Complex Projects Graduation Studio

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Reflection Paper

Research and Design

The nature of my graduation project – a hospital, that is designed through the lens of staff well-being – required a research process that was both analytical (via the analysis of criteria developed through an exploration of existing medical facilities) and emotionally attuned. As of 2017, approximately 7.7% of Italy's total workforce was employed in the health and long-term care sectors. That is a large group of people, who potentially struggle in their work environment due to architectural issues. Therefore, from the start, the typology was not the guiding core, but a question: How can hospital design positively influence staff well-being?

Initial research focused on healthcare environments, drawing from case studies of existing hospitals, special policies, well-being literature, and environmental psychology. The project's relevance was also tested in a broader context of caring for the worker's well-being, not only in the medical context. This research clarified early on that many architectural norms in hospitals, especially older ones, neglected the living experience of staff. Circulation is often inefficient, views are limited or absent, rest areas are either reduced to leftover spaces or missing altogether, and the material palette tends to feel hard, cold, and unwelcoming. These findings were drawn from spatial data, but also heard, from surveys and first-person accounts.

The research phase was directly responsible for shaping the program and the spatial configuration, with the starting point being that of Clinica La Madonnina, located in Milan, Italy. During the design phase, rather than accepting a fixed list of functions, I allowed the design to reshape the brief. Based on spatial priorities, rest terraces, optimized flows, and staff rest spaces were all strategically located or reimagined. For example, the biggest architectural decision was making the staff spaces the heart of the facility, making it easier and faster for them to move smoothly through the building.

Through this process, staff became not just one of the users, but the organizing logic of the building. The structural moves were evaluated for how they could contribute to clarity, comfort, and recovery. In some cases, the architectural ambitions conflicted with the programmatic expectations and therefore had to be compromised.

A part of design guidelines was created as a group effort. By looking at Milan through the “health” lens, my group had chosen 4 spatial principles that will tie the final designs together. The “health” aspects was also one of the components leading the design of all of the typologies within the group.

It's important to acknowledge that the spatial strategies guided by the project's core theme can't be universally applied to all types of healthcare facilities. In many cases, they would need to be accompanied by a broader restructuring of the healthcare system itself. While not all systemic issues are responsive to architectural intervention, some could be meaningfully addressed through design. As a result, the final proposal evolved into a facility that operates more like a clinic with surgical floors, rather than a general hospital. One key implication of applying staff-centered principles is the potential to support — or even encourage — a more decentralized healthcare system.

The Relationship Between Graduation and Studio Topic

The graduation project was developed within the framework of Complex Projects studio, specifically under the theme of "Bodies and Building". The theme allowed me to explore how architecture can engage with the physical needs of human bodies, as well as the larger, systemic, infrastructural "bodies". With the location of the project being in Milan, a city of layered public institutions, visible class differences, and often opaque healthcare infrastructure, offered the ideal backdrop for questioning how spatial decisions can become instruments of care.

In a context where hospitals are usually defined by logistical efficiency and technical performance, this studio pushed me to ask: what if architecture prioritized the bodily experience of those who serve within it — the caregivers themselves? This meant interrogating the institutional status quo through spatial research and rethinking the logic of architectural representation.

Research Method and Approach in Relation to the Graduation Studio

The starting point of the research method was looking into the potential issues of the Italian healthcare. With the topic of workers' wellness being extremely relevant, I did not have to search far. The topic, being very social and more connected with the system's design, had to be translated into architectural principles. The hospital had to be understood not as a typology, but as a complex body that reflects systemic priorities and affects human health on multiple levels.

The research approach was multi-layered and iterative, embedded throughout the design process. Although the project began with a predefined program, I allowed the brief to evolve through continuous spatial analysis. The building's form and its urban placement were not imposed, but rather shaped by the site conditions and the functions surrounding it — allowing context to guide both programmatic and architectural decisions.

As the project developed, the research moved from general studies of hospital circulation and healthcare labour in Italy toward specific spatial challenges: how rest areas are positioned, how structural slabs affect acoustic and thermal performance, and how the building envelope can support calm and clarity.

Wider Social, Professional, and Scientific Relevance

This project contributes to a broader conversation that is already beginning to take shape. The narrative around healthcare design is shifting — gradually, but significantly — and recent hospital projects increasingly reflect more radical, human-centred approaches. The design of care environments is evolving rapidly, especially in the 21st century, where hospitals continue to grow in size and complexity. With that growth comes the risk of losing human-scale logic. This project resists that trend by demonstrating that even a highly complex hospital can be structured around empathy, not efficiency alone.

It also touches on professional relevance: in a post-pandemic world, where staff shortages are systemic and morale is fragile, the role of architecture in staff retention, safety, and psychological well-being is no longer optional — it's fundamental. If we expect people to care for others, we need to build environments that care for them.

Ethical Issues and Dilemmas

Working within a highly research-driven process helped to minimize random or biased decisions. However, it revealed an ethical dilemma of: can a project, that is so logical and efficiency-riven, still feel empathetic? In prioritizing evidence-based design, there was a risk of making the architecture too rational, too "clean" for the complex emotional reality of healthcare work.

The studio helped reframe this. In a context as layered and pluralistic as Milan, and in a typology as fraught as the hospital, clarity and coherence become forms of care. The scale of the project, and the number of invisible stakeholders involved — patients, families, cleaning staff, administrators — made it clear that designing from empathy means designing for everyone, not just for the visible few. This requires not just the sensitivity for the aesthetics, but procedural transparency.

One of the more nuanced ethical challenges that emerged was the risk of overcorrecting: in prioritizing staff well-being as the spatial driver of the building, there was a fine line between support and exclusion. By putting an emphasis on the workers, I did not want to push the patients to the complete periphery of the design. This issue required constant calibration – ensuring that the comfort of one group didn't result in neglect of another.