

Wellbeing and Palliative Care: How is Wellbeing Expressed Through Palliative Care Architecture?

From This, Can We Design Documentation for Palliative Care That Includes Wellbeing?

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Abstract

Wellbeing and Palliative Care: How is Wellbeing Expressed Through palliative Care Architecture?

From This, Can We Design Documentation for Palliative Care That Includes Wellbeing?

By Cameron Lewis

Swansea School of Architecture, Build and Natural Environment. BSc Architecture

Wellbeing in architecture has become of recent importance due to its societal understanding (*Venters, 2018*).

To date, there is no official regulatory documentation within architecture that applies itself to wellbeing and palliative care. Guidance has been undertaken of the success of palliative care buildings in element, and displaying this for future architecture (*Worpole, 2019*). This dissertation addresses the methods in which wellbeing and its broken-down elements are expressed through palliative care architecture, and how health measures and research findings can be applied to palliative care in order to further this expression.

Four methods of research have been applied here: Library research and documentation; Medical research documents; Interviews with key individuals of each case study building; and site visits to case study buildings. The chapters including these, in return, analyse and evaluate the identified methods of expressing wellbeing architecturally, how we understand ,medically, wellbeing is measured and promoted within architecture, and finally, applying the understood information from this to the case study buildings to evaluate their underlying value of each of the components identified, taken from the information collected through this research period.

Through the exploration of this topic, data has been found that would not be considered new material but has been applied in a way which differs from the existing material. The information applied helps to understand the contribution of architecture on an individual's mental, physical, and social wellbeing, the encompassing factors to overall wellbeing. The overall reason for applying this information to the work of palliative care buildings is that the environments and situations presented through palliative care require a greater influence of the researched components due to the delicate situations of their occupants.

The understanding of said application of information to the situation and environment attained by palliative care is now documented through this dissertation.

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I would like to display my recognition and appreciativeness toward all professionals who participated in my research through interviews, Phil Kavanagh, Emma Saysell MBE and Susan Le Good, for their opinions, sharing their experiences and their invaluable contribution.

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Introduction

What is wellbeing

Wellbeing is a term describing the state of a person's health, happiness and prosperity. As a concept, wellbeing is a concept that is holistic, and encompasses multiple aspects of an individual's life (*Better Health Channel, 2020*). World Health Organisation describes wellbeing as the product of a person's mental health, through numerous factors within a person's life (*World Health Organisation, 2022*). These factors are the physical, social, mental, and psychological aspects (*Centers for Disease Control and Prevention, 2018*). Physical wellbeing refers to a person's fitness, nutrition, and the absence of illness, under the title of physical health. Social wellbeing derives from a person's relations with others and the quality of this, and whether they have a sense of connection, belonging, and support within a community setting. Mental wellbeing considers how an individual manages stress, emotion, and the ability to maintain an outlook on life that is positive. Psychological wellbeing entails a person's overall sense of purpose, self-esteem, and personal growth. Wellbeing is not just the absence of illness or disease, but a state of optimal health and thriving in all aspects of life (*World Health organisation, 2022*). Wellbeing can be influenced by varying factors, such as lifestyle choices, social and economic conditions, and access to healthcare and other resources, such as the local GP or pharmacy. Overall, wellbeing is a subjective experience that can be different for each person, but it is an essential aspect to leading a fulfilling and meaningful life (*Seligman, 2011*).

There has been an increased push in wellbeing in the recent years, through a further understanding and awareness of the topic (*Venters, 2018*). The recognition of wellbeing as not only an issue in our society but as a topic that needs nurturing, is a growing factor in today's design and thought process when building for the future. The push of this comes from a shift in societal attitudes towards wellbeing, with individuals generally feeling more confident around the topic, making it easier to speak out on personal emotion (*Stuart, 2016*). This has helped the existing stigma surrounding wellbeing, and mental health issues, generating a greater acceptance and understanding of the matter (Corrigan and Watson, 2002). Due to this positive response, further information through resources, and help from industries has emerged, such as the NHS providing services regarding an individual's wellbeing. The rise in awareness through social media, with public figures interacting with followers on their own experiences, creates another avenue for exposure to the impact and issues surrounding mental health and wellbeing. On the strength of this, the drive to understand the economic benefits of good mental health and wellbeing, such as increased productivity, reduced absenteeism and healthcare costs (*Santini et al, 2021*), have become

measuring points to compare and reflect a person's progression regarding their wellbeing and mental health.

History of End-of-Life Care and The Influence of Wellbeing

End-of-life care has a long and complex history that is closely intertwined with cultural beliefs and medical practices throughout time. In ancient civilisations, such as in Egypt, Greece, and Rome, death was seen as a natural part of life (Morris, 1989), and the dying were often cared for at home by family and friends. The focus was on providing comfort and alleviating pain, rather than prolonging life.

In the 19th and early 20th centuries, the medicalisation of dying began (*Clark, 2002*). This period also saw the development of anaesthesia and pain relief medications (*Semiatin, 2013*), which greatly improved end-of-life care. However, death was still seen as a failure, and patients often received aggressive treatments even when it was clear that they were dying (*Balaban, 2000*). In the 1960s and 1970s, the hospice movement emerged in response to the perceived inadequacies of traditional medical care for the dying (*McGann, 2011*). The focus of hospice care was on improving quality of life and managing symptoms, rather than curative treatment (*Akdeniz et al, 2021*). Palliative care, which focuses on providing comfort and support to patients with serious illnesses, also emerged during this time. Though, globally, there was no scope of how the world was developing in regard to palliative care and architecture until the 2000's (*Cohen and Deliens, 2012*). In the 1990s, end-of-life care movements gained greater recognition and funding. The World Health Organization established guidelines for end-of-life care, emphasizing the importance of symptom management, emotional and spiritual support, and respect for patients' autonomy and dignity (*World Health Organisation, 2020*).

Palliative Care and Hospices: Similar but Different

Palliative care and hospices are not exactly the same, though, they do fall under the same bracket within the health sector. Hospice care is specifically focused on the terminally ill, and the final stages of end-of-life care, such as case study buildings Y Bwthyn Hospice and St. David's Hospice, by KKE Architects. Palliative care, on the other hand, takes provision through any point of a serious illness, such as cancer, heart failure, and dementia (*National Institute of Aging, 2021*), disregarding the prognosis. Palliative care can work alongside other strategies within healthcare, such as medication plans, physiotherapists, and close relationships to the individual's GP (*National Institute of Aging, 2021*). Palliative care puts their focus on the emotional, physical and mental support, such as the case study of The North London Hospice, by Alford Hall Monaghan Morris[1], which acts as a service for close

[1] Frequently abbreviated to AHMM

friends and relatives of the patients, as clarified in an interview with Susan Le Good, Project Manager of the building.

Literature Review

Within the literature review, the author has used published material surrounding the architecture of palliative care, its aesthetic, spatial and elemental properties of its design; medical research, documentation and the testing of this; and documentation covering the topic of wellbeing in all aspects of life. Typically, the outcome of this research was directed toward appraisal of a building or component, rather than the opposite.

Other notable references have come from articles from well-known companies such as the Architect's Journal (*Murray, 2013*); the RIBA (*RIBA, 2023*); and the BBC (*Zaraska, 2020*).

Regarding the review of exemplar palliative care architecture, significant documentation included Ken worpole's book which displays an understanding of the new ideas placed within designing for palliative care (*Worpole, 2019*); the Danish Hospice Guide, which illustrates guidance on creating positive spaces, communication and emotion through architectural design, focusing on plans formation rather than aesthetic design (*Nissen, 2006*); and Gullotti's book regarding the use of natural light in architecture to express desired outcomes (*Gullotti, 2019*).

In terms of the medical research of wellbeing and the topic as a promotional element, various documents were included such as the work of Cillessen, vocalising elements of wellbeing within the climate of palliative care (*Cillessen et al, 2019*). Documents such as this added further depth of points made within the dissertation.

Wellbeing as a non-medical element was researched to understand the general term and its position within our society. 'Stigma' (*Clair, 2018*); 'The challenge of defining wellbeing' (*Dodge, 2012*); and the World Health Organisation's understanding, evaluation and information of wellbeing (*2018*), have helped in defining, applying and evaluating this information produced through this dissertation.

Aims and objectives

Dissertation Question

How is the idea of wellbeing expressed within palliative care buildings?

Aim:

To identify the key architectural characteristics and aesthetics found across exemplar palliative care buildings and use this as a baseline for assessing the success of a building's contribution to these components, influencing the user's wellbeing.

Specific Objectives:

1. Identify the common components of exemplar palliative care buildings.
2. Understand the impact of these components on an individual's wellbeing.
3. Apply these components to the case study buildings.
4. Compare the outcomes of this information, identifying which component has the most worth in each building.

Aim:

To identify the methods of measuring wellbeing and the emphasis of this in palliative care architecture.

Specific Objectives:

1. Apply these methods to palliative care architecture.
2. Understand how wellbeing is promoted within palliative care and how the architecture of the building can highlight this.
3. Reflect on this with the correspondence of building users (case study buildings).
4. Evaluate the success of each highlighted method of promoting wellbeing with the qualitative opinion of a case study building user.

Introduction of Case Studies

The author has chosen three case studies to use as vehicles for how wellbeing is designed into architecture, focusing on palliative care. The three case studies are Y Bwthyn Hospice, and St. David's Hospice, by KKE Architects. The reason for two case studies produced by the same architectural practice is due to the practice being specialists in the field of palliative care. Each of the hospices holds value within the palliative care sector, as a result of this, St. David's Hospice has multiple RIBA Awards (*RIBA, 2023*), with Y Bwthyn having been shortlisted for awards also (*Gregory, 2020*). In addition to this, these case studies were ideal candidates for the author, as their locations are both within Wales, near the author's residence of Swansea, Wales. The third case study used in the dissertation is The North London Hospice, by AHMM. Referred to the author through an interview with Phil Kavanagh[2]

[2] Phil Kavanagh, Director, KKE Architects

of KKE Architects, praising the success of the building, The North London Hospice is another exemplar piece of work that expresses key concepts designed to enhance a building user's wellbeing. Understanding the value of Phil Kavanagh's expertise within the palliative care sector regarding architecture, the author understood that this case study would benefit the dissertation's depth of evaluation, as it gave a contrasting approach to design when compared to that of KKE Architects.

Methodology

Through researching this dissertation topic, I used four different approaches:

1. Library research and documentation
2. Medical research documents
3. Interviews with key individuals of each case study building
4. Site visits to case study buildings

1. Library research and documentation

At the first point of conducting research, an online study of attainable online documents, books and articles were identified. Through this literature research, the researcher identified any guides of the design of palliative care buildings and used this documentation to gain a further understanding of the current position of palliative care architecture and its approach of driving wellbeing through the design.
The researcher also watched previous architectural webinars surrounding the topic of wellbeing in architecture, such as BD Online's 'Social Value Edit'.

2. Medical research documents

It was important to find appropriate documentation that tested the statements intended to be discussed within the dissertation. As the topic targets the idea of wellbeing within palliative care, it was understood that reliance of documentation either contrasting or boosting statements. It has also been used to understand why procedures in architectural design, such as the implementation of certain materials, can be taken as successful or not.

3. Interviews with key individuals of each case study building

Interviews took place in person and over online calls. The architect of each case study was interviewed, this being Phil Kavanagh, Susi Le Good. Emma Saysell was interviewed, with her opinion also being that of a nurse with great experience in the field, along with being allocated the project management role for St. David's Hospice. This approach allowed for

the researcher to ask questions and gain an understanding of the current position of wellbeing within palliative care architecture.

4. Site visits to case study buildings

Unfortunately, access into the buildings was not permitted, as the buildings are delicate spaces for those in need of the palliative care available. An exterior evaluation was made of two of the three case studies, making this part of the methodology partially unsuccessful, and would be a factor that would ideally be further investigated with extended resources. Though, from the experience of this research method, it can be said that this is beneficial to understanding the building on a personal level.

Chapter 1: Themes and Values

End of life care worldwide has developed different approaches, methods, and ideas to creating services within the healthcare sector. Globally, the United Kingdom ranks the top country for the best palliative care (*National Health Executive, 2015*), with great knowledge of all health and wellbeing situations and topics being apparent to the population. When making the comparison to countries outside of the UK, it is evident that there is a lacking necessity for palliative care. In the case of Moscow, Russia, it is deemed that one in four needing palliative care treatment are fortunate enough to attain this (*Klochko, 2022*).

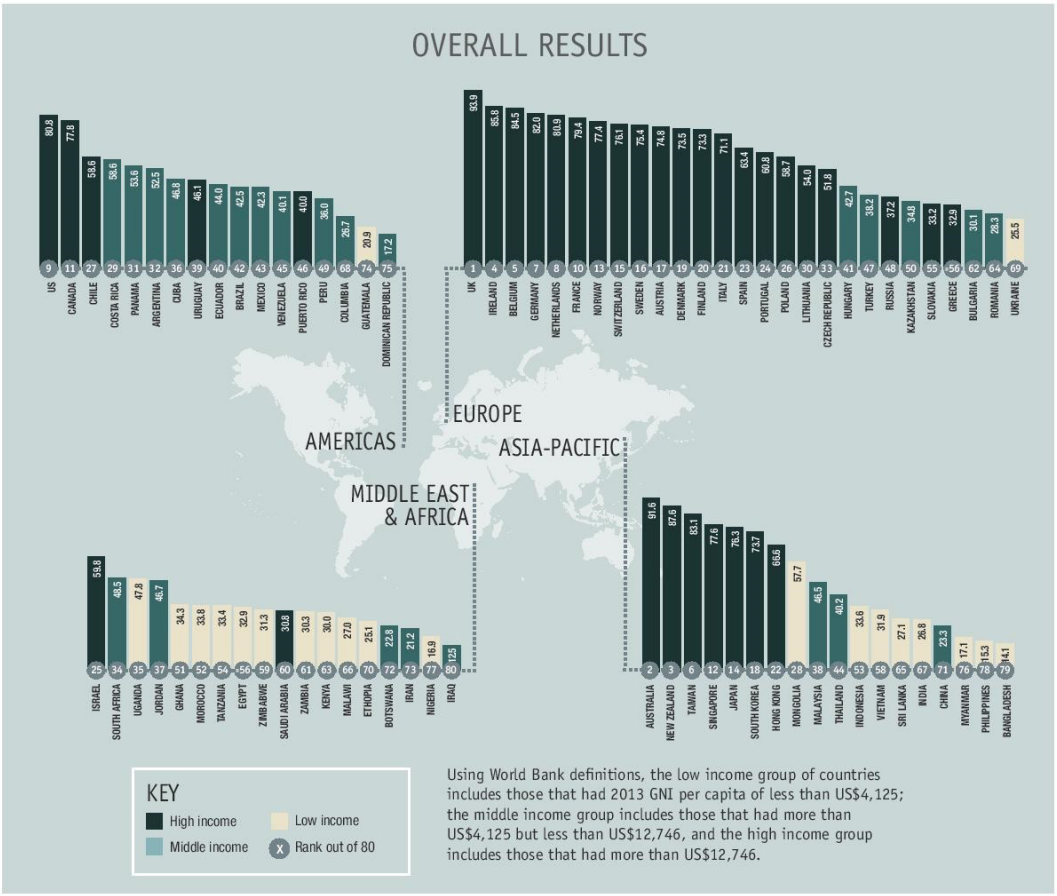


Figure 1: Quality of Death Infographic (Photo Credit: National Health Executive)

Although there is statistical evidence of the success that the United Kingdom has in palliative care, countless examples of effective palliative care and its methods leading to success can be found in buildings outside of the UK. International architects and their projects have had noteworthy influence on architecture within the United Kingdom (*Pardey, 2020*), and this is no different when focusing on end-of-life care as a sector. Palliative care outside of the UK

has had great influences on some of the specialist architectural practices of the UK. For example, while interviewing Phil Kavanagh, director of KKE Architects praised the work of Danish practice, Moller Architects and their project, Hospice Djursland.
Creating a building for such a purpose indicates the need for a great amount of clarity within each part of the design, from the external design right through to each interior space. Distinctness in design proposal, materiality, and layout is important as, with bespoke healthcare, there are many differing styles to the buildings. In the case of Hungary, its language is not understood by many, so the country's architecture speaks for the country, becoming powerful and displaying strength (*Macsai, 1985*). Throughout the literacy review and researching various palliative care buildings across the world, there are several elements in the design of palliative care and hospice buildings.

Domesticity

The ideology of creating a solacing space within the palliative care sector has become of increasing popularity throughout architecture. C.F. Moller Architects state their intent to design a hospice that creates a homely atmosphere rather than that of an organisation (C*.F. Moller Architects, 2023*). This is exemplified through their 'Hospice Djursland' project. The importance of this within palliative care is demonstrated through the need for a building to give the essence of domesticity, a place of warmth and comfort. An example of a method used to fulfil this is shown through a case study, the North London Hospice (*Murray, 2013*). The ideology of expressing a pitched roof was conversed in an interview with the Project Architect, Susan Le Good, and relation to the roof layout of a domestic house. The intended outcome is believed to replicate the feeling of visiting a home, rather than a clinic or hospital environment. Lily Bernheimer also picks up on the 'homely' feeling created through a pitched roof, and how as humans we psychologically associate this feeling with a pitched roof (*BD Online, 2020)*. It is important to understand that a pitched roof does not benefit a person's wellbeing, but in the context of creating a homely environment, it can add to the feeling generated by a person, which can lead to a boost in wellbeing (Bernheimer, 2019). Another example of the method of using a pitched roof in a hospice setting can be seen through the work of Krampe Schmidt Architekten BDA's recently built St. Elisabeth Hospiz, Germany (K*rampe Shmidt Architekten, 2021*). Although this is a method used within palliative care architecture, it can be argued that it is not a necessity to succeed in creating a homely atmosphere. An example of flat roofing systems within end of life are visible through the work of NORD Architect's Copenhagen Hospice, Denmark (*Griffiths, 2017*). Creating a comparison between the two styles, internally, users of the building would share the same feeling in many of the ground floor rooms situated in both spaces as of the flat ceilings. This determines the importance of the pitched roof being seen externally as a symbol of domesticity, though when used internally, this is conferred to as spatial expression.



Figure 2: North London Hospice Brick Elevation (Photo Credit: AHMM Architects)

Le Good also talks about the experience of a patient's transition from a hospital setting into a palliative care building, indicating the drive for a domestic scale building. The general feel for the process of designing palliative care buildings convey an understanding of either in whole, or in elements within the building, such as the scale of specific rooms. upon interviewing Emma Saysell MBE[3], Project Manager of St. David's Hospice, Newport, existing palliative care buildings that had been unsuccessful in managing the scale of spaces within the hospice setting was a topic of discussion. This indicated the importance on maintaining a suitably scaled space, which is evidently implemented in the hospice. Private rooms are allocated adequate space for their purpose, with avoidance of oversizing areas, to prevent the feeling of loneliness. Comfort plays a significant factor in a person's wellbeing (*Pinto et al, 2017*), which drives the process of designing at a domestic scale, as typically, an individual would feel homely within their own home. Regardless of the overall size of the building, interior rooms are sized subject to their desired measurements. An example of a larger building that is scaled by its smaller, consistent internal spaces is TSURUMI Children's Hospice (*Niregane, 2016*).

An argument against creating a domestic feel, described as homely would be that each person has a different perspective to what home feels like. Factors that may affect this are age and culture. Phil Kavanagh, Director of KKE Architects spoke in a recent interview regarding Y Bwthyn Hospice, where tackling this issue entailed designing rooms in which their function was indicated subtly through elements that were not decorative finishes that differ from culture and age groups, but through room layouts and key features of each space. This can be done through materials, colour palettes, and spatial expression, such as heightened ceilings with natural light coming from above rather than at eye level.

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[3] Emma Saysell (MBE), CEO and director of Nursing at St. David's Hospice. Saysell is also the accountable officer for the Charity and reports to the Board of Trustees.

Natural Materials

Regarding material choices, architects understand the benefits, and typically use natural materials within palliative care buildings. The idea of nature and expressing natural forms has become a reoccurring theme within exemplar palliative healthcare (*King's Fund, 2011*). Specifically, timber cladding is implemented within design revolving around health and wellbeing. There is research claiming that the presence of timber within design can have beneficial influences on a person's day to day life (*Tsunetsugu et al, 2007*). Whilst acknowledging the benefits of this material, there are prudent opinions (*Hahn, 2023*) regarding the over-use of timber within the industry, regarding timber as a limited material. Countering this, through the health and wellbeing influences of the material, research from FPInnovations shows the relationship with timber elements within an indoor environment can lower a person's sympathetic nervous system[4] (*Fell, 2011*). The said test included 119 university students and compared the same room setting with timber furnishings opposed to white furnishings. The outcome displayed that timber is the more preferred finish, due to its health benefits. Though, noticeably, there is criticism to be made via the reliability of the test. The testing pool is seen to be shallow, with no diversity of age groups present. Along with this, timber takes great popularity as an external cladding system, where its aesthetic benefits can be expressed as a potentially beautiful natural material finish. As a raw material, it succeeds generating a tonic value (*Verderber and Refuerzo, 2019*). An example of this is shown through the work of KKE Architect's St. David's Hospice, Newport *(Jessel, 2018).* The hospice takes advantage of timber cladding with a combination of shingles and vertical clad at different points of the building.



Figure 3: St. David's Hospice (Photo Credit: Ståle Eriksen)

On the contrary, Copenhagen Hospice by NORD Architects creates a similar environment through the building's interior but uses a golden metal cladding in its exterior. This highlights the contrast between natural and unnatural materials within end-of-life care design, but also

[4] The sympathetic nervous system is a network of nerves that helps your body to activate its 'fight-or-flight' response. This system's activity increases when you're stressed, in danger or physically active.

shows the possibility of creating an environment and feelings parallel to those of a building using natural materials, as an exterior, as research shows that materials can and do influence a person's emotion (*Ürgen, 2006*).



Figure 4: Copenhagen Hospice Internal Courtyard (Photo Credit: Nord Architects)

Within end-of-life care buildings, there are various examples of masonry and stonework used in an array of different styles. In an interview with Susan Le Good, the use of brickwork on the North London Hospice, relating back to the previous theme of creating a domestic feel, the intent was to bolster the tenderness of a homely environment. For instance, St. Richards Hospice, by KKE Architects uses a clean red brickwork (*KKE Architects, 2023*), creating a solacing feeling before stepping foot in the building, something that takes great importance within a user's emotive state when visiting such an environment.
Within all disciplines of architecture, the influence of glazing within a building creates both atmosphere and context between indoor and outdoor settings (*Jóźwik, 2022*). In the case of KKE Architects, Y Bwthyn Hospice creates natural light throughout its circulation with skylights naturally lighting the space. Calming views are also displayed when in positions looking outwards towards a clear sky. This element of design leads to the next apparent theme within end-of-life care, natural lighting. This is exemplified by Ken Worpole, in the article 'A House at The End of Life,' where he quotes "*The elderly fear being immured, cut off from everyday life*" (*Worpole, 2019*). From this we can see the importance of inclusion within this sector of architecture. The use of glazing to showcase environments and relationships to those using the facilities, whether it be views into courtyards, such as those in the case of Copenhagen Hospice by NORD Architects (*Pearman, 2017)*, or outwards to the external environment, using Architype's St. Michael's Hospice as an exemplar example (*Mark, 2015*), the implementation of connections through glazing is an element of the design which benefits all aspects of the building's success.



Figure 5: St. Michael's Hospice
(Photo Credit: Denis Gilbert)

Natural Lighting

The thought of natural light within a building comes with the initial thought of this concept being common sense in all architectural design, though in this case, the focus is on the outcome of the natural light and being able to utilise shadows, consistencies, and in cases, thermal properties within the building. Henry Plummer tells in his book 'The Architecture of Natural Light' "*Daylight is the source of energy that drives the growth and activity of all living things*" (*Plummer. H, 2009*). This highlights the simplicity of this desired element, yet its impact on all of nature, enhancing growth. The question from this statement is why is there such a push for natural light over substantial artificial lighting? Sources prove that more natural light exposure generates a better day to day lifestyle than those with less exposure to natural light (*Heschong et al, 2003*). National institutes of health documented their findings when comparing workers in windowless environments to workers in environments with natural light exposure, with the outcome indicating workers within settings with exposure to natural light had greater levels of sleep and less frequent sleep disturbances, along with higher levels of physical activity (*Boubekri et al, 2014*). This indicates the benefits and necessity of natural light within buildings in general, but especially in an environment such as end-of-life care, where the intent of the user to peacefully pass in an environment as close to home as possible (*NHS Choices, 2019*).

Specific spaces such as a meditation or mixed religion prayer room would benefit from natural light from above (*Holmes, 2014*), with some shadowing perceived as more intense than other rooms, to create a respectful atmosphere. This is present through the case study of KKE Architect's St. David's hospice, where the mixed religion prayer room cannot use distinctly religious décor due to the aim of avoiding offending others, so soft materials and natural lighting help to gain the grasp of a religious environment. Public rooms such as the

kitchen and café spaces would benefit from a consistent level of light that does not create shadows or dark areas (*Gullotti, 2019*), which when taking into consideration the methods of the Danish Hospice Guide, “The communal areas and public spaces should encourage social relations between users.” (*Nissen, 2006*)

These public spaces are aiming to promote conversation and togetherness, so intense shadowing or dark areas do not benefit the intent of the design. An exemplar example of this in an end-of-life building setting comes from the St. David’s Hospice café space. Bifolding doors line the west elevation with natural lighting at a consistent level, allowing for bedrooms and terraces, accommodating the east and north facing elevations in an L-shaped formation, to collect the morning sunlight.



Figure 6: St. David’s Hospice Café (Photo Credit: Ståle Eriksen)

Privacy

Privacy is one of the most important aspects of palliative and hospice care (*Gerry, 2013*), as the distinction between public and private spaces needs to be somewhat perceived as separate, but blend within the layout of the building in order to avoid the feeling of an ‘out of bounds’ zone. Although, to contrast and complicate this statement, creating a space that is not accessible to the public, due to the softness and delicacy of the situations within the building, is an important aspect to the design. Within palliative care, the resolution of this comes through the design of internal courtyards and gardens, which express an outdoor environment, protected by the boundaries of the site. This is evident through the work of AHMM in their North London Hospice (*Frearson, 2013*). During an interview with Project Architect of the Hospice, Susan Le Good, there was a clear decision though the design to create a rear courtyard that was masked from the main road by the mass of the house, which acted as the barrier between this peaceful space and the brash main road in front of the site. Contrasting this, Rhael ‘LionHeart’ Cape Hon FRIBA made the claim of inward-

looking buildings creating a feeling of being isolated from a wider community (*Channel 4, 2020*). In terms of palliative care, there has to be an equal balance between the two factors. Arguably, in the context of an environment such as end-of-life care, it is important to distinguish between the public boundary and the privacy of the site. In the case of Y Bwthyn Hospice, privacy is displayed through the offset bedrooms which allow for a similar feeling maintained between each of the bedrooms, with an enhanced sense of privacy as there is no expression of the rooms either side of the user, which could be seen as an improvement of the earlier St. David's Hospice, also produced by KKE Architects (*KKE Architects, 2023*).

Ultimately, the identified themes and values help to create an environment that enhances the quality of end-of-life care. This is possible through connection with wellbeing, and each of them being culturally appreciated. The factors listed provide spaces through a building that project warmth and homeliness, where solace is promoted through each aspect of the design. Although there are a substantial number of buildings that illustrate this, KKE Architects have been outlined as frequent successors of this architectural build, displaying the key themes and values associated with end-of-life care throughout each project. When focusing on each value presented, there are overlapping factors which tie back to what can be seen as basic day to day necessities. The ability to see views, both from and internal and external perspective, creating buildings that have materiality that connects with its environment, and is rich in cultural history, such as the use of natural stone within Wales. The overall common theme with each building in context, and each element in a building is that it relates back to nature and the surrounding environment. The building enhances its site through specific views and allowance of light and air, connecting the users to the outside world even in such a careful and delicate setting. This prompts the inquiry of whether these buildings are much different to the desires of a person regardless of health, and whether these design values are simply augmentation of our needs in terms of wellbeing and emotional calmness.

Chapter 2: Wellbeing in Architecture: Measured to Promote and Promoted to Measure

Wellbeing is a difficult component of a person's state to measure because of its subjectiveness, which leads to variance between individuals (*Dodge et al, 2012*). However, there are accepted ways in which to measure wellbeing. The drive in promotion of wellbeing as a societal issue has come from its lack of stigmatisation when compared to previous years (*Clair, 2018*). Through research and the literature review, it is understood that there are four ways of measuring collective wellbeing, that use different approaches. The choice of measurement is dependent the type of, and the context in which the research is being conducted. These four types of measurement are self-report assessments, objective measures, composite measures and qualitative research. These are described in summary below.

Self-Report Assessments

Using the self-report assessment method to measure wellbeing gives feedback through comparison of the individual's present feeing to a previous occasion. As recognised through the World Health Organisation wellbeing definition (*World Health Organisation, 2022*), there are multiple segments that create the overcasting term 'wellbeing'. These being the emotional, social, physical, and psychological elements (*World Health Organisation, 2022*). Due to the self-report assessment's procedure of implementation being taken through a questionnaire-based design, it becomes versatile and able to target each of the components that build up the wellbeing model (*Diener et al, 2009*). To exemplify this, the World Health Organisation's WHO-5 Wellbeing Index generates its results through basing each answer on a scale between one and five, depending on the state of a young person's wellbeing (*Child Outcomes Research Consortium, 2015*). Not only is this a straightforward procedure, with generally fast results, but it is also easily comparable to previous results of the same individual. This has been elucidated through the work of Omani-Samani, who tested the success of this questionnaire, suggesting that this method has a higher degree of reliance (*Omani-Samani et al, 2019*). Alike the approach of the WHO-5 Wellbeing Index, the Warwick-Edinburgh Mental Wellbeing Index uses a similar scoring approach between one and five and calculates a score through the addition of the fourteen questions, giving an overall figure to compare individual responses across a period of time (*BDO New Zealand, 2022*). Not only does this again reflect the ease of this measurement style but gives a further simplicity through generalising the results to a singular score, which gives a facile comparison (*Schimmack and Oishi, 2005*). In the context of an end-of-life care setting, this style of approach has been referred to as having high applicability across study fields

(*Topp et al, 2015*). This is advantageous to an end-of-life setting due to the frequency of points of care within a facility, and the quickness of the procedure, and the fact that the questions are not overly personal.

Objective Measures

Objective measures use the results of objective data, quantified using standardised assessments or tests (*Morris and DeShon, 2002*). This can be found through the means of physical health measures displaying BMI, blood and cholesterol levels (*Bell et al, 2015*), and social indications such as the size of an individual's social network, or social capital. In comparison to the methods of the self-report assessments method of measurement, there is a more medically reasoned outcome within objectively measured approaches, which can lead to differing outcomes overall (*Snibsøer et al, 2018*). This creates the argument of either the necessity of using both methods until this point, or the strength in still applying both methods, to find evidence that contextualise the emotional state of an individual. Within the environment of an end-of-life care building, this process of research can be used to an efficient degree due to the context of the building being of treatment and wellbeing. From this, we can understand the necessity of using, at this stage, both the self-report assessment and objective measures.

Composite Measures

Composite measures help to assist the researcher in measuring wellbeing by combining multiple indicators to create a single index or overall score (*Kara et al, 2022*). Some examples of this include the Human Development Index (HDI), combining factors such as life expectancy, education, and income, to provide an overall idea of a person's wellbeing and growth (*Roser, 2014*). Though this example is still a type of composite measure, there are others that are best suited to the needs of an individual requiring palliative care.
Palliative care gives its focus to quality of life and its end-of-life care, so in theory its composite measuring approach, rather than others that focus on more economic and environmental factors such as the Happy Planet Index (*Michalos, 2014*).
Measures with the more appropriate focuses are those such as the Palliative Care Outcome Scale (POS), which is a composite measure designed to assess the quality of life and symptom burden of patients receiving palliative care (*Antunes et al, 2012*). The POS includes questions about physical symptoms, psychological symptoms, and social support, as well as overall quality of life and satisfaction with care. The success of this particular measure, compared to objective measures, the composite measuring approach allows for comparisons to be made between different regions (*Pace, 2012*).

Qualitative Research

Qualitative research can be particularly useful for exploring aspects of wellbeing that may be difficult to capture with quantitative measures, such as the subjective experiences of

individuals, the social and cultural contexts of wellbeing, and the complex interplay of factors that contribute to wellbeing, which can differ between individuals (*Clarke and Braun, 2013*). Through structured conversations, and prolonged understanding of an individual's experiences, methods such as interviews and focus groups can produce results for a level of a person's wellbeing. In the care of interviews, the ability to be able to grasp an understanding for a person's qualitative response to their situation, especially when in an end-of-life environment, can give more depth than that. of a quantitative response, such as the other measurement methods. Similarly, focus groups allow for the same expression of opinion, though in a wider circle of individuals. This helps to understand the influence of social environments on wellbeing (*Nyumba et al, 2018*). An example of qualitative research is ethnographical studies i.e., the study of people, contextualised by their cultures and customs (*Office for Health Improvement and Disparities, 2020*). This approach can be beneficial to the desired and researchable hospice environment as its focus lies between the topics of social, environmental, and cultural factors that influence the experiences of wellbeing (*Rashid et al, 2015*), and would be applied to the scenarios of end-of-life care. This procedure would be undertaken through a researcher spending extended periods of time inside a hospice, understanding palliative care, observing interactions between patients and healthcare providers, and reviewing more informal interactions with the individual and their relatives, and close friends.

Ethnography can provide a rich and nuanced understanding of the social and cultural dimensions of palliative care (*Pesut et al, 2013*), however, ethnographic research is typically limited to a small number of cases and may not be directly generalizable to other settings or populations, something that composite measurements tackles more successfully.

Ultimately, there is a place for each of these methods in the approach of measuring wellbeing, though in certain situations, some are more applicable than others. Self-report assessments and objective measures are easily produced due to their quick time scale from start to finish, and the low level of invasiveness. Composite measures allow for comparisons between nations and wider ranges of information, which can identify potential for improvement in a long-term perspective. Qualitative research methods can create a picture of how a person is feeling in their own words, actions and day to day life, especially in the delicate context of palliative care. There is strength in having a combination of each of these elements within end-of-life care, as this gives a holistic outcome and gives great feedback to each person within the environment.

Wellbeing as A Promotional Element

As the concern of wellbeing progresses within architecture, there becomes further examples of how the topic of wellbeing can be and has been applied to buildings have emerged.

Abdallah indicates wellbeing through five different methods of activity (*Abdallah, 2011*). The five methods can be singularised and evaluated when applied to an end-of-life care setting. These five topics are to connect, take notice, keep learning, be active and to give. These terms are applied to the environment that the building can create, through architectural forms, spaces and arrangements throughout a hospice.

Five Ways	Question	People were categorised as doing this activity if they responded… [61]
Connect	How often do you meet socially with friends, relatives, or work colleagues?	Several times a month or more
Take Notice	On a typical day, how often do you take notice of and appreciate your surroundings?	7 or more on a scale of 0 (never) to 10 (always)
Keep Learning	To what extent do you learn new things in your life?	5 or more on a scale of 1 (not at all) to 7 (a great deal)
Be Active	On how many of the last 7 days were you physically active continuously for 20 minutes or longer?	Three days a week or more
Give	To what extent do you provide help and support to people you are close to when they need it?	6 or more on a scale of 1 (not at all) to 7 (completely)

Figure 7: Five Ways questions and the response threshold used (Photo Credit: S. Abdallah)

To Connect

Connecting with others is a fundamental part of wellbeing as humans are social creatures, which thrive off interactions and relations with others as a part of life. In palliative care, connecting with others can be especially important, as patients and families may be facing difficult and emotional challenges. Social support and connection can provide a source of comfort and help to manage the complex emotions that arise at the end of life. Through architecture, there is the ability to create communal spaces, and even private spaces, that enhance the element of conversation and connectivity between individuals (*Francis et al, 2015*). Emma Saysell talked about the conflict of other families and the potential of them becoming intrusive within a public space, this being the reason for private patio spaces rather than public. This view appears to contradict some of the proposals put forward under the themes and values. For example, the North London hospice uses the entire ground floor space as a welcome area, café space and day lounge. This mixed public space was described in positive terms by Susan Le Good in my interview with her. The importance of creating spaces for people to connect is advanced by the research showing that social isolation and loneliness can have negative impacts on physical and mental health, including

increased risk of cardiovascular disease, depression, and anxiety. In contrast, social support and social connections have been linked to better health outcomes, increased resilience, and improved quality of life.

To Take Notice

Mindfulness in the context of wellbeing is another element of which can decrease the symptoms of anxiety and depression. It is important to note that these factors cannot solely cure these factors. Though mindfulness has its great benefits on an individual and their wellbeing, it does require time, practise and personal effort in order to develop (*Cillessen et al, 2019*), something potentially harder to attain considering the state of an individual within a hospice environment.

One way of introducing mindfulness is through the influence of the surrounding environment (*Howell et al, 2011*). In the research work of Abdallah (*2015*), we can see that in the questionnaire displayed from figure 7 that the idea of taking notice is based on how frequently a patient takes notice of the surrounding environment. In the case of many of the exemplar hospices, such as one of the case study buildings, Y Bwthyn Hospice by KKE Architects, the surrounding environment is carefully integrated into the design. This is done by staggering the edge of the plan to form private spaces, which open onto private patios, which in turn open to the natural surroundings. This obviously sets up a number of opportunities for patients to take notice of their surroundings. In the context of Abdallah's set of measurements, a plan such as this would probably rate quite highly. In situations where the natural environment is not as present, the demand for exposing elements of the surrounding environment in innovative ways is even greater (*Bratman et al, 2015*). An example of this can be seen through the work of Moller Architects in their Hospice Djursland project, where bedrooms have rooflights, so that the sky and clouds are visible even from laying in a hospital bed.

To Keep Learning

Another approach to enhance wellbeing is to create spaces that promote collaboration and knowledge-sharing. Exemplifying this by linking back to connecting with others, approaches such as creating shared spaces where staff can facilitate communication and collaboration allows for the exchange of ideas and the best practices, along with the opportunity to learn more general knowledge (*McTavish and Phillips, 2014*). Group meeting spaces can be designed to promote education and training, allowing for staff to learn from one another and from experts in the field. Emma Saysell clarified the relationship between herself (being an experienced nurse, and project manager of St. David's Hospice, Newport) and the Architects (Phil Kavanagh and Lorin Arnold of KKE Architects) working on the project, emphasising the conversations and understanding that the staff are the most knowledgeable on the topic of hospice care, which was also reiterated in an interview with Phil Kavanagh. Bringing this

concept into the hospice creates success in producing spaces for both community-based activity and the opportunity to learn. This is also an all-encompassing element to the individuals present within end-of-life care, as it gives each role playing individual an opportunity to involve themselves.

To Be Active

There are several ways to maintain a level of activity when in a palliative care environment. Some of which do not target physical activity and focus on mental activity (*Anandarajah et al, 2020*). Setting goals and being able to advocate for themselves can help a patient to feel mentally active and be part of a community feeling. Another way of both maintaining the sense of community and prolonging a person's activity is to participate in activities that are meaningful and enjoyable, such as art or music therapy, and spending time with pets. Emma Saysell described the purpose of the St. David's Hospice bedroom layout and its ability to accommodate larger pets such as horses or llamas to use the green space and be in touch with their owner who may be a patient in the hospice. This highlights the importance of creating spaces within architecture that enhance the ability to stay active.

To Give

Giving to others, and acts of kindness, can play a significant part of promoting wellbeing (*Zaraska, 2020*). It has been shown that when acting upon this, it can have a positive effect on a person's mental and emotional wellbeing (*Sheldon and Lyubomirsky, 2004*). Ways that giving can promote a person's wellbeing are identified as follows;

Boosting a person's mood is achieved through engaging in the act of giving to others, through an increase in brain hormones such as dopamine and oxytocin (*Harbaugh et al, 2017*). This can also lead to a boost in an individual's mood and help work towards a sense of greater overall wellbeing (*Harbaugh et al, 2017*). Acts of kindness also help to increase the social connections someone may have. This can create a sense of community for an individual, and introduce feelings of fulfilment, and a sense of purpose (*Post, 2005*). Being part of a group and giving back to others can help to boost self-esteem, self-worth, and provide a feeling of a more positive self-image (*Piliavin and Siegl, 2007*). Ultimately, these factors can then help to reduce the stress an individual may have. When people tend to focus on the needs of others, they may experience a decrease in stress levels, and an increase in calmness.

Chapter 3: Case Studies: The Value of The Themes

The case studies are reviewed and evaluated on their cohesiveness with the identified themes and values of chapter 1. it is important to note that I was not able to access any of the buildings internally, out of respect of the current patients at the time, so the only personal feeling possibly present toward the buildings could came from an external viewpoint. It is also important to note that out of the three buildings, Y Bwthyn Hospice and St. David's Hospice were the two accessed. It was decided that this test should be carried out through qualitative research, as a tick box exercise or numbered rating of each element would become subjective to the examiner of this information.

Y Bwthyn Hospice

Domesticity

Out of the three case studies, Y Bwthyn generates the least domestic approach. From its main entrance, the feeling gained feels more commercial than the other case studies. This is because of the split of the building, which introduces a lot of different materials, which feels as if there is a lot going on before entering the building.



Figure 8: Y Bwthyn Hospice Main Entrance
(Photo Credit: KKE Architects)

Contradicting this, the view from the car park does hint toward creating this element, as the pitched roof is exposed. This creates a slight sense of domesticity, in comparison to other situations around the building.



Figure 9: Y Bwthyn Hospice Car Park View (Photo Credit: KKE Architects)

Natural Materials

The building uses a combination of natural materials in its exterior. Brickwork lines the building with timber and metal cladding introduced through the wall build up at different points. The metal clad matches that of the pitched roof with additional influence of metal from the decorative fans, that shelter a secondary walking path.



Figure 10: Y Bwthyn Hospice Decorative Metal Fans (Photo Credit: KKE Architects)

Y Bwthyn responds well to the use of natural materials through its exterior and continues elements of this into its interior design. Examples of this come from the timber-based furniture, such as the shelving created by Rob Barnby.

Natural Lighting

Natural lighting has a great influence on Y Bwthyn Hospice. There is a great use of glazing throughout the building, such as the day room space, which can be seen from figure 10. The building utilises various roof lights in areas best suited, such as the residential corridor. This brings light into building at points that could be otherwise considered dark spaces within the interior.



Figure 11: Y Bwthyn Hospice Residential Corridor (Photo Credit: KKE Architects)

In rooms that line the exterior of the building, larger windows allow natural light. in the case of bedrooms, bifolding doors take their place, maximising the solar gain within each room. This idea of bifolding doors is also found in the case study of St. Davids Hospice, as a recognised element of success, that also brings through the idea of connecting the interior to the exterior, an idea that can also be achieved with glazing.



Figure 12: Y Bwthyn Hospice Patient Bedroom (Photo Credit: KKE Architects)

Privacy

The building provides a brilliant use to its architectural form by creating privacy through a staggered edge on the side accommodating the patient bedrooms. By offsetting the bedroom spaces, this allows for similar views to be experienced, but creates a barrier between each room for the comfort of the patient. In terms of privacy only, without the influence of the design, Y Bwthyn is most successful in its ability to create pockets of space that suppress the ability of interference from others through its design, when compared to the other case studies, St. Davids Hospice and The North London Hospice.

Analysis of The Floor Plan



Figure 13: Y Bwthyn Hospice Ground Floor Plan (Photo Credit: KKE Architects)

Y Bwthyn hospice creates areas for private and public use through its plan. The main entrance tucks back between the informal area and private/staff use space, dividing the two areas upon entry. Double doors are used separate the informal reception area, and its open hallway, from the residential, and 'meet & greet' area. Upon entry to the 'meet & greet' space, toilets and staff lockers prolong the entry into the open area, concealing the view both into and out of the room from each side.

Inside of the residential area, washing and bathroom facilities create a central point for movement to travel around. The positioning of these rooms is potentially for the reason that they do not require natural light in the same way that, for example, the bedrooms do. The corridor that wraps around the central spaces is wide enough to not be considered as an intimidating space, as is well lit through the skylights previously mentioned. Seating areas placed. at the furthest point of the hallway help to create atmosphere within this space. Though the arrangement of bedrooms, from an exterior point is successful in creating privacy from others, interiorly, the arrangement can be confusing, and at some points feel close. For example, bedrooms situated at the corner of the buildings are entered almost next to each other, where the floor space directly outside of the door opening seems tighter than other areas within the building.

St. David's Hospice

Domesticity

In comparison to Y Bwthyn, St. David's Hospice has a much more residential feel to its entirety. The building has a far more residential scale, due to its at most, two storey height. This gives less of a commercial feel to the building, as there are not overly heightened elements. From the concealed side of the building, where the bedrooms are situated, the roof operates with a pitched angle. This has been identified as a component of creating a domestic feeling within this sector of architecture, which is also expressed from the interior.



Figure 14: St. David's Hospice Garden and Patio Areas (Photo Credit: Ståle Eriksen)

On an interior basis, the ceiling heights in private rooms are that of residential spaces, and hallways. Public spaces typically follow a similar design, with heightened areas such as the café still showing elements of domesticity, through the vaulted ceiling.



Figure 15: St. David's Hospice Café (Photo Credit: Ståle Eriksen)

Natural Materials

The walls of St. David's Hospice utilise timber shingles, arranged beautifully to create a natural finish. Timber is also used in uprights, that divide the patio spaces shared by the patient bedrooms. This is contrasted with elements of natural stone. Linking back to the themes and values chapter, timber has tended to benefit an individual's wellbeing, which can be applied to this building.



Figure 16: St. David's Hospice External Clad & Uprights (Photo Credit: Ståle Eriksen)

KKE Architects also use cladding internally. Furnishings such as floor and ceilings are timber too in situations, creating a delicate finish to each space.



Figure 17: St. David's Hospice Family Dayroom (Photo Credit: Elaine Lewis)

Natural Lighting

Similar to the Y Bwthyn Hospice, KKE Architects have places great emphasis on the necessity of natural light, which is clearly evident through this project. Each room grants large access to natural light, which helps to create a lighter atmosphere within the building. This is an element that is valuable to a building of this context.



Figure 18: St. David's Hospice Hallway (Photo Credit: Ståle Eriksen)

The bedrooms follow the same principles identified in Y Bwthyn Hospice, where bifolding doors express both natural light and the connection to the surrounding environment.



Figure 19: St. David's Hospice Patient Bedroom (Photo Credit: Elaine Lewis)

Privacy

St. David's Hospice deals with maintaining privacy well through its simple but effective plan. The L-shaped plan creates a rear space that is shared by the patient's bedrooms, for private use. Although this is shared, there are outdoor patio areas that divide each space, while maintaining the experience of the outdoor environment for each bedroom.



Figure 20: St. Davids Hospice Patio Space and Dividers (Photo Credit: Ståle Eriksen)

Internally, the building circulation seems thoughtful when considering the separation of public and private space. Upon entry, where the entrance slashes through the grain of the plan, which breaks the view down private corridors and focuses on the social spaces within the building. Public space is also separate from the private bedrooms and other facilities, again emphasising the divide between the two.

Analysis of The Floor Plan

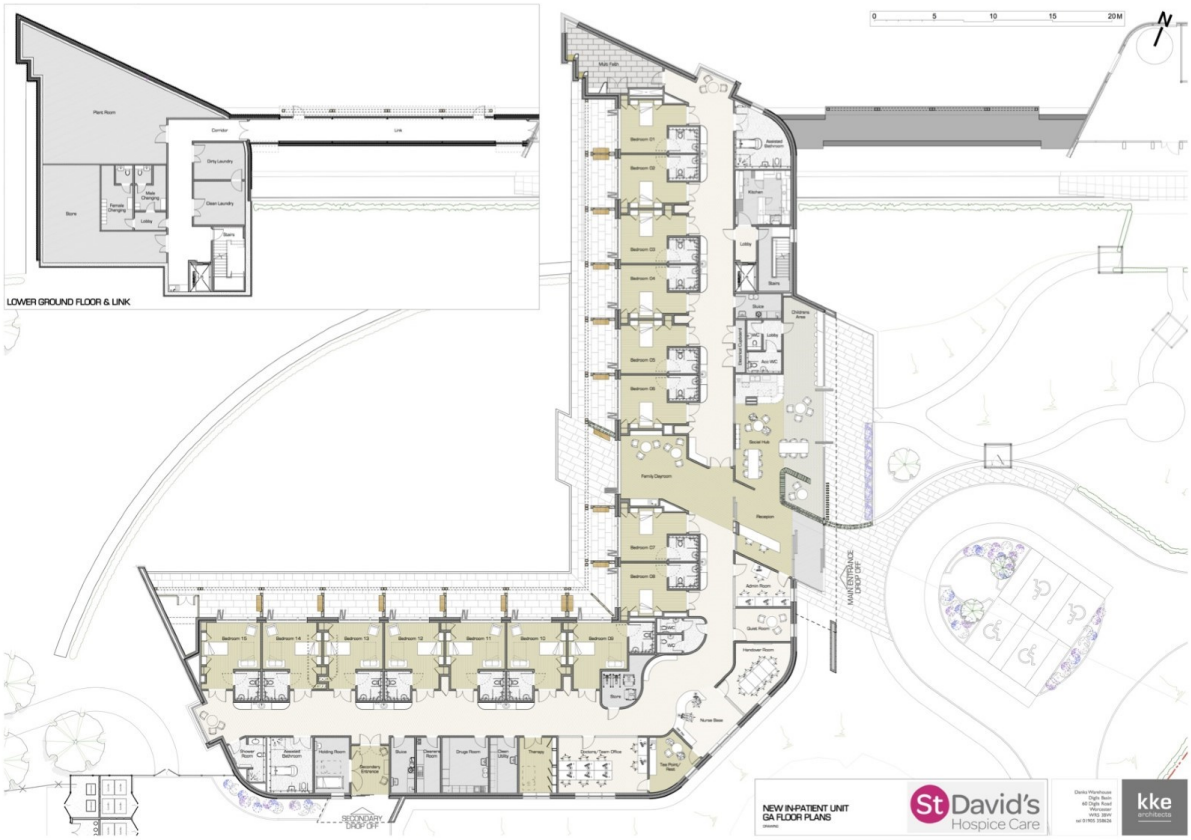


Figure 21: St. David's Hospice Ground Floor Plan (Photo Credit: KKE Architects)

St. David's Hospice has created a successful design when assessing the floor plan. The L-shaped design creates two hallways/corridors accommodating the 15 bedrooms. Although the corridors are read as long passages, glazing at each end takes away the feeling that a patient (as these parts of the building are for private use) might feel trapped within the space. This is because at every point in the plan, a glazed element allows for a connection to the external environment. In addition to this, the corridors are spacious and lack the narrow feeling that a less successful plan may have when tackling the long hallway-type design. The main entrance slashes through the building at a horizontal angle in respect to the building's position in its site. This idea is also seen in the Y Bwthyn Hospice, though it is used for the opposite outcome of providing a route for the private access to the main hospital. The slashing element in St. David's Hospice helps to divert attention from the private spaces and promotes public areas. For example, the plan gives a view straight into the large café area upon entry. Other public spaces are separate from private spaces and are found near the entrance. This indicates that accessibility for visitors is easy and allows patients to greet their family at the front of the building, as you would in a home.
The orientation of the plan creates a rear green space, purposed for the benefits of the patients, acting similarly to a garden. This is beneficial to the patients as, it connects the

interior and exterior spaces, with the influence of bifolding doors. The building's shape curves away from the east elevation (Visitors Entrance) which gives a feeling of protection, shielding the content of the building.

North London Hospice

Domesticity

Out of the three case studies, the North London Hospice has the most domestic feeling from its exterior. There are several elements of the building that help to achieve this. The pitched roofs create domesticity and symbolises this as a result. The pitch is elevated due to the building being three storeys, as seen in figure 2. This can also be taken as a characteristic of a typical house or home, especially when this is considered with the scale of the building being that of a household, perhaps on the larger side. The building does hold an advantage in regard to this topic as it is a day centre for those closest to patients. This means there is not a necessity for beds and medical equipment or technology, therefore reducing the size of the building considerably. The building also has a brickwork finish which is another component of the design that is found in residential architecture.



Figure 22: North London Hospice Brickwork and Landscaping (Photo Credit: AHMM)

Natural Materials

As stated, North London Hospice has a brick finish. This is carried through from external to internal as a wall feature finish. Internally, the building has many timber finishes such as its floors and ceilings, with some timber panelling on its internal walls.



Figure 23: North London Hospice Consultation Room (Photo Credit: AHMM)

Natural Lighting

Alike the two case studies prior, natural light plays a dominant role in lighting each room of the building. Large windows are placed thoughtfully in each room. Not only is this for the purpose of natural light, but to give views to key surroundings such as the adjacent park and green space.



Figure 24: North London Hospice Top Floor Glazing (Photo Credit: AHMM)

At top floor level, AHMM have utilised rooflights on the pitched roof to allow natural light into the office space. Linking to the essence of domesticity of the building.

Privacy

The building has considered the privacy of its occupants when inside or outside of the building. Similar to St. David's Hospice, the building uses its L-shaped form to create an outdoor courtyard while shielding the users from the adjacent main road. The building is also offset from the road, using vegetation to create a physical boundary between the pathway and the site.



Figure 25: North London Hospice Aerial Model (Photo Credit: AHMM)

Within the building, the ground floor is strictly for public use, whereas private spaces are found on the first floor, and office space on the second floor. This means that there is a distinct separation between public and private space, in which public space is prioritised upon entry. This is successful as there is no connection between the private and public space due to the level change.

Analysis of The Floor Plan

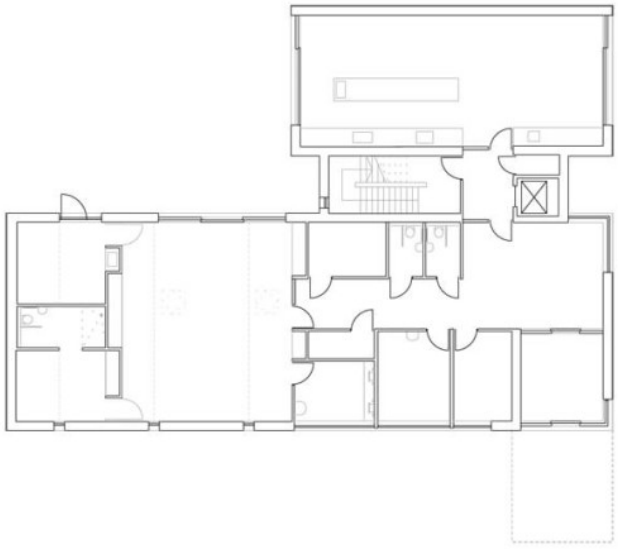


Figure 26: North London Hospice Ground Floor Plan (Photo Credit: AHMM)

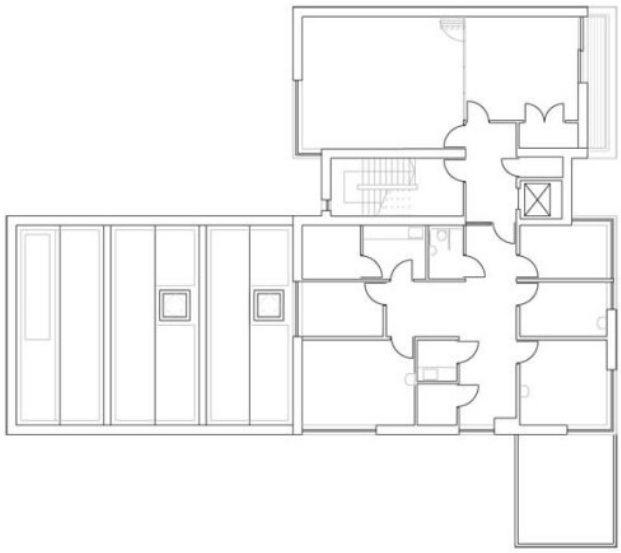


Figure 27: North London Hospice First Floor Plan (Photo Credit: AHMM)

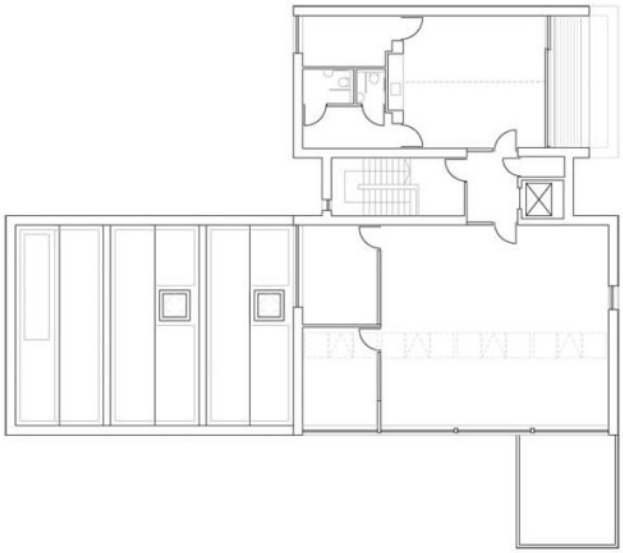


Figure 28: North London Hospice Second Floor
(Photo Credit: AHMM)

As stated previously, the building takes an L-shape in plan, concealing the rear courtyard. Comparable to the St. David's Hospice, this design style creates an outdoor space specifically for the users of the building. In addition to this, both plans create this element to the rear corner of the plan. The North London Hospice ties in with its existing grain, and surrounding buildings because of its domestic scale. In addition to this, the building seems to be understood as homely within its environment as the adjacent buildings are built for residential purpose. At ground floor level, the building accommodates all its public spaces. The building flows with a vastly domestic scale with rooms such as the kitchen and dining space. This is also applied to the floors above where, for example, private consultation rooms are found, along with office space for staff.

Findings

The results of this research show that the identified elements of the design are apparent within each of the case studies, though the buildings each differ in terms of the emphasis places on each of the said elements. Overall, it can be seen that by including these identified characteristics of exemplar hospice architecture, can help to create innovative and successful end-of-life care buildings, both architecturally and humanely. It is visible that the hospices have different focuses, based on their size, and purpose. To exemplify this, we can see that the essence of domesticity is far more symbolised in The North London Hospice, as its purpose is not to accommodate the in-patients that Y Bwthyn Hospice and St. David's Hospice deal with, reducing the building's size to scale well with a domestic household. Though, on the reverse of this, due to the larger site, the two buildings designed by KKE Architects have greater creativity of privatising elements such as the bedrooms within the

building. This exercise gives us a greater understanding of the necessity of each element of design identified, but would benefit from further research, given the opportunity to do so, and would greatly benefit from user feedback as a result of this. As for the existing data that has been evaluated, it can be argued the findings would come across relevant to the guidance of design but would not particularly benefit a regulatory document for palliative care. The bespoke element of each end-of-life care building means that its purpose entails that there needs to be a level of variation between designs, or the building may fall into the undesirable category of design and build-style architecture that general admission hospitals proceed to use.

Conclusion

This dissertation concludes that wellbeing is promoted through palliative care architecture in several ways, such as the architectural design, spatial coordination, and its understanding of the surrounding environment. Though, the research presented requires further testing, and would highly benefit from responses of frequent building users. There is an overall success in the findings around the themes and values of exemplar palliative care buildings. With an opportunity to broaden this research, the themes and values of palliative care architecture could expand and further test the necessity of each component. It is understood from the dissertation that techniques within the architectural design of the three case study buildings can be evaluated based on their properties of design. Unfortunately, the dissertation lacks the opinion of building users, due to accessibility of this resource. This approach would also give the dissertation a further depth of research as it would have given another method of primary research to implement into or against the existing data.

Methods to gain research appeared successful, with multiple interviews with key figures of each building's development entailed a plethora of valuable information, that gave similar and opinions from significant personnel within the field. It was also understood that utilising library and online resources contributed to the research cause immensely, as did finding the appropriate medical research and testing documentation which allowed for points to be backed by scientific analysis as well as the principle of its architectural design.

Understanding that the themes and values found within this dissertation were already well-known elements of architecture, the dissertation focused on applying this information to the needs of palliative care buildings, to understand similarities between case study buildings, used as a vehicle to display the work of exemplar buildings in this sector of architecture. It is understood that the design of such delicate buildings requires a great attention to the details of the building some may not even consider, providing an all-encompassing feeling, utilising each design method throughout the building. With further resources, the dissertation would have been able to further the case study material to palliative care buildings, and building users, that are located within Europe and possibly the United States. This would then allow for national comparisons to be made between the methods used to promote wellbeing, the cultural differences that are present from the architecture, and the opinions of the building users to agree or differ with the potential findings. This would also give greater influence to the referred documentation used through this dissertation.

Now focusing the second part of the dissertation and answer the question of whether regulations could be applied to palliative care, with the inclusion of wellbeing. The dissertation was unsuccessful in completely proving whether or not a document would be suitable for this type of Architecture, though, leaned in the favour of neglecting the idea of

implementing such regulations. This is made apparent through the idea of each building being bespoke, and giving a feeling to its occupants unlike any past health building they may have been to. By creating a document that regulates the implementation of components identified in this dissertation, the future buildings may become similar to one another, hindering the idea of bespoke hospice healthcare. With the opportunity to further this research, it would be beneficial to test this method through a potential mock regulation document, which would then test the question at hand on a more rigorous level, easily identifying unnecessary information. Though the intent was to answer this question, and the methodology was put in place to accommodate ways of finding proof for an argument for or against this idea, the data felt unsuccessful. This is purely due to the depth of this research being over three building, and again, being limited due to time factors. To express this further, interviewing figures such as wellbeing specialists, further architects, and those involved with the creation of the said documentation.

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Interview with Phil Kavanagh, Director, KKE Architects, 13 January 2023

Interview with Emma Saysell, CEO, St. David's Hospice, 13 February 2023

Interview with Susan Le Good, Director, AHMM, 23 February 2023

Appendix A: Appendix A: Questions for Phil Kavanagh, KKE Architects

The following questions were asked during a visit to KKE Architects, 60 Danks Warehouse, Diglis Basin, Diglis Road, Worcester WR5 3BW, to Phil Kavanagh, Director, KKE Architects.

The questions were devised by the author of this dissertation.

1. What is wellbeing to you and your practice? Is it something that can be shown or described or is it a feeling?
2. Do you think there is enough common knowledge throughout the industry about wellbeing?
3. - Add on – what do you think can be done to highlight this topic?
4. How significant do you feel wellbeing is in architecture? Should there be more of an influence on architects towards this way of thinking?
5. Do you think designing with the intent of the wellbeing of the user should be a more commonly used approach in Architecture?
6. How do you feel the idea of 'wellness or wellbeing' has been portrayed in your building's Y Bwthyn and St. Davids Hospice?
7. Is there anything you would change throughout the Y Bwthyn building?
8. Same question. Is there anything you would change about the St. Davids Hospice building?
9. When designing said buildings, is there a regulatory standard or document that you would refer to as a baseline for the design?
10. - Add on – Do you think that something like this would benefit the design process when targeting wellness and wellbeing?
11. What are the most important factors to you when designing building's focusing on the client's wellbeing?
12. Are there specific feelings/emotions that you aim to target through the building's design?
13. Can wellbeing be produced in every building, or do you feel that the surrounding environment plays a larger role in the overall success of this?
14. After carrying out some background research, I found an interesting quote I'd like to talk about;

“We are unashamedly idealistic and we believe in the power of good design to affect people’s well-being in a positive way. “

What does good design mean to yourself and KKE Architects as a whole? Is there a common style or message that you feel is displayed in each of the projects?

Responses were received during the interview with Phil Kavanagh which was held on 13 January 2023.

Appendix B: Questions for Emma Saysell MBE, St. David's Hospice

The following questions were asked, during a MS Teams conversation, to Emma Saysell MBE, CEO, St. David's Hospice.

The questions were devised by the author of this dissertation.

1. Could you tell me about your occupational background and input in regard to the St. David's Hospice palliative care unit?
2. What do you think wellbeing is in your own opinion? Is it something physical, or something you can feel?
3. Off that last sentence there about staff, I managed to get an interview with the project architect, Phil Kavanagh. After speaking to him, one of the main points that he made, and it was clear that he had an incredible amount of praise for the workers of the building, he said that the workers made the building what it is almost. The question form that would be do you agree with that, or do you think that the choices for the building go hand in hand with that? Do you think the building could work wherever it was placed?

*Mentioning the link between the client and the architect and the importance of that communication. *

4. Would a building of this type of benefit or adhere from a type of regulated standard or baseline in terms of wellbeing?

Responses were received during MS Teams conversation with Emma Saysell which was held on 13 February 2023.

Appendix C: Appendix C: Questions for Susan Le Good, Allford Hall Monaghan Morris (AHMM)

The following questions were asked, during a MS Teams conversation, to Susan Le Good, Director, AHMM.

The questions were devised by the author of this dissertation.

1. What is wellbeing to you and your practice? Is it something that can be shown or described or is it a feeling?
2. Do you think there is enough common knowledge throughout the industry about wellbeing?
   - Add on – what do you think can be done to highlight this topic.?
3. How significant do you feel wellbeing is in architecture?
4. How do you feel the idea of ‘wellness or wellbeing’ has been portrayed in the North London Hospice?
5. Do you think the building would work as successfully if it didn’t have its environment?
6. Would there be anything that you’d change from the building?
7. When designing said buildings, is there a regulatory standard or document that you would refer to as a baseline for the design?
8. In terms of specifically wellbeing, was there an act or another document just of the wellbeing aspect, that you followed? I know you spoke about BREEAM previously but was there any external standard s or document that were followed for that aspect of the building?
9. Adding onto that, do you think that something that almost gives a baseline for the wellbeing terms and sort of gives a regulatory set of standards for a building, do you think that something like that would be beneficial, or would it hinder the design of a building?

Responses were received during MS Teams conversation with Susan Le Good which was held on 23 February 2023.