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Rationale and Context

Hospital architecture, like our everyday environments, is embedded with gendered norms that often go unnoticed. Yet, space is never neutral it shapes experiences, access to care, and people's sense of dignity and comfort. While research has recognized the influence of the built environment on health and well-being [1,2], it has yet to fully consider how these factors intersect with gender. Women represent the majority of users of the healthcare facilities, notably represented in the healthcare workforce and by relatives/informal caregivers [3].

Today, there is a clear need to strengthen research on Women's Well-being in Healthcare [4], thus this study is deliberately focusing on the experiences of "women patients" — a term encompassing women, girls, and gender-diverse individuals.

Cancer Caring facilities provide a particularly relevant context to explore gender-sensitive design approaches, as the experience of cancer and coping mechanisms vary significantly by gender [5,6].

3 types of Cancer Caring **Facilities**

We distinguish three typologies of cancer care facilities, represented in our case-studies :

- 1. The conventional oncological wings of hospitals.
- The oncological wing, in ZOL, Genk (BE).
- 2. Assistance Centres Inloophuizen
- · La Vie-là, Ottignies (BE).
- Maggie's Cancer Caring Centre Dundee (UK)
- 3. The hybrid typology, i.e. an assistance centre within a hospital environment.
 - "Espace Bien-Être L'Essentiel", Namur (BE).

Scientific Objectives

- 1. To objectively differentiate the architecture and design-in-use of cancer care facilities through their role in shaping care provided by women and care experienced by women.
- 2. To identify the key spatial configurations that positively impact the recovery journey of women with cancer and/or their caregiving experience.
- 3. To develop participatory tools and methodological frameworks that empower women regarding the design of care environments.

Women and Cancer a Spatial Design

Approach for Wellbeing in the **Recovery Journey**

Unraveling architecture for care [M1-20]

A scoping review will define architectural criteria related to gendered experiences in cancer care. These criteria will guide the analysis of four facilities, focusing on: services offered, spatial qualities (materials, furniture, surroundings), and use patterns by different user groups. Observational data will be interpreted using a comprehensive analysis grid developed from the literature.

Defining the day-to-day experience of women in care facilities [M9-24]

Women will document their daily environments — at home, in care facilities, etc. These images provide subjective, experiential data that will be analysed alongside photo-elicitation interviews. This method helps articulate the emotional and spatial significance of environments through, for example, embodied experience and relationship to the body.

Co-Developing solutions & Delivering applicable recommendations [M25-41]

Users of cancer care facilities will co-design key spaces identified in the recovery journey. Focus groups, gathering architects, design professionals and hospital management staff, will then help align these ideas with real-world constraints, ensuring solutions are both meaningful and feasible.



^[1] Petermans, A., & Cain, R. (Eds.). (2019). Design for Wellbeing: An Applied Approach. Routledge.