

3 CONSIDERATIONS FOR INTERIOR DESIGN TO LEAD IN HEALTHCARE

The Importance of Early Adoption,
The Human Experience + Empathy as Strategy





When healthcare leaders sit down to envision a new clinical, ambulatory or tertiary care space, the first questions often sound practical and logical: What is the budget? What premium must we pay for specialized equipment? How soon can revenue-generating spaces come online?

But focusing only on compliance, operations and cost efficiency can inadvertently push another crucial factor to the sidelines: interior design. Interior design isn't just about aesthetics. It's a strategic tool with direct implications for patient recovery, staff productivity and long-term organizational success.

To maximize its impact, healthcare leaders should seek to frame planning around three core considerations: start interior design early, elevate the human experience and design with empathy as a strategy.

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1. Start interior design early

Early interior design conversations help establish guiding principles that act as a “north star” throughout the project. These principles translate an organizational mission into measurable design outcomes, such as faster patient recovery times, improved HCAHPS scores or reduced staff turnover. As project teams inevitably shift during years of development and construction, these principles provide continuity, giving every stakeholder a common language for why certain choices matter.

Without this early involvement, interior designers are often left reacting to established frameworks rather than shaping them. The result is a space optimized for logistics but not necessarily for healing. By integrating interior design from day one, organizations avoid costly redesigns and ensure decisions align with both operational requirements and human-centered goals. Early engagement allows interior design to guide rather than follow, which creates a playbook rooted in research, best practices and the specific needs of the organization.

2. Elevate the human experience

Healthcare projects naturally emphasize safety and function — air changes per hour, infection control and efficient room layouts. These fundamentals are essential. But healing also depends on how people feel within the environment. Patients are often at their most vulnerable when entering a hospital or clinic. At that moment, factors like privacy, dignity, comfort and orientation are not luxuries; they are necessities that influence outcomes.

Think of it through the lens of Maslow's hierarchy of needs. Physiological and safety needs — ventilation, sanitation, security — are critical. Yet belonging, self-esteem and confidence are equally important for recovery. Something as simple as how easy it feels to navigate to the bathroom, or whether daylight softens a patient's anxiety, can profoundly shape the healing process.

ABOVE | Beyond logistics, design must elevate the lived experience of staff, recognizing that emotional well-being is inseparable from physical.

Interior design addresses these psychological dimensions. It considers sightlines that preserve dignity, acoustics that reduce stress and layouts that foster connection between patients, families and staff. These elements don't just improve satisfaction scores; they directly affect length of stay, readmission rates and staff retention.

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3. Design with empathy as strategy

The final consideration is perhaps the most transformative: empathy must be treated as a strategy, not a soft skill. Designing with empathy means engaging deeply with the perspectives of every stakeholder — patients, families, nurses, physicians, administrators — and translating those insights into actionable design choices.

Methods like voice of the customer exercises and user-group meetings put project teams in the shoes of different stakeholders. These processes surface values that might otherwise go unspoken: a caregiver's need for respite space, a family's desire for privacy during difficult conversations or a patient's longing for a sense of control in an unfamiliar setting. Mapping the journeys of these groups — from pre-arrival to discharge — uncovers opportunities to design spaces that ease transitions, reduce stress and strengthen engagement.

This empathetic approach also supports financial stewardship. Staff experience drives patient experience, and patient experience influences financial performance. A thoughtfully designed nurse station, for example, can shorten steps per shift, reducing fatigue and improving staff satisfaction. Happier, more efficient staff provide better care, leading to improved outcomes and a stronger organizational reputation.

When empathy is integrated into strategy, design decisions move beyond compliance checklists and budget spreadsheets. They become investments in measurable returns: higher satisfaction, better outcomes and more resilient facilities.

Empathy is not an added cost but, rather, a strategic lever that ties human well-being directly to organizational performance. Planning with empathy is more than an ideal. It's a necessity for facilities that aspire to deliver not just care, but healing — and not just efficiency, but dignity. In the end, the most successful healthcare environments are those that remember what truly matters: the people inside them.



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Interior design is more than decoration — it's a catalyst for healing, a driver of staff performance and a safeguard for long-term value. By engaging interior designers early, prioritizing the human experience and embracing empathy as a deliberate strategy, healthcare organizations can create spaces that work better for everyone: patients, families, staff and administrators, alike.

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