





Research on Landmark Cognition for Pedestrian Navigation Services

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CONTENTS





Part 01 Outdoor landmark

Study 1

Zhu, L., Shen, J.*, Zhou, J., Stachoň, Z., Hong, S., & Wang, X. (2021). Personalized landmark adaptive visualization method for pedestrian navigation maps: Considering user familiarity. Transactions in GIS Any sufficiently prominent object can be considered a landmark. The definition of indoor landmarks and outdoor landmarks is **unified**.

Spatial cognition research indicated that landmarks, as key elements of wayfinding, can **reduce navigation time** (Golledge, 2003), **decrease error rates** (Goodman et al., 2004), improve **route learning** (Tlauka & Wilson, 1994), **reduce user cognitive load** and **increase confidence in navigation decisions** (Millonig & Schechtner, 2007).



Indoor Landmarks (Ohm, 2015).

Landmark salience is the nature of the landmark itself, the strong contrast with the surrounding environment resulting in the attraction to people (Presson & Montello, 1988).

Landmark salience is divided into Visual, Semantic, and Structural (Raubal & Winter, 2002)



Landmark salience

2 Motivation

Empirical studies indicated people with different levels of familiarity have different preferences for **landmark selection** and **representation**. Spatial familiarity is an important variable related to personalized navigation but is often ignored.



The motivation is to investigate **landmark selection and visualization preferences** of people and apply the results to the landmark-based pedestrian navigation system.

In this study, we propose a **personalized landmark adaptive visualization method considering user familiarity**. We focus on two research questions:

- 1. How to select **personalized landmarks** for target users.
- 2. How to realize the **adaptive visualization** of landmarks in pedestrian navigation maps.

4 Methodology

Step 1: The influence of spatial familiarity on landmark salience and symbols based on **cognitive experiments** is explored.

Step 2: Association rules between landmark salience and symbols are mined.

Step 3: A personalized landmark adaptive visualization method based on these rules is proposed.



The framework of methodology

4.1 Step1: Cognitive experiments

The aim is to explore the influence of spatial familiarity on landmark salience and symbols.

(1) Participants

Familiar group (27) vs. Unfamiliar group (24)

(2) Materials and Procedure

- Self-assessment task: Santa Barbara Sense-of-Direction Scale (SBSOD) and two additional questions (about visits and mapping ability)
- Sketch-mapping task
- Questionnaire for landmark symbols evaluation



Study area.



Landmark symbols

Result 1: Analysis of sketch mapping task.

The t-test results indicated a significant difference (t = 3.70, **p** = 0.001 < 0.05) between the familiar group (M = 16.93, SD = 5.14) and the unfamiliar group (M = 11.58, SD = 5.15). It showed that the level of environmental detail provided by familiar and unfamiliar people varied substantially.



Examples of sketches drawn by the familiar group and the unfamiliar group

The results of landmark extraction

Result 2: Mathematical model of landmark salience. $S_L = W_{vis}S_{vis} + W_{sem}S_{sem} + W_{str}S_{str}$

For the unfamiliar individual, W_{vis} : W_{sem} : W_{str} = 5:2:3

For the familiar individual, $W_{vis}: W_{sem}: W_{str} = 3:5:2$

Result 3: the preference for landmark symbols.

The results showed significantly different proportions of landmark symbol selection between the familiar group and unfamiliar group ($\chi^2 = 172.3$, p = 0.000 < 0.001). Table 5 presents the descriptive statistics of the preference rates of the familiar group and the unfamiliar group for different landmarks..

Image	Table 5 Summary of landmark symbol evaluation				Icon	Text		
	Group	Image (n, %)	Pictogram (n, %)	Icon (n, %)	Text (n, %)	χ^2	E	图书馆
A L COMMAND	Familiar (N=27)	76 (16.63)	53 (11.60)	139 (30.41)	189 (41.36)	170 0***	(3)	体育馆
1	Unfamiliar (N=24)	176 (63.31)	25 (8.99)	29 (10.43)	48 (17.27)	1/2.3***	(Ħ)	敬文鼎

 χ^2 refers to a Chi-square test, ***p < 0.001

4.2 Step2&3: Personalized landmark adaptive visualization method

- (1) **Data collection**, including user data, landmark data, and the range of the map.
- (2) Features extraction, including user features and landmark features.
- (3) **Rule execution**, it aims to identify the personalized mode of user interactions with pedestrian navigation maps based on user familiarity using association rule mining.

Rule	Semantic Association Rule	Sup.	Conf.	Lift		
Rules relat	ted to familiar user					
R_1	$Semantic \Rightarrow Text$	0.21	0.46	1.12		
R_2	$Visual \Rightarrow Text$	0.15	0.38	0.92		
R_{3}	$Structural \Rightarrow Icon$	0.06	0.36	1.20		
Rules related to unfamiliar user						
R_4	$Visual \Rightarrow \operatorname{Im} age$	0.29	0.62	0.97		
R_5	$Semantic \Rightarrow \operatorname{Im} age$	0.27	0.67	1.06		
<i>R</i> ₆	$Structural \Rightarrow \operatorname{Im} age$	0.08	0.58	0.92		

Table 7 Association rules between landmark salience and symbols

5 Verification experiments

(1) Prototype system

(2) User experiments

- Participants: Familiar group (14) vs. Unfamiliar group (14)
- Materials: the prototype vs. Baidu Map for Mobile (BMM).
- Procedure: Pedestrian navigation task; and System Usability Scale Questionnaire



5 Verification experiments

(3) Results

- Time efficiency
- The number of map views
- Analysis of the System Usability Scale (SUS)



Using landmarks in maps helps users identify their location (Hile et al., 2008). Previous studies proposed the user-centered visualization method for outdoor landmarks (Elias & Paelke, 2008).

However, few studies have explored the visualization of indoor landmark symbols.



Landmark symbols (Elias & Paelke, 2008).



Part 02 Indoor landmark

Study 2

Zhu, L., Švedová, H., Shen, J.*, Stachoň, Z., Shi, J., Snopková, D., & Li, X. (2019). An instance-based scoring system for indoor landmark salience evaluation, Geografie, 2019/2. This study proposed **an instance-based indoor landmark salience evaluation method** to address the lack of indoor landmark salience evaluation methods. We focus on two research questions:

- 1. How to **evaluate the landmark salience** in the indoor environment.
- 2. How to **verify the usability** of indoor landmark salience evaluation results.

2 Methodology

- Propose indoor landmark indicators and scoring system
- Calculate landmark salience weight using AHP

Туре	Indicator	Measurement	Degree of Attractiveness		
Visual	Physical size (α) Prominence (β) Availability of a unique label (γ)	$ \begin{aligned} & \alpha \in \{1, 2, 3, 4, 5\} \\ & \beta \in \{1, 2, 3, 4, 5\} \\ & \gamma \in \{1, 2, 3\} \end{aligned} $	$S_{vis} = W_{\alpha}S_{\alpha} + W_{\beta}S_{\beta} + W_{\gamma}S_{\gamma}$		
Semantic	Familiarity (δ) Description length (ζ) Uniqueness (η)	$δ ∈ {1, 2, 3, 4, 5}$ ζ ∈ {1, 2, 3} η ∈ {T:1, F:0}	$S_{sem} = w_{\delta}S_{\delta} + w_{\zeta}S_{\zeta} + w_{\eta}S_{\eta}$		
Structural	Spatial extent (ϑ) Permanence (ι) Location importance (κ)	$\vartheta \in \{T:1, F:0\}$ $\iota \in \{T:1, F:0\}$ $\kappa \in \{1, 2, 3\}$	$S_{str} = W_{\vartheta}S_{\vartheta} + W_{\iota}S_{\iota} + W_{\kappa}S_{\kappa}$		
	$S_{sum} = w_{vis}S_{vis}$	$s_s + w_{sem}S_{sem} + w_{str}S_{sem}$	str		

Table 1 – Indicators and indoor landmark salience measurements

From w_{α} to w_{κ} refers to the weights of the nine evaluation indicators obtained from the AHP. From S_{α} to S_{κ} refers to the standardized score of the nine evaluation indicators.

3 Experiment and Result

To verify the usability of the proposed method, we applied it to a shopping mall (Nanjing, China) using questionnaire and a headquarter (Brno, Czech Republic) using eye-tracking.





Figure 6. Examples of the study area at the Headquarters of Masaryk University (Brno, Czech Republic)

Table 6. Results of Evaluated Overall Average Landmark Sa

(Nanjing, China)

Figure 10. Fixations on landmarks according to salience category

(Brno, Czech Republic)

In this paper, the landmark indicators are scored by users and the weights are scored by experts. The proposed method is tedious and complicated. The process need to be repeated for each scenario.

In future work, we will consider using machine learning methods to automatically identify indoor landmarks.

Typical human and computer vision pipelines (Wäldchen & Mäder, 2018).

Part 02 Indoor landmark

Study 3

Zhu, L., Shen, J., Gartner, G., & Hou, Y. (2021). Personalized Landmark Sequence Recommendation Method using LSTM-based Network for Navigating in Large Hospitals. Abstracts of the ICA, vol. 3.

1 Introduction: The market for hospital navigation is considerable

1. A large number of Chinese hospitals China has a total of **35,394** hospitals.

2. A large number of total hospital visits
In 2020, 3.32 billion visits
In 2019, 3.84 billion visits
In 2018, 3.58 billion visits
In 2017, 3.44 billion visits
In 2016, 3.27 billion visits

Third-class hospitals (number of sickbed > 501)

 Second-class hospitals (number of sickbed > 100)

- First-class hospitals (number of sickbed in range of 20 to 99)
- Unclassified hospitals

3. In 2017, the National Health Commission of China requires that the informatization construction of hospitals includes indoor navigation. The hospital navigation market is at least €2.1 billion

1 Introduction: The hospital navigation

- **Indoor space** of the hospital is unique in that most of the facilities are related to the task of medical visits.
- The users (patients/visitors) who use hospital navigation are unique. They usually accomplish many tasks under time constraints and discomfort.
- Hospital guidance information contains a great deal of medical terminology and knowledge.

In summary, **the specificity of hospital navigation** lies in its close connection with **user behavior**, **medical processes**, **and hospital space (departments)**.

1 Introduction: Hospital navigation APP

Hospital navigation apps are medical wayfinding tools for specific visitors or patients who visit the hospital for any purpose.

To the best of our knowledge, few landmark-based pedestrian navigation systems have been developed for hospitals.

1 Introduction: Behavioral analysis of medical visits

- Location Sequence, Time Sequence, Location Hierarchy, Location Distance, and Medical Treatment Sequence
- Semantic Trajectories (i.e., Landmark Sequence)
- User **preference** which related to the disease and task.

1 Introduction: Landmark recommendation method

- **93% of user behavior** is predictable (Song et al., 2010). Hospital landmark sequence recommendation is also closely related to user behavior.
- Existing studies on personalized landmark recommendations are mainly used for outdoor travel recommendations, **but few studies for navigation and wayfinding.**
- The POI recommendation methods include traditional machine learning and **deep learning (e.g., RNN, LSTM, GRU)**.

We **adopted RNN** to model landmark sequences for recommendation due to their superiority in capability of processing the sequential data.

Song, C., Qu, Z., Blumm, N., & Barabási, A. L. (2010). Limits of predictability in human mobility. Science, 327(5968), 1018-1021.

Inspired by research on POI sequence recommendation methods, we propose a landmark sequence recommendation method using LSTM-based network for hospital navigation. We focus on two research questions:

- 1. How to **model** the **complex sequential users behavior** in hospital navigation.
- 2. How to develop an **indoor landmark sequence recommendation algorithm** for hospital navigation.

3 Methodology: The research framework

We propose an indoor landmark sequence recommendation method for hospital navigation based on LSTM with an attention mechanism.

The research framework can be divided into **three modules**: input, attention-based encoder–decoder LSTM model, and output.

4 Experiments: Indoor trajectories

- Let $P = \{P_1, P_2, ..., P_{n-1}, P_n\}$ represent indoor trajectory consisting of n points data and the information on its location (latitude and longitude coordinate) and timestamp. Let $L = \{L_1, L_2, ..., L_{i-1}, L_i\}$ represent **semantic trajectory** consisting of i landmarks data and the information on its location and timestamp.
- A user behavior sequence is a list of three-tuples.

4 Experiments

Step 1: Indoor trajectory data collection and processing							
Step 2: Extraction of indoor landmark sequences	Table 1 Exam	ple of indo	or trajector	y data			
,	UserID	Time		Х	Y	ľ	FloorID
Step 3: Identification of evaluation metrics	0000A321373 0000A321373	3 2020090 3 2020090)7091031)7091046	13483 13483	**** 4 **** 4	15392**** 15392****	1 1
Step 4: Baseline Methods	Table 2 Example of semantic trajectory data						
L	UserID	Semantic	Time		Х	Y	FloorID
Step 5: Parameter Setting	0000A321373 0000A321373	Gate9 Guidedesk	20200907 20200907	091031 091052	13483**** 13483****	45392**** 45392****	1 1
Step 6 : Analysis of results							

The process of experiment

5 Discussion

Contributions

- we proposed a novel hospital landmark sequence recommendation framework;
- we incorporated **an attention mechanism into the LSTM**, which helps to capture the correlation between different landmarks.

Outlook

In the future, we will do further research work in the following aspects:

- Refining the experiment
- Applying the proposed model to more complex hospital scenarios to verify the performance of navigation.

Part 02 Indoor landmark

Study 4

Zhu, L., Shen, J., & Gartner, G. (2021). Ontology-driven context-aware recommendation method for indoor navigation in large hospitals, LBS 2021: Proceedings of the 16th International Conference on Location Based Services (pp. 23–26).

1 Introduction: Analysis of user behavior

There are some contextual information in the hospital navigation: **individual**, **location**, **time**, **department**, **facility**, **medical process**, **medical services**, **medical knowledge**, **schedule**, **navigation services**.

Q1: what is the context model for hospital navigation?

The lack of the context model for hospital navigation.

Richter, K. F., Dara-Abrams, D., & Raubal, M. (2010, September). Navigating and learning with location based services: A user-centric design. In Proceedings of the 7th International Symposium on LBS and Telecartography (pp. 261-276).

Afyouni, I., Ray, C., & Christophe, C. (2012). Spatial models for context-aware indoor navigation systems: A survey. Journal of Spatial Information Science, 1(4), 85-123.

Kim, J., & Chung, K. Y. (2014). Ontology-based healthcare context information model to implement ubiquitous environment. Multimedia Tools and Applications, 71(2), 873-888.

Q2: what services are recommended by systems?

Lack of the recommendation method that combines medical services and navigation services.

In this study, we propose an **ontology-driven context-aware recommendation method for hospital navigation** that adapts to dynamically changing needs, tasks, and processes for various users. We focus on two research questions:

- 1. How to develop a **context model** for hospital navigation?
- 2. How to realize **personalized service recommendations**?

3 Methodology: Research Framework

We designed the framework of an ontology-driven context-aware recommender system as shown in the Figure.

4 Discussion

Contributions

- **Developing a context model for hospital navigation using ontology** to complete the complex medical processes and provide personalized navigation services;
- **Developing a personalized recommendation mechanism** using SWRL rules to infer contextual information.

Outlook

In the future, we will do further research work in the following aspects:

- Developing a prototype system
- Applying the proposed method to hospital scenarios.

Part 03 Future work

In the future research on landmark-based pedestrian navigation service should involves:

- Design user cognitive experiments to evaluate indoor landmark selection and symbols
- Design a user-center indoor landmark visualization method
- Understand the needs of different types of users for indoor navigation
- Design a more user-friendly the interface for hospital navigation
- Dynamic recommendation of landmarks based on context-aware.

Thanks! Any question?

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