

From Healthy Buildings to Salutogenic Architecture: Translating Sense of Coherence into Evidence-Based Design Strategies

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Abstract

Growing concern for human health and well-being has expanded architectural discourse beyond the prevention of environmental harm toward the active creation of health-supportive environments. Yet the increasing use of terms such as healthy, restorative, biophilic, therapeutic, and salutogenic has also produced conceptual ambiguity. In particular, architectural features associated with positive health outcomes are frequently described as salutogenic without demonstrating how they relate to the theoretical mechanisms of salutogenesis. This critical integrative review examines recent literature published between 2020 and 2026 to investigate how architectural design can be more rigorously interpreted through the salutogenic concept of Sense of Coherence, comprising comprehensibility, manageability, and meaningfulness. Recent peer-reviewed research concerning salutogenic architecture, indoor environmental quality, biophilic design, spatial legibility, environmental control, social interaction, place attachment, and restorative environments was critically synthesized. The review identifies six recurring environmental resource domains: spatial legibility, environmental comfort, user control and adaptability, contact with nature, social affordances, and identity and place attachment. Rather than treating these domains as universally health-promoting features, the paper maps their potential contribution to the three components of Sense of Coherence. The synthesis demonstrates that salutogenic value depends less on the presence of isolated design features than on the relationship between environmental resources and users' capacities to understand, manage, and find meaning in their surroundings. Evidence is strongest for environmental comfort, nature contact, and aspects of user control, while direct empirical testing of architectural meaningfulness and cross-contextual Sense of Coherence remains comparatively limited. The paper proposes an evidence-based interpretive matrix for salutogenic architectural design and argues for a shift from feature-based prescriptions toward relational and user-centred evaluation.

Keywords: Salutogenic Architecture; Sense of Coherence; Well-being; Healthy Buildings; Biophilic Design; Environmental Control; Built Environment

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1. Introduction

Health has become an increasingly explicit concern in architectural research. Recent studies demonstrate associations between characteristics of the built environment and physical health, psychological well-being, comfort, social experience, and quality of life across residential, workplace, educational, healthcare, and urban settings (Engineer et al., 2021; Schweiker et al., 2021; Volf et al.,

2024). This expansion is significant because it moves architectural performance beyond conventional concerns with function, energy, and technical efficiency toward consideration of how environments are experienced by their occupants.

At the same time, the growth of health-oriented design has produced a crowded conceptual field. Biophilic design emphasizes relationships with natural systems; indoor environmental quality research addresses thermal, visual, acoustic, and air-quality conditions; restorative-environment research considers psychological recovery; therapeutic design examines environmental contributions to health outcomes; and healthy-building frameworks seek to integrate multiple dimensions of occupant health. These approaches overlap substantially but are not theoretically interchangeable (Engineer et al., 2021; Tekin et al., 2023; Zhong et al., 2022).

Salutogenic architecture offers a potentially different position. Rather than beginning with environmental hazards or specific symptoms, salutogenesis asks what resources enable people to maintain or move toward health under conditions of stress. Within architectural discourse, its theoretical significance lies particularly in the concept of Sense of Coherence (SOC): the extent to which life is experienced as comprehensible, manageable, and meaningful (Golembiewski, 2022). Applied environmentally, this suggests that architecture can contribute to health not simply by eliminating harmful conditions but by providing resources that enable occupants to understand their surroundings, exercise effective agency within them, and establish meaningful relationships with place.

Recent architectural research has begun to operationalize this proposition. Studies have investigated SOC in offices and academic workplaces (Casather & Coorey, 2022; Forooraghi et al., 2021; Younus & Younis, 2023), while more recent work has extended salutogenic analysis into housing, schools, urban environments, healthcare facilities, and industrial workplaces. Rakhshani and Khakzand's (2025) systematic review, for example, demonstrates growing interest in identifying physical architectural elements that may support SOC among older adults. Rakhshani et al. (2026) subsequently examined relationships between residential in-between spaces and environmental SOC. This expanding literature establishes salutogenic architecture as more than a healthcare-specific concept.

However, expansion creates a second problem: conceptual dilution. Environmental features associated with comfort or well-being may be labelled salutogenic even when SOC is neither measured nor theoretically demonstrated. Recent scholarship has explicitly cautioned against such “salutogenic-washing,” whereby general claims of health benefit are rhetorically attached to salutogenesis without sufficient theoretical grounding (Schweiker et al., 2026). The distinction matters. A window providing daylight may improve visual conditions; a garden may facilitate restoration; adjustable ventilation may improve thermal satisfaction. These outcomes are relevant to health, but they become specifically salutogenic only when a defensible relationship can be established between environmental resources, coping, and the comprehensibility, manageability, or meaningfulness of experience.

This paper therefore addresses the following research question: How can recent evidence on health-supportive architectural design be critically translated into the three dimensions of Sense of Coherence without reducing salutogenic architecture to a checklist of healthy-building features?

The paper argues that salutogenic architecture should be understood not as a collection of intrinsically healthy physical elements but as a relational design approach in which environmental resources strengthen occupants' capacity to comprehend, manage, and derive meaning from their surroundings. Its contribution is a critical synthesis that differentiates general evidence for healthy built environments from theoretically explicit salutogenic mechanisms and organizes recent evidence into six environmental resource domains.

2. Salutogenesis and the Built Environment

2.1 From Pathogenic Prevention to Health-Supportive Resources

Much building-health research has historically followed a risk-reduction logic: pollutants should be reduced, excessive noise controlled, unsafe conditions eliminated, and thermal or visual discomfort minimized. These remain essential responsibilities of architecture. Healthy-building research has nevertheless increasingly argued that avoiding environmental harm does not exhaust the relationship between buildings and health (Engineer et al., 2021).

Salutogenesis offers a complementary orientation. Golembiewski (2022) explains its architectural relevance through the capacity of environments to support the resources through which people negotiate stress and everyday demands. This perspective shifts the question from What characteristics of buildings cause illness or discomfort? toward What environmental resources help people cope, function, recover, participate, and experience well-being?

This distinction does not imply that salutogenic architecture replaces conventional environmental performance. Thermal discomfort, poor air quality, noise, inadequate lighting, or confusing circulation can themselves become environmental stressors. Recent evidence continues to demonstrate the importance of indoor environmental quality to health, comfort, satisfaction, and well-being (Ackley et al., 2024; Yuan et al., 2022). Salutogenesis instead provides a theoretical layer through which these conditions can be interpreted in relation to human agency and coping.

2.2 Sense of Coherence as An Architectural Lens

SOC comprises three interconnected dimensions: comprehensibility, manageability, and meaningfulness (Golembiewski, 2022). Comprehensibility concerns the extent to which stimuli and circumstances can be perceived as structured, intelligible, and reasonably predictable. Architecturally, this raises questions of spatial organization, legibility, orientation, recognizable hierarchy, sensory coherence, and clarity of environmental information.

Manageability concerns whether adequate resources are perceived as available for responding to demands. In buildings, this can involve environmental control, accessibility, adaptability, functional support, choice, privacy regulation, and access to resources.

Meaningfulness concerns whether demands and experiences are worthy of engagement. Its architectural implications include identity, belonging, personalization, social connection, cultural resonance, place attachment, and opportunities for purposeful participation.

The dimensions are analytically distinct but environmentally interdependent. A comprehensible building that provides no opportunity for control may remain stressful. A highly adjustable environment may become burdensome if its controls are unintelligible. A comfortable and legible space may still contribute little to meaningfulness if occupants experience no belonging or personal significance.

Empirical studies reinforce this interdependence. Forooraghi et al. (2021), examining office design and employee SOC, found that perceptions of the office environment and health-supportive characteristics could be meaningfully examined through comprehensibility, manageability, and meaningfulness. Casather and Coorey (2022) similarly identified privacy, accessibility, biophilic characteristics, informal gathering opportunities, workstyle compatibility, and possibilities for identity expression as relevant to coherence and well-being in academic workplaces. Younus and Younis (2023) further investigated architectural characteristics associated with SOC in university workplace environments.

The implication is important: salutogenic design cannot be reduced to a single environmental variable. It concerns the configuration of resources and the way those resources are interpreted and used.

3. Method

3.1 Review Design

This study adopts a critical integrative review rather than claiming a systematic review or meta-analysis. The purpose is conceptual synthesis: to examine how recent architectural and built-

environment evidence can be interpreted through SOC and to distinguish direct salutogenic evidence from broader evidence concerning health-supportive environments.

The review was restricted to literature published from 2020 to 2026 in order to capture contemporary evidence and methodological developments. Literature was considered when it addressed at least one of the following relationships: (1) architecture or built environment and salutogenesis/SOC; (2) spatial legibility or wayfinding and user experience; (3) environmental control or adaptability and occupant satisfaction/well-being; (4) indoor environmental quality and health or well-being; (5) nature or biophilic design and health/well-being; (6) built-environment support for social interaction; or (7) place attachment, identity, and environmental meaning.

Priority was given to peer-reviewed journal articles and scholarly book chapters with verifiable Digital Object Identifiers (DOIs). Sources were excluded when bibliographic or DOI information could not be verified, when their relationship to architectural or built-environment experience was peripheral, or when they fell outside the temporal boundary.

3.2 Analytical Strategy

The synthesis proceeded at two analytical levels. First, studies were distinguished according to whether their relationship to salutogenesis was direct or indirect. Direct evidence explicitly employed salutogenesis, SOC, or its dimensions as theoretical constructs or analytical variables. Indirect evidence concerned environmental characteristics with demonstrated health, comfort, restorative, satisfaction, or well-being outcomes but did not itself establish a salutogenic mechanism.

Second, recurring environmental characteristics were organized thematically. Six domains emerged as particularly relevant across the contemporary literature: spatial legibility and orientation; environmental comfort; user control and adaptability; contact with nature; social affordances; and identity, personalization, and place attachment.

These domains were then interpreted against comprehensibility, manageability, and meaningfulness. Importantly, mapping indicates a theoretically plausible relationship supported to varying degrees by contemporary evidence; it does not imply that the presence of a design feature automatically produces SOC.

4. Results: Environmental Resources for Salutogenic Architecture

4.1 Spatial Legibility: Making Environments Comprehensible

The first resource domain concerns whether people can understand the environments they inhabit. Spatial organization, circulation hierarchy, visual access, landmarks, signage, and environmental differentiation can influence the cognitive effort required to navigate buildings.

Jamshidi and Pati's (2021) review of interior wayfinding theory demonstrates that wayfinding is influenced by the relationship between cognitive processes and environmental characteristics rather than signage alone. Difficult navigation can increase confusion and impose additional demands on users, particularly in complex environments. From a salutogenic perspective, spatial legibility therefore contributes primarily to comprehensibility.

This interpretation expands wayfinding beyond efficiency. A comprehensible environment provides cues that allow users to construct a coherent mental representation of where they are, how spaces relate, and how destinations can be reached. Spatial hierarchy, recognizable thresholds, differentiated zones, visual connections, and meaningful landmarks can therefore operate as resources.

Yet more information is not necessarily equivalent to greater comprehensibility. Excessive signage, visual clutter, ambiguous circulation, and competing cues can themselves increase cognitive demand. Salutogenic legibility should consequently be understood as the alignment between spatial structure and users' capacity to interpret it.

Recent SOC-oriented research supports this position. Forooraghi et al. (2021) demonstrate that comprehensibility has meaningful architectural implications in workplace environments, while Younus and Younis (2023) connect design characteristics to SOC in university workplaces. The

evidence nevertheless remains context-sensitive, and there is insufficient basis for a universal prescription regarding particular configurations or quantities of signage.

4.2 Environmental Comfort: Reducing Unnecessary Demands

Thermal, visual, acoustic, and air-quality conditions constitute another major environmental resource domain. Contemporary healthy-building research provides substantial evidence that indoor environmental quality affects satisfaction, health, performance, and well-being.

Yuan et al. (2022), reviewing thermal comfort research in hospitals, emphasize the heterogeneity of occupant requirements and show why uniform environmental assumptions can be inadequate. Ackley et al. (2024) similarly demonstrate through a systematic review of healthcare facilities that indoor environmental quality affects both patients and staff and that environmental domains should be considered in relation to user requirements.

From a salutogenic perspective, comfort has its strongest relationship with manageability. Environments that avoid unnecessary physiological or sensory strain can reduce the resources users must expend simply to tolerate everyday conditions. However, comfort also intersects with comprehensibility when environmental conditions behave predictably and with manageability when users can modify them.

This interpretation avoids equating comfort directly with salutogenesis. A thermally comfortable room is not necessarily salutogenic in itself. Its salutogenic relevance lies in whether the environment provides adequate resources for users to negotiate environmental demands.

4.3 User Control and Adaptability: Architecture as a Manageable Resource

The capacity to exercise environmental agency is among the clearest architectural translations of manageability. Adjustable lighting, operable windows, localized thermal control, movable furniture, privacy regulation, and flexible spatial arrangements can allow users to align environmental conditions with changing needs.

Research on environmental control provides important but nuanced evidence. Lechner et al. (2021) found that self-perceived thermal control moderated relationships between thermal satisfaction and overall environmental satisfaction and argued that opportunities for control should be considered in building design. Research on personalized air movement has similarly examined the contribution of individual control to thermal satisfaction (Rissetto et al., 2021).

However, the relationship should not be oversimplified. Evidence indicates that the perception of control and the resulting environmental condition may interact in complex ways. Personal control is therefore not universally beneficial simply because an interface exists. Controls that are inaccessible, confusing, ineffective, or cognitively demanding may fail to increase manageability.

This point is especially important for salutogenic design. Manageability requires usable resources, not merely available technologies. A manually operable window that cannot safely be reached or a sophisticated environmental interface that users cannot understand provides nominal rather than effective control.

Architectural adaptability operates similarly. Flexible layouts, multiple spatial options, movable elements, and opportunities to choose between social and private conditions may enhance users' capacity to respond to changing demands. Salutogenic adaptability should consequently be evaluated through actual affordances and user experience rather than the designer's intention alone.

4.4 Contact with Nature: Restoration, Sensory Experience, And Meaning

Nature is among the most frequently discussed health-supportive resources in contemporary architectural literature. Biophilic design research addresses direct and indirect contact with natural systems through vegetation, views, daylight, water, natural materials, patterns, and spatial experiences. Zhong et al. (2022), in a critical review of biophilic design, conclude that nature-related architectural strategies have significant potential for health, well-being, and sustainability while also identifying conceptual and methodological inconsistencies in the field. Tekin et al. (2023), reviewing biophilic

design in clinical environments, developed a framework of environmental parameters relevant to lived experience. Al Khatib et al. (2024) further report evidence concerning biophilic interventions in healthcare environments.

These findings are relevant to salutogenesis, but nature should not be treated as automatically salutogenic. Its relationship to SOC can operate through several pathways. Natural cues and environmental rhythms may contribute to comprehensibility when they provide intelligible sensory structure and temporal orientation. Accessible restorative environments may support manageability by offering resources for coping and recovery. Nature may also support meaningfulness through attachment, fascination, cultural associations, and experiences of connection.

The distinction between biophilic and salutogenic design is therefore necessary. Biophilia describes a particular human-nature relationship and associated design strategies; salutogenesis describes a broader theory of health resources. Biophilic features may function as salutogenic resources, but the concepts should not be collapsed into one another.

4.5 Social Affordances: Supporting Connection Without Prescribing Interaction

Built environments influence the probability, character, and accessibility of social interaction. Circulation spaces, thresholds, shared facilities, seating arrangements, courtyards, common rooms, and transitional spaces can facilitate encounters or allow retreat.

A systematic review by Bower et al. (2023) demonstrates that built environments can influence loneliness through opportunities for social interaction and belonging, but importantly concludes that no single physical element determines loneliness. The relationship depends on individual experience and broader social circumstances. This finding is particularly relevant to salutogenic architecture because it cautions against deterministic claims.

Socially supportive environments may contribute primarily to meaningfulness, providing opportunities for belonging, participation, recognition, and shared experience. They can also enhance manageability where social networks themselves function as resources.

Salutogenic social design should therefore create possibilities rather than compulsory interaction. Choice is critical. A space that maximizes encounter but provides no privacy can increase stress for some occupants. Conversely, environments dominated by separation may constrain opportunities for support. Architectural quality lies partly in enabling users to regulate social proximity.

The importance of such flexibility appears in workplace research. Casather and Coorey (2022) identified informal gathering spaces alongside privacy and workstyle compatibility as relevant to well-being and SOC. The combination is revealing: salutogenic environments need both connection and withdrawal.

4.6 Identity, Personalization, And Place Attachment: Making Environments Meaningful

Meaningfulness is arguably the least straightforward SOC dimension to translate into architectural variables. Unlike temperature or illumination, meaning cannot be supplied as a measurable physical quantity. It emerges through relationships among people, activities, memories, culture, identity, and place.

Recent architectural research nevertheless points toward relevant environmental resources. Opportunities for personalization can allow occupants to express identity and establish ownership. Spatial character, materiality, cultural references, familiar configurations, and continuity with local context may contribute to attachment and belonging. Casather and Coorey (2022) identify expression of personal identity as relevant to coherence in academic workplaces. Research within the Journal of Salutogenic Architecture has similarly connected place attachment with biophilic features, social spaces, shared facilities, and comfort (Alalawi & Elghonaimy, 2025).

Meaningfulness also challenges universal design prescriptions. The same spatial feature may carry different meanings across users, cultures, ages, and contexts. Consequently, architectural meaningfulness is unlikely to be achieved through standardized stylistic choices. Participation,

appropriation, personalization, and culturally responsive design may be more important than predetermined symbolic content.

5. Toward an Evidence-Based Salutogenic Design Matrix

The preceding synthesis indicates that salutogenic architectural qualities are rarely associated with a single dimension of Sense of Coherence (SOC). Instead, environmental resources often contribute simultaneously to comprehensibility, manageability, and meaningfulness. Spatial legibility, for example, primarily supports comprehensibility by helping users understand and navigate their surroundings, while also contributing to manageability by reducing cognitive demands. Similarly, environmental control primarily supports manageability, but its effectiveness depends on whether users can understand and operate the available systems (Jamshidi & Pati, 2021; Lechner et al., 2021). Based on the reviewed literature, six recurring environmental resource domains were identified: spatial legibility, environmental comfort, user control and adaptability, contact with nature, social affordances, and identity and place attachment. Table 1 synthesizes these domains according to their primary and secondary relationships with SOC, representative architectural expressions, and the relative maturity of the supporting evidence. The matrix does not imply that any individual feature is inherently salutogenic. Rather, it provides an interpretive structure for understanding how architectural resources may contribute to users' capacity to understand, manage, and find meaning in their environments.

Table 1. Evidence-based interpretive matrix for salutogenic architectural resources.

Environmental resource	Primary SOC relationship	Secondary relationship	Architectural expressions	Evidence status
Spatial legibility	Comprehensibility	Manageability	Clear hierarchy, recognizable routes, landmarks, visual connections, intelligible thresholds	Moderate; context-sensitive
Environmental comfort	Manageability	Comprehensibility	Thermal, visual, acoustic and air-quality conditions responsive to user needs	Relatively strong
User control and adaptability	Manageability	Meaningfulness	Operable systems, adjustable settings, flexible layouts, privacy regulation, spatial choice	Moderate to strong, but dependent on usability
Contact with nature	Meaningfulness / Manageability	Comprehensibility	Views, vegetation, daylight, outdoor access, natural materials, restorative settings	Relatively strong for well-being; direct SOC evidence more limited

Social affordances	Meaningfulness	Manageability	Shared spaces, informal gathering, thresholds, seating, community facilities	Moderate; strongly mediated by social context
Identity and place attachment	Meaningfulness	Comprehensibility	Personalization, culturally responsive design, familiar elements, participatory appropriation	Emerging; difficult to generalize

The matrix therefore shifts attention from the simple presence of design features to their capacity to function as resources for users. A building may contain greenery, adjustable controls, social spaces, or clearly defined circulation without necessarily supporting SOC. Their salutogenic value depends on whether these resources are accessible, intelligible, usable, and meaningful within a particular context. This distinction provides the basis for the following discussion and for differentiating salutogenic architecture from broader healthy-building approaches.

6. Discussion

6.1 Salutogenic Architecture Is Not Synonymous with Healthy Architecture

The reviewed evidence supports a clear distinction between health-supportive features and salutogenic mechanisms. Healthy-building research can demonstrate that a particular environmental condition is associated with comfort, stress reduction, satisfaction, or health. Salutogenic interpretation requires an additional theoretical step: explaining how that environmental condition functions as a resource within comprehensibility, manageability, or meaningfulness.

This distinction addresses an important vulnerability in current discourse. Schweiker et al. (2026) warn that salutogenic terminology can become detached from Antonovsky's model and used rhetorically to legitimize design decisions. The present synthesis suggests that the solution is not to narrow salutogenic architecture to a fixed catalogue but to strengthen its theoretical accountability.

For example, daylight should not be called salutogenic solely because it is associated with health-supportive outcomes. Its salutogenic role depends on what it enables: temporal orientation, visual comprehension, environmental comfort, connection with exterior conditions, restoration, or meaningful sensory experience. Similarly, an operable window becomes relevant to manageability when it provides effective environmental agency rather than merely satisfying a technical design criterion.

6.2 From Feature-Based to Relational Design

Much architectural guidance is feature-based because features are comparatively easy to specify and audit. Salutogenesis suggests that this is insufficient.

The same feature can produce different outcomes depending on context. A large glazed façade may provide views and daylight but also glare, overheating, privacy loss, or lack of environmental control. An open-plan workplace may facilitate social connection for some users while increasing distraction and reducing privacy for others. Green spaces may be restorative when accessible and safe but irrelevant when visible yet inaccessible.

Consequently, the salutogenic quality of architecture cannot be determined solely from drawings or inventories. It requires understanding person-environment relationships. This relational interpretation aligns with recent evidence showing significant individual and contextual variation in environmental

satisfaction (Lechner et al., 2021), differences in thermal requirements among user groups (Yuan et al., 2022), and the absence of simple one-to-one relationships between physical environmental elements and loneliness (Bower et al., 2023).

6.3 The Three SOC Dimensions Are Unevenly Represented

A second finding concerns the distribution of evidence. Manageability is comparatively easy to connect to architectural research because environmental control, comfort, accessibility, adaptability, and functional support can be operationalized and measured.

Comprehensibility is supported by research concerning wayfinding, legibility, spatial cognition, and environmental predictability, although explicit SOC-based measurement remains less common.

Meaningfulness is more difficult. Identity, belonging, place attachment, cultural resonance, and social participation are highly contextual and resist universal physical metrics. Yet meaningfulness is central to salutogenic theory. Reducing salutogenic architecture to environmental comfort and biophilic features therefore risks emphasizing what architecture can easily measure rather than what the theory considers important.

Future research should consequently devote greater attention to meaningfulness and to interactions among the three dimensions.

6.4 Evidence Strength Must Remain Differentiated

The review also demonstrates why salutogenic recommendations should communicate uncertainty. There is substantial contemporary evidence linking environmental comfort and nature exposure with dimensions of well-being, although methods, populations, and contexts vary (Ackley et al., 2024; Al Khatib et al., 2024; Tekin et al., 2023; Yuan et al., 2022). Evidence concerning user control is persuasive but nuanced because actual conditions, perceived agency, usability, and individual differences interact (Lechner et al., 2021; Risetto et al., 2021).

Evidence becomes less direct when translating social interaction, identity, cultural meaning, or place attachment into SOC. These should therefore be treated as theoretically important but empirically developing domains rather than established universal causal relationships.

This differentiation strengthens rather than weakens salutogenic architecture. An evidence-based approach should distinguish what is known, what is plausible, and what remains insufficiently tested.

7. Implications for Architectural Practice and Research

The synthesis suggests four implications for practice. First, design evaluation should begin with user capacities rather than feature inventories. Assessments should ask whether users can understand, control, adapt to, and meaningfully engage with environmental conditions.

Second, design resources should be evaluated in combination. Legibility without accessibility, choice without comprehensible controls, social space without privacy, or nature without access may provide incomplete support.

Third, post-occupancy evaluation is particularly important for salutogenic architecture. Because salutogenic value emerges through experience, design intention alone cannot demonstrate whether SOC is supported.

Fourth, different users should not be assumed to experience the same resources identically. Age, ability, culture, activity, health condition, familiarity, and personal preference can mediate environmental experience.

For research, the major requirement is stronger operationalization. Future studies should explicitly distinguish between general well-being outcomes and SOC-related outcomes. Architectural studies claiming salutogenic effects should ideally measure comprehensibility, manageability, and meaningfulness directly or provide a transparent theoretical explanation for their relationship to the environmental variables being examined.

Longitudinal and comparative studies are particularly needed. Much built-environment evidence remains cross-sectional, case-specific, or dependent on self-reported satisfaction. Research across

building types, cultural contexts, climates, and user groups could establish whether particular environmental resources consistently contribute to SOC or whether their effects are primarily contextual.

8. Limitations

This study is a critical integrative review rather than a systematic review or meta-analysis. It does not claim exhaustive coverage of all literature published between 2020 and 2026, and the proposed matrix should therefore be understood as an analytical synthesis rather than a validated assessment instrument. A second limitation concerns theoretical translation. Much contemporary built-environment research investigates well-being without explicitly employing salutogenic theory. Mapping such evidence onto SOC can identify plausible relationships but cannot retrospectively demonstrate that SOC mediated the reported outcomes.

Third, the literature remains heterogeneous in building type, population, outcome measurement, spatial scale, and methodological design. Findings from healthcare, workplace, educational, or residential environments should not automatically be generalized across contexts.

Finally, the three SOC dimensions are themselves interrelated. Assigning environmental resources to primary and secondary dimensions is analytically useful but necessarily simplifies relationships that may operate simultaneously across comprehensibility, manageability, and meaningfulness.

9. Conclusion

The contemporary built-environment literature provides considerable evidence that architecture can influence conditions associated with health and well-being. However, this does not mean that every healthy, comfortable, restorative, or biophilic environment is inherently salutogenic.

The distinctive contribution of salutogenic architecture lies in understanding the built environment as a resource for coping and health, structured through comprehensibility, manageability, and meaningfulness. On this basis, six environmental resource domains emerge from recent research: spatial legibility, environmental comfort, user control and adaptability, contact with nature, social affordances, and identity and place attachment.

Their value is relational rather than intrinsic. Legibility can help occupants understand environmental demands. Comfort and control can strengthen their capacity to manage those demands. Nature, social connection, identity, and attachment can contribute to environments experienced as worthy of engagement. Yet none operates independently of user, activity, or context.

The principal implication is therefore a shift in emphasis: from designing health-promoting features to designing environments that provide intelligible, usable, and meaningful resources.

Such a shift offers a more theoretically defensible foundation for salutogenic architecture and guards against the uncritical attachment of salutogenic terminology to generic well-being strategies. It also establishes a practical research agenda. Rather than asking only whether particular architectural elements correlate with satisfaction or well-being, future studies should investigate whether, for whom, and under what conditions those elements strengthen comprehensibility, manageability, and meaningfulness.

In this sense, the future of salutogenic architecture may depend less on identifying another list of healthy design features than on understanding how architecture enables people to make coherent use of the environments in which everyday life unfolds.

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The author(s) declare(s) no conflicts of interest.

Data availability statement

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