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Healing by design: placemaking in healthcare spaces

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In the *Architecture of Happiness*, Alain de Botton provocatively states that “the noblest architecture can sometimes do less for us than a siesta or an aspirin.”

This perspective seems embedded in the guidance that currently governs hospital design. In their research paper *An investigation of the use of health building notes by UK healthcare building designers*, Dr Sue Hignett PhD and Jun Lu highlight that current guidance focuses primarily on fundamental design aspects: safety, cleanliness, privacy, dignity, and infection control. But, unfortunately for the patients receiving care, this way of thinking reduces healthcare to a clinical transaction – treating illnesses, managing conditions, and monitoring recovery.

Many would argue that true care extends beyond providing medical attention and rather encompasses the entire experience of care. A patient is not just a body to be diagnosed and treated; they are a person who feels, thinks, and responds to their surroundings. How a hospital looks, sounds, and feels can profoundly shape their recovery, mental well-being, and sense of dignity (Gronostajska and Czajka, 2021).

Hospitals are often vast and have been developed piecemeal over decades, leading to confusing layouts and disconnected extensions that lack a coherent strategy for patient and staff experience. Studies show that the atmosphere of a hospital can impact a patient’s comfort and willingness to return for treatment. If patients focus on avoiding the hospital or leaving as quickly as possible, then the space itself can become counterproductive to the healing process. Conversely, environments that foster positive associations with the hospital experience can reduce resistance to future treatments. Thus, design decisions have a direct and significant impact on well-being (McLaughlan and Willis, 2021).



The hearth is an integral part of every Maggie's Centre, an inviting place where all the building's users can meet and relax. Architects and photo: WilkinsonEyre

Exploring people centred approaches

We must move beyond existing healthcare building guidance and explore how we can create spaces that promote healing. Two processes stand out. One focuses on the larger scale: how the hospital integrates with the broader community and reflects their needs through the process of placemaking. The other zooms in on the individual experience, as exemplified by the [architectural and medical brief for a Maggie's Centre](#), which prioritises personal agency in healthcare environments.

Placemaking: large-scale, people-centred

Placemaking is a holistic approach to planning, designing, building, and maintaining spaces that foster a strong sense of place, community identity, and belonging. The approach counters the notion of 'placelessness', where developments lack distinct identity, character, and a sense of community and are, instead, sterile and uninviting spaces that are disconnected from the people who use them. The *Placemaking Wales Charter* outlines six principles that can be used to transform hospitals from sterile institutions into more humane environments: people and community, location, movement, mix of uses, public realm, and identity.

Successful placemaking is a continuous process, with the effort of various collaborators acting as a thread that runs throughout the project towards a shared goal. The process begins long before anything is built with early engagement with local communities and stakeholders that allows architects to understand specific needs and also fosters a sense of belonging and investment in the project by the community.

One key element that underlines placemaking principles is connectivity. Facilitating physical connections and making navigation intuitive reduces stress for visitors. Clear wayfinding, strategically placed signage, and characterful, colour-differentiated spaces contribute to a more navigable and less intimidating environment. For example, being able to easily find a parking spot, the entrance door, and the correct department can make a

significant difference to an already stressed visitor or patient. People in healthcare facilities are often anxious. Increased stress decreases the ability to absorb and process information. Spaces that are characterful and differentiated by colour and light can be considered part of a strategic approach to wayfinding while also contributing to the overall experience of the space.

Hospitals must also consider the community's changing demographics. In cities where the population is highly diverse, healthcare spaces must consider the individuals they are serving. Multilingual signage, culturally sensitive design elements, and spaces for different faith practices enhance inclusivity and comfort. Additionally, it is important to understand how people from different backgrounds access healthcare. Factors such as cultural attitudes towards medical care, language barriers, and levels of trust in institutions can significantly impact how individuals engage with the system. Healthcare disparities are often structurally rooted but socially mutable (Ordaz et al., 2024), and designers can contribute by designing spaces that cultivate a sense of belonging, ensuring that underrepresented communities feel respected and valued.

The activity of placemaking should continue long after a building is finished. It's a dynamic process, meaning the space is continuously evolving with the needs of its users, rather than becoming something that is simply built. This ongoing adaptation requires continuous engagement, feedback, and flexibility, ensuring that the spaces created remain relevant, inclusive, and genuinely beneficial to the communities they serve. One way to do this is to actively incorporate local cultural events and health education workshops in hospitals and transform them into community-centred spaces rather than isolated institutions. Integrating flexibility and adaptability into the facility's design also ensures the building can accommodate future changes without requiring ad-hoc extensions.

Maggie's Centres: small-scale, person-centered

The instinctive response to good design is to standardise it into regulations and compliance rules. While safety standards must be upheld, rigid regulations that dictate spatial quality can limit creativity and fail to address the nuanced needs of users (Sheach, 2022).

Maggie Keswick Jencks set out to develop a new type of cancer care following her treatment in the 90's which she felt was hard on her and her family. Her vision was to create something beyond the clinical spaces she experienced, where she said people "lose the joy of living in their fear of dying." Her centres would be calm and friendly environments where people could find comfort in the experience of others.

Hospitals can seem hopelessly confusing to the uninitiated, a feeling compounded rather than simplified by the proliferation of sign-posting, endless corridors and long treks between departments. The patients and visitors who have to negotiate them are likely to feel like very small cogs in a very large machine.

The brief for Maggie's Centres illustrates how healthcare design can centre around personal experience in a way that puts people at the heart of the process.

The brief for Maggie's Centres

At a time where designers are faced with varied and competing guidance, [the Maggie's Centre brief](#) is refreshingly concise, offering a narrative rather than rigid spatial prescriptions. The original four-page brief contains 19 references to 'feeling', reinforcing that the design should prioritise emotional experience over prescriptive layouts.

Within the brief, architects are offered a good deal of artistic license in designing their buildings, by being told that the centres 'should not pat you on the head, patronize you by being too cosy' and, rather, encourages designs that are 'surprising and thought-provoking'.



The Slagelse Psychiatric Hospital by Karlsson Arkitekter exemplifies placemaking. Staff and patients co-created the art wall and landscape. Photo: Anders Sune Berg (top), Jens Lindhe (bottom)

Laura Lee, chief executive of Maggie's Centres, rejects the notion of a 'therapeutic environment' in a conventional sense. Explaining the organisation's intentional departure from this concept, she said: "It would be awful and assumptive that you need to be healed and that we are going to heal you in this environment".

Maggie's Centres prioritise dignity, emotional support, and control over one's surroundings. Their design philosophy is simple: rather than dictating how people should feel, they create environments that allow individuals to connect with themselves and others in meaningful ways.

Although hospitals are not directly comparable due to scale and complexity, the understanding that patients are not just recipients of care but active participants in their healing journey is a helpful way to approach design.

Conclusion

Like Maggie Centres, well designed healthcare spaces can cultivate a sense of being 'cared for'. Through people-centred briefs and placemaking, designers can enable 'silent carers'. These include the architects, healthcare planners, ceiling experts and landscapers who create the spaces; the hospital managers, nurses, volunteers and family who contribute to their care; and the gardeners and cleaners that maintain the environment.

Placemaking is a democratic activity, the physical environment is only one part of the equation. A comforting presence, a family member, a nurse or a positive turn of events, can arguably alter a patient's mood to a much greater degree. What healthcare architecture ultimately needs to do is create the conditions for these interactions to take place and give agency to the patient to find their own path to healing.



Priit Jürimäe, Project Architect

Priit helps us bring healthcare projects from feasibility to delivery. His ability to seamlessly navigate tasks, whether contributing to concept ideas or technical detailing, ensures we achieve a high standard of work for our clients.

Priit has worked for architecture firms in Cardiff, Lisbon and Tallinn. This has influenced his approach to projects, giving him insight into how people work and use spaces differently.

As part of the RIBA Awards jury, he represents the Royal Society of Architects in Wales. He is an active member of the Design Circle and the Design Commission for Wales review panel.

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