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Towards Specialized Accessibility Standards for Healthcare Facilities: A Mixed-Methods Study on the Needs of People with Dis-Abilities in Hospitals

Christina Anastasia TSAMI[a,1] and Evangelia CHRYSIKOU[a]
[a] *Bartlett Faculty of the Built Environment, University College London, London, England, United Kingdom*
ORCiD ID: Christina Anastasia Tsami https://orcid.org/my-orcid?orcid=0009-0004-7560-7437
ORCiD ID: Evangelia Chrysikou https://orcid.org/0000-0002-7894-6053

Abstract. Hospitals, as institutions serving a diverse population, must address the needs of individuals with disabilities. While many nations prioritize a public health approach to hospital accessibility, this research contends that specialized strategies are vital to accommodate the complex requirements of all users. The study employs a mixed-method methodology. It encompasses an in-depth literature review on accessible design theories, cross-country comparisons of regulations in five nations (Greece, UK, USA, Australia, Sweden), and a survey evaluating existing accessibility within Greek hospitals. The review and cross-country comparisons underscore the pressing demand for specialized attention to wheelchair users and reveal a glaring absence of regulations catering to the visually and hearing impaired. The survey results illuminate a concerning trend of noncompliance with existing rules, underscoring the urgency for legislative actions and the establishment of international standards to ensure comprehensive accessibility. Although strides have been taken, strict adherence to regulations remains paramount. The research places paramount importance on social well-being and equity in healthcare access for individuals with disabilities. It is evident that individuals experience emotional difficulties when confronted with accessibility obstacles, underscoring the necessity to integrate emotional support into hospital design in conjunction with accessible design principles. The study aligns closely with the principles of equity, diversity, and inclusion, advocating for equal access to healthcare and specialized care for vulnerable populations. In conclusion, the research significantly contributes to the conference's overarching theme by delving into the intricate interplay between design, social well-being, and emotional health within healthcare facilities. The primary focus on the inclusion of individuals with disabilities serves as a driving force in the pursuit of a more equitable and accessible healthcare landscape.

Keywords. Hospital accessibility, disability inclusion, regulations and compliance, healthcare facilities, accessible design.

[1] Corresponding Author: Christina Anastasia Tsami, christianatsami@gmail.com

1. Introduction

Hospitals, as globally pivotal public edifices, are extensively utilized and hold significant im-portance. Despite their crucial role in serving diverse populations, the conventional public health approach to accessibility often overlooks the specific needs of individuals with disabilities [1]. This paper addresses this gap through a mixed-method methodology, incorporating a literature review, cross-country comparisons, and a survey focused on Greek hospitals.

This research contends that hospitals, being pivotal contributors to public health, necessitate specific and inclusive accessibility regulations that surpass conventional public building guidelines. Despite concerted efforts to modernize architectural structures, a persistent gap remains in addressing the distinctive requirements of hospitals, thereby warranting a nuanced consideration of their inherent complexity and the diverse needs of individuals with disabilities [2, 3].

It is pertinent to acknowledge that certain disabilities, notably motor disabilities, have received more extensive research attention in the context of the built environment, while others, such as neurological disabilities, exhibit a notable knowledge gap. The introduction of the term "neurodiversity" by Judy Singer, a sociologist with autism, in 1990 [3], marks a significant milestone in recognizing the varied needs of individuals with neurological disabilities. Diverse approaches to accommodating disability groups contribute to a non-meritocratic value system, thereby exacerbating discriminatory practices in building accessibility.

This study seeks to underscore the inadequacies inherent in existing regulations, with a specific focus on physical disabilities, while acknowledging the broader spectrum of disabilities as outlined by the National Confederation of Disabled People (NCDP). The research highlights deficiencies in current building regulations on the accessibility of hospitals, with objectives encompassing an examination of the consideration given to individuals with multimorbidity and those requiring hospitalization within prevailing accessibility theories. Additionally, the study aims to evaluate the inclusivity of existing regulations for all disability groups and assess the adequacy of design regulations.

Employing a mixed-method approach, the study integrates insights from existing literature, conducts a cross-country comparison of regulations, and administers an anonymous survey pertaining to the accessibility of Greek hospitals, as endorsed by NCDP. The overarching goal is to generate valuable insights that positively impact citizens with disabilities, thereby laying a foundation for subsequent studies focusing on enhancing healthcare accessibility.

2. Literature Review

The comprehensive exploration of accessible design theories within the literature review illuminates the principles and practices that underpin an inclusive healthcare environment. The intricate interplay between design, social well-being, and emotional health for individuals with disabilities is emphasized, recognizing disability as a fundamental aspect of humanity affecting approximately 15% of the global population, according to the World Health Organization [4].The environment plays a pivotal role in shaping daily life, either introducing obstacles or offering solutions, and the pleasant or

unpleasant experience of a place reflects the successful integration of disabled individuals into society.

The concept of disability is intimately linked with accessibility, extending its impact beyond the disabled population to benefit society at large. Definitions provided shed light on these concepts, leading to a nuanced understanding. Universal design, as articulated by the National Center on Universal Design [5], aims to create inclusive environments without customization. According to the North Carolina State University Center for Universal Design, universal design is "the design of products and environments that can be used by all people, to the maximum extent possible, without the need for customization or specialized design" [5]. The above definition is one of the first definitions given for the concept of universal de-sign. It aims to create digital or built environments that meet more standards than those al-ready known for accessibility. The authentic universal design incorporates values such as age, ethnicity, gender, and many other social and cultural differences. The inclusion of these additional elements is what transforms a space into one that is universally accessible [6].

Similarly, inclusive design is a concept that includes and complements the idea of universal design. Essentially, it is an approach in which products and services, whether physical or digital, focus on meeting the needs of as many people as possible. The aim is to provide entirely unobstructed access to these services and products without taking into account any abilities and capabilities of the individual [6]. Inclusive design, as advocated by Vinney (2021) and discussed by Clarkson and Coleman (2015), focuses on meeting diverse needs, aligning with efforts to integrate people with disabilities into society. According to research, two of the causes that fostered the creation of the movement were the concerted effort to integrate people with disabilities and the older population into society [6, 7].

The significance of therapeutic design, exploring the environment's role in mental and physical therapy [8], underscores the necessity for tailored hospital settings. Furthermore, the theory of therapeutic design concerns whether the environment can help the patient's mental and physical therapy [8]. According to the therapeutic design theory, the space modifications are directly related to the type of disability or impairment experienced by the individual [9]. Depending on the design changes, everyone may experience symptoms of confusion or disorientation to varying degrees. The goal of therapeutic design theory is to design environments sensitive to the needs and capabilities of the individuals living in them. In particular, the design of hospital settings must consider that people with disabilities may have co-existing conditions or may be on medication that further affects their abilities. Elements of the space, such as inadequate lighting or slippery surfaces, are involved in creating unlivable spaces. People without disabilities may experience the same risks due to a medical condition or medication that affects their senses.

The literature also highlights the substantial efforts made in recent decades to enhance urban accessibility, incorporating features such as special tiles and ramps [10]. International legislation, exemplified by the Americans with Disabilities Act (ADA) in the US and the UK Equality Act 2010, further reinforces the principles of inclusive design [11, 12]. Building regulations, as exemplified by the American National Standards Institute, ANSI, and ADA, are instrumental in guiding the creation of user-friendly spaces. Notably, the research explores technical aspects, including visual and sensory elements, emphasizing the crucial role of inclusive design [13, 14].

It is evident that the environment significantly shapes an individual's daily life, either posing obstacles or offering solutions. The integration of disabled individuals into society on an equal basis with others is reflected in the experience of a place, underscoring the importance of correct architectural design guided by accessibility theories. Additionally, the continuous evolution of technology and research provides new tools to address universal discrimination, enhancing the potential to positively transform the world we experience.

3. Methodology

This study aims to provide a comprehensive overview of the existing literature on accessibility and disability, with a focus on exploring accessibility regulations in five developed countries: the UK, the USA, Australia, Sweden, and Greece. The initial step involved a thorough literature review using keywords such as accessibility, disability, accessible design, hospital design, and healthcare accessibility. Employing UCL's online library, Google Scholar, Pub Med, Medline, and ScienceDirect, this review sought to establish a theoretical framework, identifying the needs of individuals with disabilities concerning healthcare design.

Recognizing the pivotal role of building codes and country-specific legislation as primary sources for design professionals, the subsequent step involved researching the design guidelines of the selected countries. The chosen nations, Greece, the UK, the USA, Australia, and Sweden, were selected based on their distinct healthcare planning approaches, regulations, and integrated healthcare systems. The research methodology involves a detailed examination of Greece's regulations and their application in existing hospital designs. The primary objective is to compare national standards across the selected countries, presenting diverse design approaches and identifying key differences.

A checklist was developed encompassing six categories derived from frequent appearances in literature and national regulations. This checklist, designed with specificity to healthcare facilities in the UK and Australia, incorporates elements from guidelines unique to each country while also integrating the most common guidelines between the five different countries. For the USA, references were made to the 2010 ADA Standards for Accessible Design, while Sweden's comprehensive guidelines were utilized. In Greece, the checklist was formulated based on rules from the 2012 New Building Regulation Code and its accompanying revisions.

To supplement the checklist, a questionnaire tailored to Greek conditions was distributed to major disability organizations, aiming to capture the experiences of individuals with disabilities in public hospitals. The questionnaire, validated by a PPIE group and the National Accessibility Authority, garnered 25 responses, providing valuable insights into hospital accessibility and user experiences. This anonymized survey serves as a foundational exploration into the accessibility qualities of various hospitals.

4. Cross-country Comparison

The cross-country analysis of hospital accessibility regulations in Greece, the UK, the USA, Australia, and Sweden reveals a nuanced landscape with varying degrees of specificity and focus on different aspects of accessibility. The findings shed light on the

complexities of guidelines for public buildings, particularly healthcare facilities, and highlight the need for a comprehensive and standardized approach to ensure equitable access globally.

Starting with the UK, the Health Building Notes provide clear and detailed guidance on the design and construction details of healthcare premises [15, 16]. However, despite the meticulous specifications for individual elements like doors, handrails, lifts, and stairs, notable omissions are observed, particularly in the absence of regulations regarding audible instructions and Braille characters. This contrasts with the emphasis placed by the USA, Australia, and Sweden on these elements to facilitate the visually impaired.

In the case of the USA, the standards for healthcare facilities follow a general design path, with a focus on facilitating the movement of people with disabilities [17, 18]. While not as detailed as the UK in some categories, such as stairs, the overall design principles align with a comprehensive approach. Notably, differences in stair design specifications are observed, particularly in the attention to minimum length and width compared to the UK.

Australia's regulations, drawn from Australasian Standards 1428.1 Design for Access and Mobility, closely resemble the UK in terms of specificity and guidance for various elements [19, 20, 21]. The detailed design guidance, covering multiple aspects of the checklist, sets it apart from other countries, including the USA.

Sweden's guidelines, although comprehensive, seem to lack the specificity seen in the USA and the UK. The differences are evident in categories like handrails and ladders, where specifications are less detailed. The focus on basic requirements for accessibility is clear, but certain aspects, such as handrail specifications, are less elaborate compared to other nations [22, 23, 24, 25].

Comparing Greece with the UK, a notable gap exists across all categories [26, 27, 28, 29]. While the USA specifications are more aligned with Greece, differences emerge in dimensional guidelines, with the Greek regulations being more detailed in the design of doors and corridors. In comparison with Australia, Greece falls short in meeting the checklist requirements, with Australia setting higher standards in most categories.

The comparison between Greece and Sweden reveals differences in wheelchair-accessible bathroom standards, with both countries focusing on basic accessibility features. The Greek specifications exceed the Swedish ones in categories like doors, handrails, and corridors. How-ever, Sweden emphasizes sufficient space within and around lifts for wheelchair users, an aspect not present in the Greek specifications.

In conclusion, the cross-country analysis underscores the need for a standardized and com-prehensive approach to healthcare facility accessibility. While some countries provide detailed guidelines, others lack specificity in crucial areas. Bridging these gaps and adopting a unified set of standards would contribute to ensuring equitable access for individuals with disabilities across the globe.

Table 1. Cross-country Comparison Checklist

	USA	UK	AUSTRALIA	SWEDEN	GREECE
CATEGORIES					
1. Wheelchair Accessible Bathroom					
A healthcare building with only one toilet must be unisex and accessible to wheelchair users.	√	√	√	√	√
Bathrooms for independent wheelchair use should contain an independent wheelchair toilet, an adjacent hand-rinse basin, a separate wheelchair wash-hand basin for personal washing, and an independent wheelchair bath.	√	√	√	√	
Minimum room length of [3]2200mm		√		√	√
A minimum clear space of [3]1600mm in front of the toilet is required for transfer		√		√	
Where more than one independent wheelchair WC is provided within a facility, left-hand and right-hand options should be available.	√	√	√		
Grabrails should be provided symmetrically on either side of the toilet	√	√	√		√
2. Doors					
Visual contrast to highlight specific features	√	√	√	√	√
Minimum opening width 800mm for corridor doors	√	√	√	√	√
Stopping the handrail before it reaches the door swing area and making the last 500 mm		√			
A step or threshold should be avoided at doorways.	√	√	√	√	√
Minimum push/pull force		√	√		
Lever handles are recommended		√	√		
3. Handrails					
Handrails should be fitted in main communication routes and departmental corridors as required	√	√	√		
Handrails should be provided on both sides of the steps	√	√	√	√	√
Handrails should be provided on both the side and rear walls of lift cars for general traffic	√	√	√		
Second (lower) set of handrails	√	√	√		√
Round shape	√	√	√		
Clearance from the wall	√	√	√		√
Continuous handrails on stairways, ramps and landings	√	√	√	√	√
4. General Traffic Corridors					
Minimum width [3]1500mm	√	√	√	√	√
Minimum width (in existing buildings) [3]1200mm		√		√	
Contrasting handrails/crash rails may be fitted to act as navigation tools.		√			
Floor and wall surfaces should minimise light reflection	√	√	√		√

Floor surfaces should be slip-resistant	√	√	√	√	√
Sharp angles and overhead obstructions should be avoided		√			√
Corners should be carefully detailed		√			
Windows should not be situated at the ends of the corridors	√	√			√
5. Lifts					
Visual contrast to highlight specific features		√			√
At least one wheelchair-accessible lift should be in operation between each floor of a healthcare facilities	√	√	√	√	√
Minimum internal dimension ^{3}1100mm(wide)*1400mm(deep)	√	√	√	√	√
Lift doors clear opening for trolley movement ^{3} 1370mm(width)*2100mm(height)	√	√			
Floor covering should provide minimum resistance to the movement of wheelchair users	√	√	√		√
The lift landing/lobby walls and lift door should contrast visually, as should the landing floor and lift floor		√		√	
Sufficient space outside the lift to be able to turn and back into the lift	√	√	√	√	
Visible and audible signals to indicate the direction	√		√		
Braille characters at the control button	√		√		√
Audible indicator of the arrival at each floor	√			√	√
6. Stairs					
Visual contrast to highlight specific features	√	√	√	√	√
Nosings should contrast visually with the stairs	√	√	√	√	√
Minimum landing depth 1200mm		√			
Maximum number of risers 12-14		√			
Riser height 150-170mm	√	√	√		
Risers should not be of the open type	√	√	√		
Minimum length 280mm		√	√		
Minimum width 1000mm		√			

5. Survey Findings

The primary objective of this survey is to evaluate the extent to which the needs of individuals with disabilities are addressed in hospitals. Greece serves as a case study for this assessment, with a questionnaire distributed to organizations representing the visually impaired, hearing impaired, and individuals with motor disabilities. Responses were gathered from 25 participants, whose gender, age, and disability type remain undisclosed. It is important to highlight that the analysis of Greek regulations relies on

three key documents, consistently underscoring the importance of providing accessible signage for people with disabilities.

Examining the survey findings, notable aspects concern parking spaces, pathways from parking lots to hospital entrances, and identifiable entrances. Of the respondents, only 8 out of 25 noted the availability of specially designed parking spaces for people with disabilities, indicating a concerning trend. Despite landscape limitations, 23 participants found the paths to hospital entrances accessible, with 19 confirming the entrances' easy identifiability.

The survey delves into the approach of elevation differences at entrances, revealing that only 12 out of 25 respondents acknowledged the existence and treatment of such differences. Of this subset, 10 respondents mentioned the presence of ramps or platform lifts. Notably, the study emphasizes the importance of guidance signage and accessible reception/service points, areas where 14 and 9 participants, respectively, responded negatively.

Exploring elevator components, 17 participants found public lifts adequately dimensioned for wheelchairs, while only four noted the presence of embossed Braille buttons. Verbal announcements in waiting areas and inside lifts faced considerable challenges, with 19 respondents indicating negativity in both scenarios.

Assessing the accessibility of toilets in different hospital areas, the survey highlighted gaps. While 16 participants affirmed the presence of accessible public toilets in patient-visiting areas, only 10 confirmed the same in outpatient areas. Importantly, 21 respondents noted the absence of wayfinding guidance for visually impaired individuals in various public areas.

Crucially, the survey asked respondents if they had used specially designed rooms for people with disabilities during hospital stays. Astonishingly, 22 out of 25 answered negatively. Despite not using such rooms, 13 of these respondents indicated that their rooms had fully accessible toilets.

A key component of the survey involved participants rating their experiences on a scale of 1 to 10. Notably, the mean score for ease of movement within hospitals was 5.20/10, suggesting a moderate level of difficulty. Similar scores were observed for movement to and from public areas (5.28/10). Respondents also provided insights on the helpfulness of existing signage, with an average score of 3.88/10. Signage for visually impaired individuals received a significantly lower score of 2.64/10, highlighting challenges in this aspect. Audio instructions and messages scored the lowest, with an average of 2.32/10.

These findings collectively underscore a concerning trend of non-compliance with accessibility standards in Greek hospitals. The urgent need for legislative actions and the establishment of international standards is evident. Strict adherence to regulations is paramount to creating a universally accessible healthcare landscape. The survey's detailed insights provide a foundation for advocating comprehensive improvements and addressing the diverse needs of individuals with disabilities in the Greek healthcare system.

Table 2. Survey Results on the Accessibility Design Features of Greek Hospitals (Anonymous)

Questions	Total Responses					
	Yes	**No**	**Not Applicable**	**Ramp**	**Lift**	**Other**
1. Have you visited a Greek hospital in the past decade?	96%		4%			

2. Did you use public transport or a private vehicle for your visit?	80%	16%	4%			
3. If you used a private vehicle, were there specially designed parking spaces with the appropriate markings for persons with disabilities?	33%	29%	38%			
4. If you used a private vehicle, was the route from the parking to the hospital entrance accessible?	60%	28%	12%			
5. If you used public transport, was the route from the stop to the hospital entrance accessible?	32%	36%	32%			
6. Was the main entrance of the hospital easily recognisable?	79%	21%				
7. Was there a difference in height between the pavement and the hospital's entrance? (If no, go to question 10.)	52%	35%	13%			
8. If there was a height difference, there was a:			2%	77%	8%	13%
9. If there was a height difference and no ramp or lift, was there an alternative fully accessible way of entry?	38%	15%	46%			
10. Was the entrance marked with the appropriate signs?	28%	56%	16%			
11. Was there an accessible reception and service point for persons with disabilities?	42%	38%	21%			
12. Were there any floor/wall markings or guidance from the point of entry to the service point, to assist the visually impaired?	4%	80%	16%			
13. Did the lift fit a wheelchair?	68%	8%	24%			
14. Were the lift's buttons marked with the Braille Writing System?	17%	42%	42%			
15. Was there an audible arrival notice on each floor whilst waiting for the lift?	16%	72%	12%			
16. Was there a verbal announcement of the lift's direction whilst waiting for the lift?	4%	79%	17%			
17. Was there a verbal announcement of the floor number inside the lift?	12%	76%	12%			
18. Was there a verbal announcement on the lift's direction inside the lift?		88%	12%			
19. Were the lift dial buttons in the Braille Writing System for the visually impaired?	13%	54%	33%			
20. Was there an accessible public toilet in the common hospital areas?	64%	16%	20%			
21. Was there an accessible public toilet in the outpatient area?	40%	12%	48%			
22. Was there any signage at the entrance of the building to the accessible public toilet?	16%	64%	20%			
23. Were there any floor/wall markings or guidance for visually impaired people to access common areas e.g., the canteen?	4%	84%	12%			
24. During your visit or hospital stay, did you use a room specifically designed for persons with disabilities?		88%	12%			
25. During your visit or hospital stay in case you used a non-specifically designed room, was the toilet fully accessible?	52%	28%	20%			

26. Please rate your experience on how easily you moved around the hospital, access to clinics, examination rooms etc. (1 less to 10 the best experience)	5.20/10
27. Please rate your experience on how easily you moved around the common hospital areas (access to the canteen, toilets, outdoor areas).	5.28/10
28. Please evaluate whether you found the existing signage of the premises helpful (if there was no signage, please select 1).	3.88/10
29. Please evaluate the existing signs for visually impaired people depending on how much they facilitated your movement.	2.64/10
30. Please rate any voice instructions and messages depending on how much they facilitated your movement.	2.32/10

6. Emotional Difficulties and Social Well-being

The study addresses the social well-being aspect of inclusivity and equitable access for individuals with disabilities in hospital settings. It contends that the conventional public health approach to accessibility often overlooks the unique needs of individuals with disabilities [1]. It explores the perception and practical application of accessible design in hospitals, considering existing theories, regulations, and their alignment with the actual needs of individuals requiring accessibility in healthcare settings.

The research recognizes the impact of the hospital environment on the mental and emotional health of individuals with disabilities. It aligns with the theory of therapeutic design, emphasizing whether the hospital environment can contribute to the mental and physical therapy of patients [8]. The research aims to bridge the gap in hospital design regulations, acknowledging the complexity and diverse needs of individuals with disabilities, including those with neurological disabilities often neglected in research.

Designing for social and emotional well-being involves advocating for updated regulations that consider the unique needs of hospitals. The study emphasizes the inadequacy of existing building regulations and aims to generate insights that positively impact the lives of citizens with disabilities. By comparing regulations across countries, such as the UK, USA, Australia, Sweden, and Greece the research seeks to identify best practices and inform the development of inclusive design standards for hospitals. The design theories, including universal design and inclusive design, become essential frameworks for creating environments that cater to the di-verse needs of the population [5, 6].

Supporting equity, diversity, and inclusion in design involves acknowledging the specific characteristics of people with disabilities and integrating them into societal structures. The study advocates for a meritocratic value system to reduce discrimination in building accessibility [1]. By addressing the unique requirements of hospitals, design can support equitable access to healthcare facilities for individuals with diverse abilities.

7. Conclusions

Health buildings are identified as integral components, necessitating unobstructed access for people with disabilities through legislative measures and global accessibility standards. The pursuit of health equity aligns with sustainable societal development across economic, social, and environmental dimensions.

The research focuses on evaluating the accessibility of the country's hospitals, stressing the essential requirement for specific design regulations tailored to healthcare facilities. Beyond meeting basic human needs, hospitals, as complex structures, are urged to contribute positively to social well-being. The research aligns with the global movement toward universally accessible societies, highlighting the importance of evolving design principles alongside social developments.

Within the context of social well-being, the study advocates for hospital designs fostering community and inclusion, aiming to alleviate social isolation experienced by individuals with disabilities. Such designs encourage interaction, communication, and shared experiences among patients, visitors, and healthcare staff. The creation of spaces accommodating diverse cultural practices and social norms further enhances the sense of belonging within healthcare environments.

Despite commendable efforts by mentioned countries, the research emphasizes the substantial journey required to establish fully accessible environments that address physical needs and positively contribute to the social fabric. It calls for a holistic design approach prioritizing users' needs and explores potential deviations from accessibility regulations. Future steps involve scrutinizing non-compliance reasons and cross-country comparisons, encompassing both developed and developing nations.

Additionally, the research advocates for a comprehensive examination of various architectural elements within hospital rooms, considering mental and intellectual disabilities, temporary impairments, and diverse health conditions. The discourse extends to advocate for distinct accessibility standards tailored to healthcare facilities, recognizing the intricate nature of hospital design and its potential impact on social interactions and overall well-being.

This research, supported by the findings from the questionnaire, underscores the critical impact of design on social and emotional well-being, particularly for individuals with disabilities. The survey conducted in Greece sheds light on the current state of accessibility in hospitals, revealing concerning gaps in meeting the needs of individuals with disabilities. Despite legislative measures and global accessibility standards, the survey highlights areas of non-compliance and challenges faced by individuals with disabilities.

These findings collectively underscore the urgent need for comprehensive improvements in hospital design to ensure universal accessibility. Legislative actions and the establishment of international standards are imperative to address the identified gaps and create a healthcare landscape that supports the social and emotional well-being of all citizens. By prioritizing users' needs and advocating for inclusive design principles, we can foster a sense of community, inclusion, and shared experiences within healthcare environments, ultimately contributing to better health outcomes for individuals with disabilities.

In conclusion, this research explores the effects of design on social and emotional well-being by addressing the specific aspects of inclusivity, equity, diversity, and the emotional impact of hospital environments on individuals with disabilities. Through a comprehensive methodology, the study aims to contribute valuable insights that can

inform the development of inclusive design standards, fostering a healthcare landscape that supports all citizens' social and emotional well-being. It calls for a paradigm shift in design thinking, recognizing the potential of well-designed healthcare spaces to contribute positively to social well-being, and fostering a sense of community, inclusion, and shared experiences.

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