultural exchange.

- **Folklore and Uncertainty:** Figures like the **Munaciello,** a spirit linked to unpredictability and luck, can symbolize the emotional uncertainty of waiting itself.

Survey

(**30 respondents aged 30–72)**

Methodological Note on the Sample by Age Group

To ensure maximum **intellectual honesty** and transparency, we present the results of the responses based on the real data collected.

It is important to emphasize that the sample that responded is **not representative** of the specific target population of elderly people, even though this group was a potential focus of the survey. Despite this, the data reported here reflects the actual responses from the individuals who participated in the survey.

Real Age Distribution within the Sample

The age composition of the sample that provided the responses is as follows:

- **Age under 40 years: 10.00%**

- **Age between 40 and 59 years: 63.33%**
- **Age 60 years and over: 26.67%**

These percentages indicate that the majority of respondents fall into the **40–59 age bracket**. This distribution should be taken into consideration when interpreting the overall results.

Results

Lives alone: Yes 20% / No 80%

Accompanied while waiting: Yes 90.6% / No 9.4%

Has given up a service due to waiting: Yes 78.1%

Feels bored while waiting: 41.9%

Can use a smartphone/tablet: 93.8%

Would like light activities during waiting: 78.1%

Main discomforts: physical fatigue 31.3%, confusion/noise 28.1%, boredom 28.1%

Personas

Maria, 65 years old – The Dependent Elder

- **Represents elderly people frequently visiting clinics (31.3%)**.
- **Lives with family and is usually accompanied (80–90%).**
- **Experiences cognitive difficulties and confusion when the environment is noisy or unclear.**
- Has often **given up medical services** because of excessive waiting (78.1%).
- Uses technology with some help.
- **Needs**: clarity on waiting time, visual/auditory guidance, calm atmosphere, and emotional reassurance.

Antonio, 72 years old – The Independent Elder

- Belongs to the 20% who live alone.
- Autonomous and introverted; dislikes crowded or noisy places.

- Frequently visits municipal or postal offices for administrative tasks.
- Can use digital tools confidently (93.8%).
- Feels most discomfort due to **noise** and **uncomfortable seating** (≈30%).
- **Needs:** a quiet waiting area, ergonomically designed seating, and solo-friendly engagement (reading, light activities) without forced socialization.

Rosaria, 60 years old – The Active Connector

- Tech-savvy and dynamic; part of the majority who handle smartphones/tablets easily (93.8%).
- Becomes restless when waiting for too long; boredom is her primary discomfort (41.9%).
- Likes to talk "depending on the moment" (37.5%).
- **Needs:** light digital or interactive content to stay engaged, tools to monitor her turn, and a comfortable environment that helps her manage impatience positively.

Scenario

Ex-ante (Current Situation)

Maria arrives at the clinic every Thursday for her routine check-up. Her grandson drops her off before work, leaving her alone to manage registration and waiting.

As time passes, the waiting room fills up — people of various ages talk loudly, and the environment becomes chaotic. Maria feels increasingly disoriented and anxious.

She doesn't know how long she'll have to wait, can't focus on announcements, and physical fatigue begins to add to her stress.

Eventually, she wonders if it's worth staying and considers giving up her appointment altogether.

Ex-post (After Design Intervention)

The waiting area is redesigned to be **elder-friendly** and emotionally supportive.

The que number is clearly shown.

The environment provides comfort.

Maria can now monitor her turn easily without anxiety, feeling more **respected, comfortable, and reassured**.

Market

Since the project's final output (product, service, or hybrid solution) is still under development, the following **economic and strategic principles** will guide its evolution.

Sustainability and Scalability

- **Low Maintenance:** Minimal human or technical intervention required after installation.
- **Affordable Implementation:** Designed for cost efficiency and scalability in public contexts (ASL, banks, offices).
- **Environmental Responsibility:** Preference for recycled, local, or low-impact materials and energy-efficient digital design.

Value Proposition and Business Model

- **Unique Selling Proposition – Emotion & Human Connection:** Competes not on speed, but on the quality and meaning of waiting time, turning anxiety into calm and boredom into connection.
- **B2B Model (Public Services):** The target clients are public institutions — hospitals, banks, or municipal offices — aiming to improve user satisfaction and social perception.

The benefit is **dual:** enhanced experience for elderly users, and reduced operational stress for staff.

Competitor Analysis

At this stage, indirect competitors include all current waiting systems (ticket machines, benches, display screens) that focus solely on function — lacking the **emotional and human dimension** our concept seeks to provide.

Design Requirements

Usability (UX)

- **Low-Effort Interaction:** Accessible to all cognitive and physical levels, with proper contrast and subtitles.
- **Transparency on Uncertainty:** Clear, predictable information to reduce anxiety.
- **Active Physical Well-being:** Encourage small movements, correct posture, and gentle cognitive engagement.

Emotional Design

- **Warmth and Affection:** Aesthetic and narrative inspired by Neapolitan wisdom — conveying hope and familiarity.
- **Organic Communication:** Layout and design foster spontaneous micro-interactions among users.
- **Empowerment and Value:** Allow seniors to share personal stories, sayings, or advice — transforming waiting into a moment of transmission and pride.

Context and Sustainability

- **Adaptable and Durable:** Suitable for hospitals, offices, or public areas, with low-maintenance materials.
- **Domestic Warmth:** Use light, texture, and color to replace institutional coldness with a welcoming feel.
- **Digital–Physical Hybrid:** Combine digital tools with tangible materials (e.g., interactive posters, storytelling kiosks, printed touchpoints).

Time Line

- 14 November- First Solutions
- 21-23 November - Final Design