Investigation of the Collective Memory of Urban Residents: A Case of an University Healthcare Campus

Abstract

This study aims to identify the urban, functional, spatial, and sociological problems arising from the physical and spatial dysfunction of healthcare campuses located in historic city centers, which have long served as integral parts of the city where urban residents receive healthcare services and medical education. The study also seeks to provide solutions to decision-makers. Healthcare facilities must continuously renew themselves and update their functions and spaces in accordance with contemporary conditions to maintain global standards in education, research, and service quality. Existing healthcare buildings need to be spatially flexible and structurally resilient to meet these evolving requirements. Healthcare facilities that fail to meet this dynamic process gradually become functionally obsolete. As a result, healthcare service areas (hospitals) located in city centers generally cannot be renewed in their existing locations due to factors such as the lack of available space for expansion to meet current needs, and therefore must often be rebuilt at different sites. This situation directly affects both hospital users and numerous urban amenities and neighborhood residents surrounding the hospitals, and often leads to the loss of urban spaces that are symbolically tied to the hospital's function. It should be considered that maintaining the function of urban areas experienced as hospitals for many years plays a significant role in meeting the needs of urban residents. To examine the role of this issue in site selection decisions for healthcare facilities within the framework of sociological concepts such as collective and spatial memory, the Çapa Healthcare Campus, located in Istanbul's Historic Peninsula and currently undergoing renewal, was chosen as the study area. A survey was conducted with the campus's active users, comprising healthcare professionals, patients, and their companions. The reasons for maintaining and preserving the hospital in its current urban location were identified through the analysis of survey data and a review of the relevant literature.

Keywords: Urban Memory, Collective Memory, Hospital Site Selection, Healthcare Campuses, Çapa.

1. Introduction

Since the 19th century, with the continuous increase in urban population, cities have been rapidly growing, evolving, and transforming. Cities, regarded as living organisms, are constantly subjected to changes and are directly affected by them. One of the main components that constitute this urban organism is public healthcare facilities. Healthcare buildings (hospitals) are the most important physical spaces in the fight against disease. Depending on their capacity, characteristics, and types, various healthcare facilities are either distributed across different parts of the city or concentrated in certain areas. Healthcare facilities (hospitals) need to continuously renew themselves and stay up-to-date in terms of function and space in order to maintain global standards of education, research, and quality of healthcare services. Especially medical faculty and university hospitals require continuous renewal, expansion, and modernization due to their internal dynamics. If these needs are not met, they may lose their characteristics and functions. The complete renewal of aging university healthcare campuses that no longer meet spatial standards involves facing various challenges and factors related to urban planning and architectural design.

There are numerous factors and parameters influencing the architectural design of contemporary healthcare facilities. The continuous innovation within healthcare systems, along with advances in medical technology, necessitates that hospital architecture be flexible and sustainable. User requirements of healthcare facilities, their relationship with the urban context, as well as the architectural typologies and spatial design standards and guidelines developed accordingly, are continually evolving and changing over time. In the United States, for example, minimum design guidelines for healthcare facilities (hospitals) were initiated in 1947, have been revised over time, and continue to be updated with new editions. In this regard, similar processes are being carried out in Turkiye, where the minimum design standards for existing and newly planned hospitals are frequently revised. Turkiye's Ministry of Health launched the "*Health Transformation*" program in 2003 to deliver "*accessible, high-quality, and sustainable healthcare for all*". However, the high costs of the necessary facilities, together with the advent of new technologies and the need for smart (automated) building designs, made the adoption of minimum design standards imperative. Accordingly, the ministry launched standardization efforts (TSYATSK, 2010); the Private Hospital Regulation was first issued in 2002; from 2010 onward, the "Turkey Health Structures Minimum Design Standards: 2010 Guide" became mandatory for public hospitals, and since 2019, the "Public Health Facilities Licensing Regulation" has been enforced as binding legislation.

Accordingly, existing healthcare campuses -designed under outdated spatial criteria and guidelines- suffer from inadequate capacities (in terms of area, volume, etc.) and occupy a constrained urban footprint. Over time, these facilities have become encircled by medical-commercial zones, residential accommodations, and other urban fabrics, and therefore, their expansion potential has been constrained. When these hospitals are redesigned to meet contemporary standards at the same bed capacities, the existing campuses must be supplemented with additional urban land. As a result, rather than being renewed in situ, hospitals are relocated to new urban sites, often on public land at the city's periphery, and their former locations undergo metamorphosis into alternative urban functions.

A significant number of healthcare campuses on Istanbul's Historic Peninsula, namely Çapa, Cerrahpaşa, Haseki, Bezmialem, and Samatya, are confronted with this issue. Among these campuses, at the Çapa Health Campus, Turkiye's oldest and most venerable healthcare-education complex, the process of renewal and subsequent relocation began after the Mw 7.5 Kocaeli-Gölcük earthquake on 19 August 1999, and this process has persisted for a quarter-century. Likewise, the Çapa Health Campus, affiliated with Istanbul University, has entered a renewal phase for similar reasons (Akçay, Şolt, Manisalı, & Çetinkale, 2011, s. 281). After the earthquake, the structural conditions of the existing building stock on these campuses failed to meet seismic-safety regulations and would be unable to function in the event of any disaster; coupled with other factors, such as functional obsolescence and outdated typologies, renewal debates have been brought to the national agenda. In this regard, the decision was first made in 2007 to relocate the campus outside the city, followed by a 2009 decision to renew it on-site, and finally, in 2018, a renewal project was initiated, combining on-site refurbishment with connection to a satellite hospital outside the city. However, the need to continue hospital and educational services on the campus, along with Turkiye's economic and financial constraints, has prevented the renewal process from being completed within the desired timeframe.

Most recently, the Mw 6.2 Silivri, Istanbul earthquake (AFAD) on 23 April 2025, reignited the existing issues of the campus. Consequently, the Internal Medicine and Surgical Sciences (Monobloc) Clinical Buildings -where the hospital's most critical clinical and surgical operations take place- were evacuated due to a lack of seismic safety, leading to a significant disruption of healthcare and educational services on the campus. In response to this situation, the university has signed an agreement with the Ministry of Health to temporarily use a newly completed 250-bed hospital located in the Esenyurt district on the city's periphery until the campus hospital construction is scheduled for completion in 2028[1]. During the renewal of the Çapa Healthcare Campus, services have been relocated to a third site within the city. Although the return is nominally planned for 2028, the actual timing of the move back from the Esenyurt facility depends on the progress of construction at the main campus. Other hospitals operating on the Historic Peninsula are likewise experiencing a similar situation. The surgical departments of Cerrahpaşa Medical Faculty and all clinics of Haseki Hospital are providing services at different urban locations, and their return to the Peninsula will only be possible once the renewal works are completed.

The main factors contributing to the delay in renewal works include the location of the urban site within an archaeological conservation area, the prolonged duration of excavation works, the lack of expansion space around the campuses, and the high costs associated with extended construction periods. In the interview, a university official stated that the hospital is located on top of archaeological remains, adding: "*…we can neither build downward nor upward. We have no room for expansion. We are confined to an area of approximately 100 decares. Some buildings constructed over time have addressed certain issues for a period, bringing us to the present, but once the earthquake risk emerged, the situation began to be questioned*." Due to the urban population's long-standing experience with this area and the spatial memory associated with its function, relocating the campuses to another site appears unfeasible within the framework of experience-memory.

When the relocation of the Çapa Healthcare Campus from the Çapa district was proposed in 2017, local residents, shopkeepers, students, and faculty staff organized an event to protest the move, voicing their opposition under the slogan "everything has its place". Various segments of the community acted collectively, and the collective memory of the Çapa Healthcare Campus emerged as a form of resistance against spatial transformation, ultimately influencing the relocation decision. Although the structural deficiencies of the buildings necessitate on-site renewal, collective memory serves as the primary mechanism resisting transformation (gentrification). It has been observed that *collective memory* constitutes the main basis for an on-site renewal process that ensures the continuity of the same function (healthcare) at the same location rather than

[1] Interview with the Rector of Istanbul University. Available at, https://www.diken.com.tr/protokol-imzalandi-capanin-bir-bolumu-esenyurt-devlet-hastanesine-tasiniyor/ Accessed: 29 June 2025.

pursuing transformation. Maurice Halbwachs explains that collective memory is bound to spatial contexts: communities reconstruct and retain memories through shared places, which act as social frameworks anchoring those memories. When the group disperses or relocates, recalling prior environments is sufficient to evoke the original memory. Thus, spatial images become central to collective memory and serve as foundations for resistance to spatial transformation (Halbwachs, 2018, pp. 161-162). In the relationship between space and memory, it is evident that the two concepts mutually constitute one another, that space serves as an instrument for sustaining memory, and that collective memory functions as a valuable tool in the reproduction or renewal of space in its original location.

In this context, hospitals are among the most significant urban facilities frequently used by the public. Typically, both the beginning of life (birth) and its end (death) take place within the hospital environment. During this span of life, individuals frequently use hospitals, whether for their own needs or while accompanying patients, to protect and restore physical and mental health. Except for rare exceptions, these facilities function as public spaces that serve the community twenty-four hours a day, seven days a week. Among the most significant structures shaping the collective memory of society are hospitals, which urban residents encounter repeatedly throughout their lives, accumulating both positive and negative experiences. Hospitals are, in fact, among the most frequently experienced places in a city. Hospitals have traditionally been located in city centers, embedding themselves in both the individual and collective memory of urban residents through the services they provide. Some of these hospitals have also acquired historical significance, becoming indispensable elements of the city.

Figure 1. Healthcare Structures in the Historic Peninsula from the Byzantine Period to the Present (Xenon–*Darüşşifa*–Hospital)

Healthcare campuses and other medical sites, which hold a deeply rooted urban memory, have always existed in the Historic Peninsula. While the history of these campuses and hospitals largely dates back to the Ottoman and Republican periods, the origins of healthcare facilities in the Historic Peninsula extend as far back as Roman and Byzantine medical structures (xenons) (Figure 1). Chronologically, the development of healthcare facilities in the Historic Peninsula began with the Eastern Roman (Byzantine) period and continues to the present day. The healthcare practices and collective memory shaped by the social, cultural, religious, and economic characteristics of each era have played a significant role in the formation of healthcare sites in the Historic Peninsula. In the region, epidemics, invasions, and wars during the Eastern Roman (Byzantine) and Ottoman periods led to an increase in healthcare facilities, while in the Republican era, urban development practices and improved accessibility transformed the area into a national and international center for healthcare and medical education. Both functionally and physically, healthcare facilities occupy a place in urban memory. In the Historic Peninsula, the "search for restoring lost health" from monasteries (xenons) to religious complexes (*darüşşifa*: Ottoman hospital complex) and eventually to campuses (hospitals) has become socially and spatially layered, gaining continuity over time. The Çapa Healthcare Campus is one such urban site.

In Turkiye, healthcare campuses located in historic city centers are under increasing pressure for both functional and structural transformation due to population growth and advances in medical technology. However, this transformation is not limited to the physical dimension; it also causes disruptions at social and memory levels. In areas such as the Çapa Healthcare Campus, which has maintained the same function for many years, the meaning attributed to the place by urban residents and the institutional continuity are often overlooked during

transformation processes. Accordingly, this study examines whether collective memory and urban experience are adequately considered in the renewal of healthcare campuses located in historic city centers. The main hypothesis of the study is that urban residents develop a strong collective and spatial memory connection with healthcare facilities, and that this relationship directly influences both public attitudes toward their preservation and hospital preferences. The aim of the study is to reveal the memory-based connections of urban residents during the physical transformation process of healthcare facilities, using the Çapa Healthcare Campus as a case study, to evaluate the influence of social belonging on spatial renewal decisions, and to provide recommendations to decision-makers accordingly.

2. Method

This study aims to reveal that, in the renewal process of existing healthcare campuses, the decision-making process is influenced not only by designers and administrators but also by urban residents. For this purpose, focusing on the Çapa Health Campus, which houses the Istanbul Faculty of Medicine Hospital, the relationship between urban residents and healthcare facilities was evaluated within the framework of collective and spatial memory, and users' expectations from these facilities were identified. The study employed a mixed-methods approach, combining both quantitative and qualitative data collection techniques. The integration of qualitative and quantitative data sources enabled the research to produce results that are both in-depth and generalizable. According to Creswell, this approach is suitable for addressing social phenomena in a multidimensional manner, as it embodies the core characteristics of mixed-methods research (Creswell, 2014, pp. 3–5, 69–70, 218–221).

The study area selected is the Çapa Healthcare Campus, home to Turkiye's first medical faculty hospital. The campus's historical development, spatial structure, and place in collective memory were examined through both field research and literature review. Thus, the relationship between urban residents, neighborhood, function, and memory was analyzed using both theoretical frameworks and empirical data.

2.1 Sample and Data Collection

In the context of the field research, a survey was conducted in collaboration with Istanbul University's Statistical Research and Application Center. The sample group consisted of users of the Çapa Healthcare Campus, including healthcare workers (HWs) and patients-their companions (P&Cs). The survey was carried out with a total of 362 participants (236 P&Cs, 126 HWs) at a 95% confidence level. Data were collected using three different methods, and the study was supported as part of a Scientific Research Project.

2.2 Survey Design

The survey comprised dimensions related to the healthcare service quality, spatial location, memory association, and perception of the physical environment. The survey content was prepared in consideration of user profiles and the spatial–conceptual context. Both qualitative and quantitative dimensions were incorporated, allowing for a multidimensional evaluation of user tendencies.

2.3 Data Analysis

The data were analyzed using SPSS 24.0 software. Relationships between paired variables were tested using Student's t-test ($\alpha = 0.05$). For multiple comparisons, Chi-square tests and parametric correlation analyses were applied. Quantitative findings statistically revealed the user groups' perceptions of the space, expectations regarding healthcare services, and their connections to memory.

3. Spatial Memory of the Çapa Healthcare Campus

Healthcare activities and spatial development in the Historic Peninsula and its immediate surroundings have continued from the Eastern Roman (Byzantine) Empire to the present day. Over time, hospitals in the Historic Peninsula have physically accumulated in both horizontal and vertical layers in a chronological manner. A 12-bed hospital belonging to the Lips Monastery (10th century) (1), built during the Eastern Roman Empire along Vatan Boulevard (Bayrampaşa Stream–Lykos), was located close to the Çapa Healthcare Campus and within the same urban axis. Throughout history, this area has consistently served a healthcare function (Figure 2). During the Ottoman period, the Vakıf Gureba Valide Hospital (1847) (2) and later the Vakıf Gureba Evkaf Hospital (1911) (3) were located along Vatan Boulevard. These two hospitals, which played a significant role in transforming the area into a healthcare zone, constitute the first and second Ottoman layers directly utilized by the Çapa Healthcare Campus.

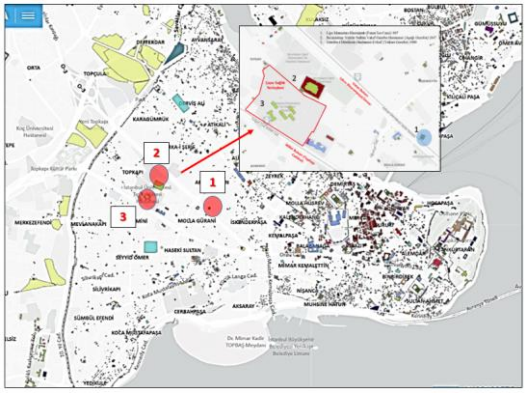


Figure 2. Healthcare Sites in the Çapa and Yenibahçe Region during the Eastern Roman and Ottoman Periods

The history of Istanbul Faculty of Medicine, which operates within the Çapa Healthcare Campus, dates back to the madrasas established in Zeyrek and Hagia Sophia following the conquest of Istanbul by Sultan Mehmed the Conqueror (Terzioğlu H. , 1998, s. 10). Since its early foundations in the madrasas, Istanbul Faculty of Medicine has provided education and healthcare services in various locations across the city under different names. It is recognized as the oldest and first medical faculty in Turkiye. The institution stems from the Seljuk and Ottoman medical traditions. During the university reform of the Republican period (1933), 42 professors from abroad (Germany, Switzerland, France, and Italy) were appointed to the Istanbul Faculty of Medicine, and with the addition of Turkish scholars to this group, the faculty became one of the most prominent medical schools in Europe following the reform (Terzioğlu H. , 1998, s. 20). With its qualified academic staff, the faculty carried out significant work in the field of medicine, becoming known for numerous diagnoses, treatments, and innovations. In the 1950s, its journal *New Istanbul Contributions to Clinical Science*, published by Erich Frank, gained recognition in Europe. Following Atatürk's university reform, Terzioğlu described the Istanbul Faculty of Medicine as "the greatest evidence of a Renaissance in the field of medicine in Turkiye." (Terzioğlu H. , 2002, s. 290). In 2015, Prof. Dr. Aziz Sancar, an alumnus of the Istanbul University Istanbul Faculty of Medicine, was awarded the Nobel Prize in Chemistry, and his name was given to the "Aziz Sancar Institute of Experimental Medicine" located in the Çapa Healthcare Campus. Istanbul Faculty of Medicine has trained numerous physicians and scientists to date, produced healthcare services through modern diagnostic and treatment techniques, and therefore contributed significantly to modern medicine while also playing a pioneering role in the establishment of new medical faculties.

In addition to the Faculty of Medicine, the campus also houses two other hospitals: the Oncology Institute Hospital and the Faculty of Dentistry Hospital, which operated until 2019. According to the 2019 statistics presented in Table 1, the number of patients visiting these three hospitals on the campus indicates that it is a healthcare complex preferred by the community. In addition, the field study revealed that a significant number of patients and their companions travel to the campus from various cities across Turkiye, primarily from Istanbul, to receive healthcare services.

Table 1. Outpatient Visits to Hospitals in Çapa Healthcare Campus, 2019 (2)

Hospital	Number of Outpatient Visits (persons)	Number of Surgeries (persons)	Number of Admitted Patients
Istanbul Faculty of Medicine Hospital	1,482,362	31,760	37,079
Faculty of Dentistry Hospital	171,770	-	-
Oncology Institute Hospital	74,191	-	-
Total	1,728,323	31,760	37,079

In terms of historical background, the Istanbul Faculty of Medicine is widely recognized for its medical education, scientific research, and healthcare services, holding a unique position in Turkish medicine. Its spatial

[2] İstanbul Üniversitesi 2019 Annual Activity Report, https://cdn.istanbul.edu.tr/FileHandler2.ashx?f=2019-yili-idare-faaliyet-raporu-(son).pdf Accessed: 23 November 2022.

development has paralleled its historical growth. Hospitals located in the Çapa (Gureba), Cerrahpaşa, and Haseki districts before the Republican era have remained significant healthcare centers within Istanbul's historic city center during the Republican period as well. In the "1943–1953 Ten-Year Plan for the Istanbul Area" (Figure 3) prepared by Prost, these neighborhoods were designated as the "Medical District," ensuring the continuity and expansion of healthcare service areas within the historic peninsula.

Figure 3. 1943–1953 Ten-Year Plan for the Istanbul Area: Historic Peninsula (3)

In line with Prost's "Ten-Year Plan for the Istanbul Area (1943–1953)," the "10.10.1943 Master Zoning Plan for Yedikule, Yenikapı, Fatih Medical Zone, and New Residential Neighborhood" was prepared and approved by the Istanbul Municipal Council on 22 November 1945. The plan included provisions for the expansion areas and transportation routes of hospitals located in the Çapa (Gureba), Cerrahpaşa, and Haseki districts. Following this period, the planning studies listed below were conducted specifically for the Çapa Healthcare Campus. The campus has continuously functioned as a healthcare facility throughout its history, and its spatial development and stratification have progressively expanded through these planning decisions to reach its current boundaries.

- Implementation Zoning Plan for Topkapı and Surroundings, dated 22 April 1955
- Implementation Zoning Plan for Additional Floors Related to Gureba Hospital Faculty of Medicine Institute and Clinic, dated 21 January 1959
- Zoning Plan for Arap Emini Neighborhood, Plots 3-8, Block 1827, dated 19 December 1961
- Implementation Zoning Plan dated 7 February 1994
- Conservation-Oriented Implementation Zoning Plan dated 21 May 2005 (Canceled by Court Decision)
- Conservation-Oriented Implementation Zoning Plan for Fatih District (Historic Peninsula), including Urban, Historical, Urban Archaeological, and First-Degree Archaeological Site Areas, dated 4 October 2012

Since the opening of the Gureba Valide Hospital in 1847, the campus has evolved as a healthcare facility zone, with various hospital typologies (such as pavilion and block types) constructed in different periods, resulting in continuous spatial stratification through accumulated experiences over time. Through the long-term continuity of its function and the cumulative experience of the place within the urban context, spatial stratification occurs, leading to an association in the collective memory where the name of the place (the neighborhood) becomes intertwined with its function. In the public consciousness, the neighborhood name evokes associations with healthcare services. Place names, a fundamental feature of urban texts, are inherently public in nature and are often used as political tools by administrative authorities (Tan, 2018, s. 64). Public space constitutes collective memory through its functions, images, and conceptual associations. In other words, the physical structure of space, its function, its place in memory, and perhaps its more complex and heterogeneous social structure are in constant interaction with society (Arslan & Uludağ, 2020, s. 1425-1426). Within the framework of continuity, space (neighborhood) and function become integrated and are perceived together, embedding themselves in the collective memory of society. In this process, the function of space is also a significant factor in the formation of memory.

The cognitive language of architecture, comprising messages conveyed through space and function as well as symbolic meanings and images, enables individuals to mentally interpret and internalize a place, even without directly experiencing it, allowing it to take root in memory. Alderman states that place names, which link

[3] http://kiricioglue.blogspot.com/2012/02/henri-prostun-istanbulu-1937-1951.html, Accessed:15.08.2022

language and space, embed both everyday and official experiences of urban life into memory through spatial references such as streets, squares, buildings, and parks, as well as through tools like maps, addresses, and directories (Arslan & Uludağ, 2020, s. 1426-1444). In addition to the individual and collective codes embedded in the spatial layers of physical entities in place, memory is also constructed and recalled through the place and its name. Through toponyms (place names), the conditions of continuity, fragility, and re-signification of collective memory can be interpreted, shaping perceptions and behaviors related to place. When toponyms are relocated to another urban context or removed altogether, ruptures or erasures in memory may occur, and the connection between a place and its name can be lost.

The healthcare function of the Çapa district within the Historical Peninsula's Çapa-Yenibahçe area became established with the construction of the Bezmialem Valide Sultan Vakıf Gureba Hospital in 1847, followed by the relocation of the Istanbul Faculty of Medicine from Üsküdar-Haydarpaşa to the Çapa (Gureba) neighborhood in 1933. On the other hand, the institutional educational history of the Istanbul Faculty of Medicine is known to have begun during the Ottoman period with the Fatih Madrasa-Darüşşifa (1453). The first modern medical education was provided at the Tulumbacıbaşı Mansion in Şehzadebaşı (1827) as the Mekteb-i Tıbbiyye (Medicine School), later the Darülfünun Faculty of Medicine (1909), and currently the Istanbul Faculty of Medicine. Through these institutions, both education and clinical practice have been centralized in Çapa. Considering through Alderman's "place names–space relationship" and Arslan & Uludağ's "public space function–memory relationship", both the Çapa district and the institutional memory of the Istanbul Faculty of Medicine show that the campus has maintained a connection with society from past to present, with past experiences becoming embedded in collective memory (Arslan & Uludağ, 2020, p. 1426)

Table 2. Relationship Between Healthcare Campuses on the Historic Peninsula and Their Neighborhood Names

Neighborhood	Hospital Name	Name used by the Community
Çapa	İstanbul Faculty of Medicine and Hospital	Çapa Faculty of Medicine-Hospital[4]
Cerrahpaşa	Cerahpaşa Faculty of Medicine and Hospital	Cerahpaşa Faculty of Medicine and Hospital
Haseki	Haseki Training and Research Hospital	Haseki Training and Research Hospital
Samatya	İstanbul Training and Research Hospital	Samatya Hospital[5]

Today, the healthcare campuses located in the Historic Peninsula are referred to and remembered by the names of the neighborhoods in which they are situated (these hospitals are listed in Table 2). The hospitals located within the city walls, such as Haseki, Samatya, and Cerrahpaşa (Figure 4), during both the Ottoman and Republican periods, are other health facilities that adopted the names of their respective neighborhoods and became embedded in the urban collective memory as healthcare landmarks. Located in the Çapa neighborhood, the Istanbul Faculty of Medicine and its hospital are commonly referred to by the public as 'Çapa Faculty of Medicine.' Hospitals that establish a direct connection with neighborhood names become embedded in the collective memory of society. In the field study conducted at the Çapa Healthcare Campus, 63.22% of survey participants identified the hospital as 'Çapa Faculty of Medicine'. Moreover, in the 2005 (Annulled) Conservation-Oriented Implementation Zoning Plan for the Fatih District (Figure 5), the hospital is also labeled as 'Çapa Faculty of Medicine,' indicating that the name of the neighborhood and the function of the facility have become deeply intertwined. This makes it one of the rare urban areas where such a connection exists.

[4] Istanbul Faculty of Medicine states the following in the "*Frequently Asked Questions*" section of its website: "Since our faculty is located in the Çapa neighborhood of Istanbul's Fatih district, it is more commonly known among the public as Çapa Faculty of Medicine." https://istanbultiptanitim.istanbul.edu.tr/index.php/sikca-sorulan-sorular/ Accessed: 27.11.2022.
[5] Istanbul Training and Research Hospital states the following in the "*Our History*", section of its website: *On 16 January 1960, the Workers' Insurance Hospital, which would later be commonly referred to by the name of the district where it was established, Samatya, was built on an area of 28,604 square meters with a bed capacity of 560"*. Accessed: 27.11.2022

Figure Error! No text of specified style in document.**.** Çapa Healthcare Campus in the 2005 (Annulled) Conservation-Oriented Implementation Zoning Plan for the Fatih District[6]

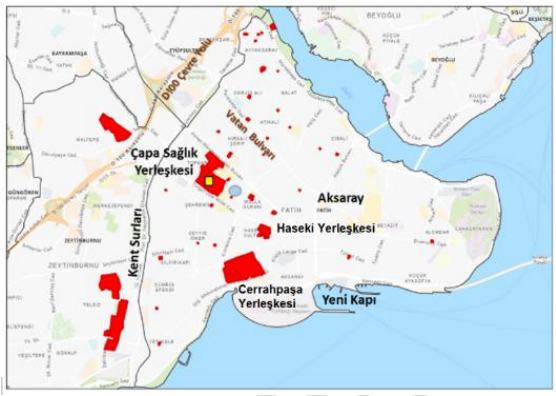


Figure 5. Distribution of Healthcare Facilities and Centers in the Historic Peninsula[7]

As a continuation of a healthcare tradition dating back to the medieval period and due to the high quality of services it provides, the Çapa Healthcare Campus is heavily preferred by the urban population, as seen in Table 1. Driven by the high patient demand, the campus has continuously expanded during the Republican era, spatially stratifying for healthcare and educational purposes over an area of approximately 10 decares. The primary factors behind this development are the public's perception of the area as a hospital in the urban collective memory and the trust in the institutional structure.

4. Opinions of Users on the Hospital and Urban Memory

This study aims to identify how the renewal processes of healthcare campuses, within the scope of urban planning and architecture, are influenced by the long-standing experiences of healthcare functions in urban areas, particularly in terms of their impact on urban memory and the design and location of new healthcare facilities. It is anticipated that, alongside designers, users also make significant contributions to this discussion, and that their attitudes will inform and guide future urban renewal projects and similar forms of spatial production.

According to the demographic findings, the patients and their companions (P&C) visiting the Istanbul Faculty of Medicine (IFM) Hospital, located in the Çapa Healthcare Campus, reside in 37 out of Istanbul's 39 districts across both the European and Asian sides of the city. In addition, individuals living outside of Istanbul also travel from all seven regions of Turkiye to receive healthcare service. On the other hand, healthcare workers (HW), who also participated in the survey, predominantly reside in districts on the European side of Istanbul. A few exceptions include Üsküdar, Ümraniye, and Kadıköy, which maintain direct transportation links to the Historic Peninsula (Fatih). The analysis of the data revealed that HWs tend to reside in areas close to the Çapa campus, whereas P&Cs come from all regions of Istanbul and various parts of Turkiye. This allowed for an exploration of Çapa's spatial memory through the perspectives of these two distinct user groups, examining how this phenomenon relates to the institutional structure and how it may influence future design decisions.

[6] Istanbul Metropolitan Municipality, Directorate of Zoning and Urban Planning Archive, 2022
[7] Distribution of Healthcare Facilities in the Historic Peninsula, Directorate of Zoning and Urban Planning Archive, 2022

4.1 Quality of Service or Spatial Proximity? The Role of Memory and Institutional Identity in Hospital Preferences?

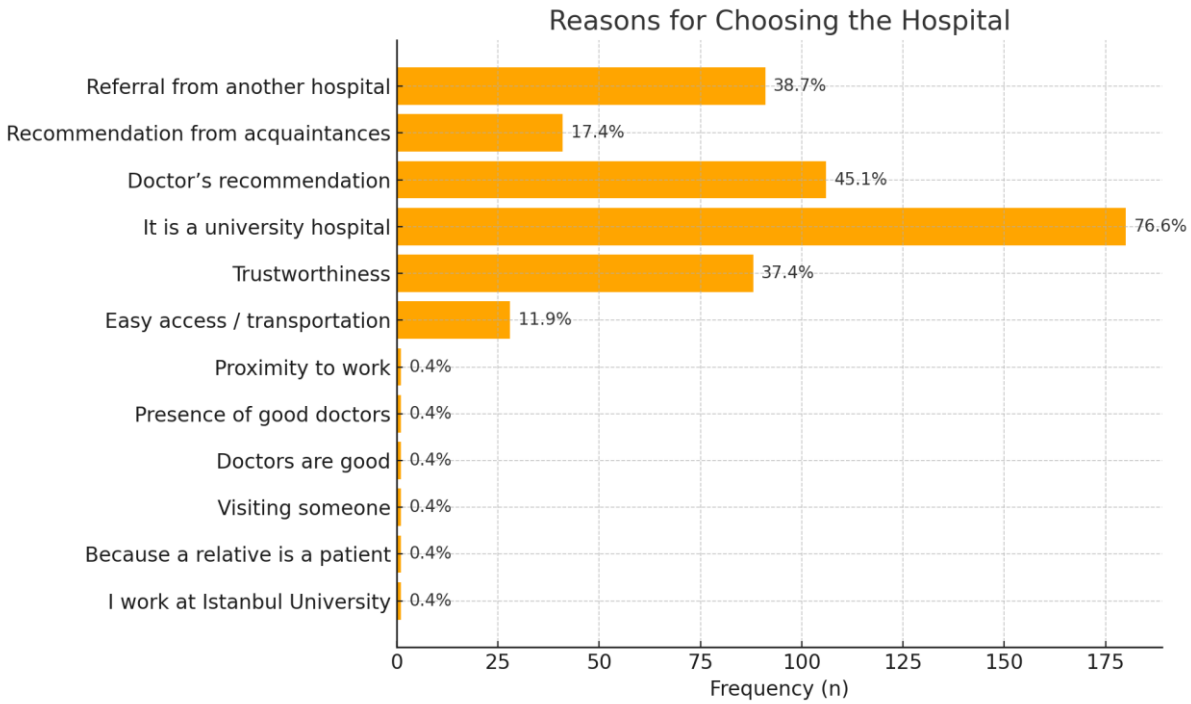
Both healthcare workers (HW) and patients-companions (P&C) primarily cited the "quality of healthcare services" (69.3%) as the main reason for choosing a hospital. This was followed by the "quality and comprehensiveness of the hospital building" (18.15%) and the "location and accessibility of the hospital" (11.6%) as other significant factors. These findings indicate that, although spatial factors such as the physical environment and accessibility of healthcare facilities are important, users tend to base their preferences primarily on the quality of healthcare services, shaped largely by memory and a sense of belonging. These results suggest that in processes of spatial transformation, decision-makers should consider not only the physical design but also the continuity of service delivery. It becomes evident that for users, the provision of healthcare services takes precedence (Table 3).

Table 3. Priority Parameters in Hospital Preferences

	Healthcare Workers (HW)		**Patients & Companions (PC)**		**Total**	
	n	**%**	**n**	**%**	**n**	**%**
Hospital location and accessibility	19	15.1	23	9.7	42	11.6
Structural quality and scope of the hospital building	29	23.0	38	16.1	67	18.5
Quality of healthcare services	76	60.3	175	74.2	251	69.3
Expandable campus and satellite city hospitals	1	0.8	0	0.0	1	0.3
All of the above	1	0.8	0	0.0	1	0.3
TOTAL	**126**	**100.0**	**236**	**100.0**	**362**	**100.0**

The evaluation of users' overall attitudes towards hospitals, with a specific focus on the Çapa Campus and the Istanbul Faculty of Medicine, revealed similar findings among patients and their companions (Table 4). The evaluation of the combined analysis of Tables 3 and 4 reveals that hospital users primarily base their preferences on the quality of healthcare services. According to Table 4, the primary reason participants prefer the Istanbul Faculty of Medicine is its status as a university hospital (76.6%), followed by doctor recommendation (45.1%), referral from another hospital (38.7%), and reliability (37.4%). These data indicate that patients tend to prefer institutions with a strong institutional identity, academic support, and specialized staff. The findings also suggest that patients prioritize criteria such as institutional trust, academic quality, and professional expertise.

Table 4. Reasons Why Patients and Companions (P&C) Prefer Istanbul Faculty of Medicine (IFM) Hospital



Almost all survey participants (89.5%) agreed with the statement that "*Istanbul University Faculty of Medicine in Çapa is the oldest healthcare institution*" (Table 5). This finding indicates that the institution is perceived not only as a medical service facility but also as a symbolic structure with a deep-rooted place in the urban collective memory. Similarly, the high agreement rate (86.6%) with the statement "*It is known as a good hospital due to past experiences*" underscores the value of historical continuity and collective memory attributed to the place. This indicates that the reason "*being a university hospital*" (76.6% in Table 4), as previously shown, goes beyond a formal institutional label and functions as a reference point rooted in collective and spatial memory. Moreover, the high agreement rate of 57.3% with the statement "*it is adequately equipped in terms of medical and technological equipment*" indicates that physical qualities and infrastructure are also taken into account in hospital preferences. The case of the Istanbul Faculty of Medicine demonstrates that healthcare facilities hold significant importance for the local community, both in terms of service delivery and their place in urban memory. The findings reveal that users primarily choose the Istanbul Faculty of Medicine due to a combination of institutional trust and continuity, advanced technical infrastructure, and a specialized medical staff.

Table Error! No text of specified style in document.. Evaluation of Service Criteria of Istanbul Faculty of Medicine (ÇAPA) and Its Hospital by HW and P&C groups

It is Turkey's oldest health institution.

Response	Health Workers	Patients & Relatives	Total
Strongly Disagree	1 (0.8%)	17 (7.2%)	18 (5.0%)
Disagree	1 (0.8%)	19 (8.1%)	20 (5.5%)
Neutral	16 (12.7%)	23 (9.7%)	39 (10.8%)
Agree	108 (85.7%)	177 (75.0%)	285 (78.7%)
Total	126	236	362

It is equipped with modern medical devices and technology.

Response	Health Workers	Patients & Relatives	Total
Strongly Disagree	4 (3.2%)	46 (19.5%)	50 (13.8%)
Disagree	3 (2.4%)	47 (19.9%)	50 (13.8%)
Neutral	18 (14.3%)	37 (15.7%)	55 (15.2%)
Agree	101 (80.2%)	106 (44.9%)	207 (57.3%)
Total	126	236	362

It is recognized nationally and internationally.

Response	Health Workers	Patients & Relatives	Total
Strongly Disagree	0 (0.0%)	6 (2.5%)	6 (1.7%)
Disagree	0 (0.0%)	3 (1.3%)	3 (0.8%)
Neutral	11 (8.7%)	68 (28.8%)	79 (21.8%)
Agree	115 (91.3%)	159 (67.4%)	274 (72.4%)
Total	126	236	362

The treatment costs are affordable.

Response	Health Workers	Patients & Relatives	Total
Strongly Disagree	17 (13.5%)	42 (17.8%)	59 (16.1%)
Disagree	21 (16.7%)	26 (11.0%)	47 (13.1%)
Neutral	15 (11.9%)	51 (21.6%)	66 (18.2%)
Agree	73 (57.9%)	117 (49.6%)	190 (52.5%)
Total	126	236	362

Doctors are competent, skilled, and trusted academicians.

Response	Health Workers	Patients & Relatives	Total
Strongly Disagree	0 (0.0%)	10 (4.2%)	10 (2.7%)
Disagree	3 (2.4%)	11 (4.7%)	14 (3.9%)
Neutral	7 (5.6%)	12 (5.1%)	19 (5.1%)
Agree	116 (92.1%)	203 (86.0%)	319 (88.3%)
Total	126	236	362

It is known as a hospital with strong experience.

Response	Health Workers	Patients & Relatives	Total
Strongly Disagree	1 (0.8%)	1 (0.4%)	2 (0.6%)
Disagree	1 (0.8%)	3 (1.3%)	4 (1.1%)
Neutral	6 (4.8%)	34 (14.4%)	40 (11.0%)
Agree	118 (93.7%)	198 (83.9%)	316 (87.3%)
Total	126	236	362

The Istanbul Faculty of Medicine Hospital, located in the Çapa Healthcare Campus, is widely referred to by the public as the "Çapa Faculty of Medicine Hospital." This term even appears in official documents (Figure 4) and institutional correspondence. This situation demonstrates that the neighborhood of "Çapa," which stands out as one of the rare examples where a place name and spatial function are closely integrated, has largely built its urban identity through its healthcare function. Indeed, the survey findings obtained from field studies also confirm this spatial-functional integration. The majority of participants responded to the question, "*What is the name of this hospital*?" by identifying it as "Çapa Faculty of Medicine Hospital" (63.2)." This result indicates that the place name, Çapa Neighborhood, combined with the hospital's function, has been embedded in the collective memory of the community, creating a strong association that even surpasses the hospital's official institutional name (Figure 5). Consequently, the naming appears to be rooted not in the official title, but in the collective local memory and the identity of the neighborhood.

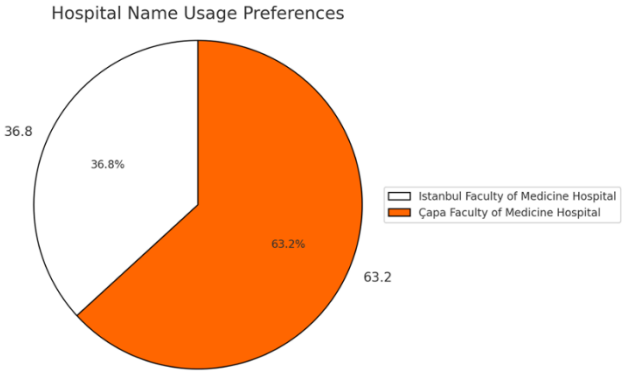
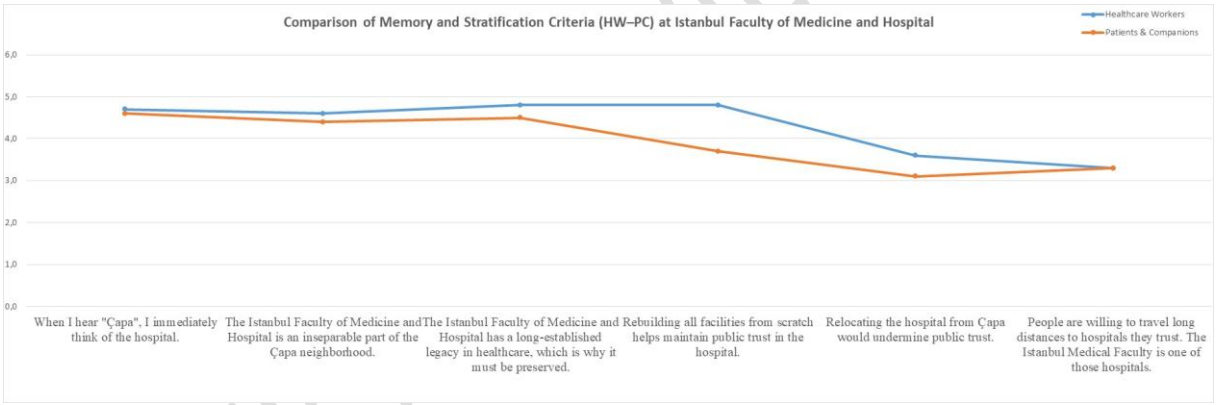


Figure Error! No text of specified style in document.. Patients'/Companions (P&C) Opinions Regarding the Name of the Hospital on the Campus

The data in Table 6 reveal a strong mnemonic association between the Çapa neighborhood and the healthcare function for both the P&C and HW groups. In particular, the participants' responses approaching five (5) on the Likert scale indicate that the space has been experientially internalized. However, the decline observed in the statements toward the right side of the table indicates that the continuity of memory and function is under threat during the physical transformation of the space. This situation highlights the need to reference the historical identity of the place in design and planning processes in order to preserve collective memory (Table 6).

Table 6. Comparison of Memory–Stratification Criteria for Istanbul Faculty of Medicine and Hospital Between HW and P&C Groups[8]



The mnemonic and spatial stratification of the survey responses was evaluated within both the P&R and HW groups. The findings indicate that healthcare workers (HW) exhibit a stronger sense of belonging and perception of historical continuity with the hospital, whereas patients and their companions (P&C) display a more distanced and temporally limited experience in this regard. The low scores given by the P&C group, particularly in criteria such as physical accessibility and spatial continuity, reveal that spatial memory is constructed not only through historical associations but also through user experience.

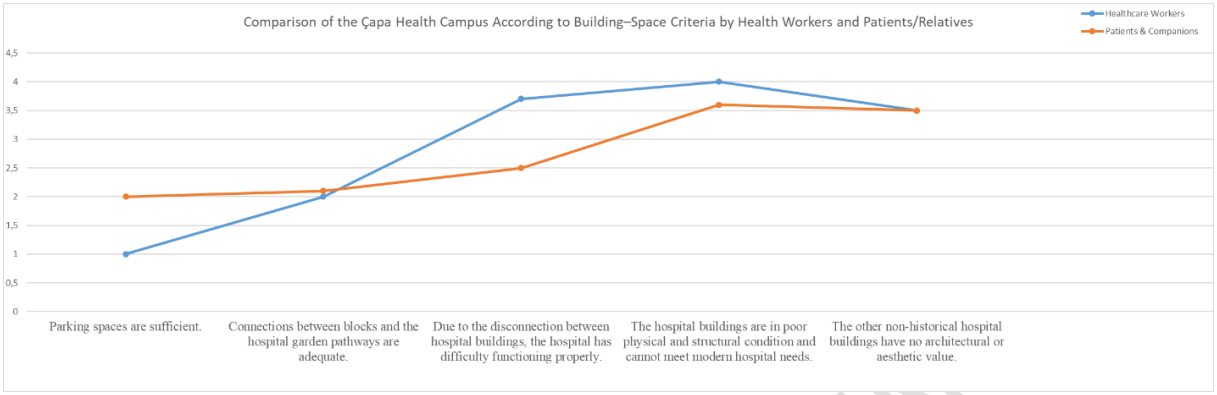
4.2 Contemporary Deficiencies in a Historic Medical Space: Typological and User Conflicts at Istanbul Faculty of Medicine

The Çapa campus has undergone approximately 150 years of spatial stratification, beginning in the Ottoman period and continuing to the present day, with numerous additional buildings and layers incorporated over time. The first layer began with the courtyard-centered "Bezmialem Valide Sultan Gureba Hospital" (1875), designed as a traditional *şifahane*. The second layer was added in the early 20th century with the pavilion-type "Mimar Kemalettin Patient Pavilions" (1912). During the Republican era, numerous buildings were added to meet the

[8] *A five-point Likert scale was used in the survey to measure participants' perceptions of various statements. Respondents indicated their level of agreement with each statement on a scale ranging from "Strongly Disagree (1), Disagree (2), Neutral (3), Agree (4)," to "Strongly Agree (5).*

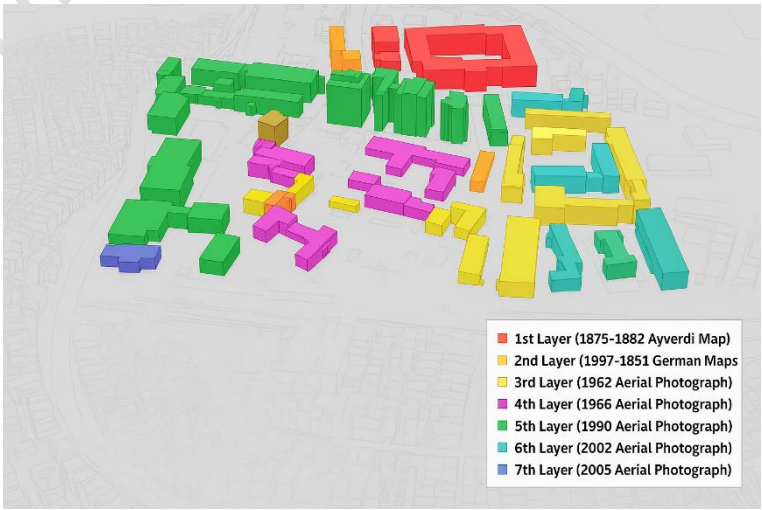
ongoing needs for education and clinical services, gradually transforming the complex into a full-scale campus hospital. However, the campus today presents a form that diverges significantly from contemporary hospital typologies. Table 7 provides a comparative illustration of how HW and P&C groups perceive the physical and spatial conditions of the Istanbul Faculty of Medicine campus.

Table 1. Comparison of Building–Space Criteria of the Çapa Healthcare Campus for HC and P&R Groups



The evaluations of HWs and P&Cs revealed that the current healthcare layers of the Istanbul Faculty of Medicine campus exhibit a multi-block, fragmented spatial organization with poor wayfinding, which deviates from contemporary hospital typologies. Dissatisfaction was expressed particularly with regard to functional continuity, structural conditions, and navigability. Figure 6 demonstrates that the newer buildings were not developed within the framework of a coordinated master plan. It is observed that the Istanbul Faculty of Medicine Hospital has stratified both horizontally and vertically over time in response to evolving needs. However, the lack of direct connections between these additions has led to numerous typological problems. For example, fieldwork observations have revealed that blood samples collected in different units are carried across separate buildings, often by personnel or patients/their companions, due to the absence of direct circulation routes to the laboratory. It was also observed that many surgical departments are located in separate buildings within the hospital. Considering contemporary hospital typologies, this spatial fragmentation is seen as a potential risk to patient health and safety. To summarize, the campus underwent a chronological expansion (from 1847 to 2006), during which separate hospital blocks were built for internal and surgical disciplines to accommodate the development of medical practices and the growing demand for healthcare services. This situation indicates that certain issues inherent to the traditional pavilion typology, which became widespread in the 19th century, still persist today. It is evident that this typology is inadequate for meeting contemporary hospital standards in terms of both user experience and institutional functioning. Today, more integrated, connected, and compact hospital designs are preferred. The fragmented nature of the existing healthcare layout is one of the factors contributing to the inability to meet contemporary requirements.

Figure 6. Chronological Development and Spatial Stratification of the Çapa Healthcare Campus (1847–2006)



Findings from this field study, through the case of the Istanbul Faculty of Medicine, demonstrate that healthcare buildings function not only as service-oriented units, but also as public spaces embedded with continuity, identity, and symbolic significance within the urban memory. The most significant evidence of this is that 63.2% of participants referred to the institution as "Çapa Faculty of Medicine. Lefebvre emphasizes that social space is constructed not only through physical entities but also through social relations and production processes, stating, "If it is true that (social) space is a (social) product…" (Lefebvre, 1991, p. 26). Lefebvre also argues that the production of space involves a three-dimensional process, stating, *"It is reasonable to assume that spatial practice, representations of space and representational spaces contribute in different ways to the production of space according to their qualities and attributes, according to the society or mode of production in question, and according to the historical period.*" (p. 46). In conclusion, the Istanbul University Faculty of Medicine and its hospital, through the long-standing provision of medical education and practice within the same urban setting (Çapa), have become closely associated with the identity and name of the district, and consequently, established a strong attachment to the place. The case of the Istanbul Faculty of Medicine demonstrates that a healthcare space with strong memory layers, such as historical continuity and institutional identity, generates user experience issues when it fails to meet contemporary physical requirements. Therefore, in the planning and transformation processes of healthcare facilities, abstract components such as social memory, symbolic value, and institutional continuity should be considered alongside spatial efficiency. Especially for historic buildings, the balance between preservation and use, the protection of local identity, and the functional reconfiguration process is critical for ensuring the sustainability of the space and the continuity of institutional trust.

5. Conclusion

The expectations of urban populations regarding healthcare buildings are multidimensional, encompassing not only functional healthcare services but also spatial belonging, collective memory, accessibility, and the experience and reliability of the space. These expectations increase both the technical and socio-cultural responsibilities of architecture and urban planning disciplines. Urban residents' expectations of hospitals serving within the urban fabric are not solely dependent on the quality of healthcare services or physical facilities. These expectations include a multidimensional structure-both tangible and intangible-and should be addressed within a broad framework that includes social collective memory, social equity, and accessibility. As Lefebvre (1991) states in *The Production of Space*, space is "a (social) product" wherein spatial practice, representations of space and representational spaces each contribute to the production of space in different ways (Lefebvre, 1991, p. 46). This product is generated through everyday life practices, professional representations, and function-related symbolic meanings and concepts. Historic institutions such as the Istanbul Faculty of Medicine are among the rare healthcare structures in which this triadic balance may either come into conflict or engage in mutual interaction.

According to the findings of the survey conducted in the Çapa Healthcare Campus, the expectations of urban residents from hospitals are as follows;

- **Quality of Healthcare Services:** Provision of qualified healthcare professionals and high-standard medical services
- **Accessibility and Transportation:** Easy access via public transport, pedestrian connections, and reduction of physical barriers.
- **Publicness and Equality:** Equal provision of services to all socioeconomic groups and non-discriminatory planning.
- **Institutional Continuity and Trust**: Expectation of accumulated experience, academic identity, and institutional belonging.
- **Spatial Quality:** Well-designed, healing hospital architecture
- **Place Identity and Spatial Memory:** Association of the institution with the space (e.g., being referred to as "Çapa"), and strong local attachment.
- **Memory Continuity and Preservation**: Physical structure bearing historical significance, prevention of memory loss during transformation, and ensuring spatial-functional sustainability in the urban context.

The Çapa Healthcare Campus meets these urban residents' expectations, except for the parameter of spatial quality. The campus's building stock reflects an old hospital typology (pavilion-type), consisting of buildings

and clinics that fall short of current standards in terms of earthquake and fire safety, among other criteria. Therefore, its renewal has become inevitable. When a redevelopment is proposed on the same site with a comparable capacity (e.g., hospital beds, outpatient clinics), the available urban land proves insufficient due to the increased space-per-patient requirements set by current spatial standards. In such cases, on-site renewal causes significant challenges. Therefore, relocation solutions are being developed that involve moving to a new site on the urban periphery, an area that lacks established urban amenities and is characterized by the absence of a spatial identity. Many hospitals and other public institution buildings have been renovated using this approach. However, survey findings reveal that renewing the Çapa Healthcare Campus, an area with such a strong neighborhood–resident relationship, through this method is not perceived as an appropriate solution.

Survey data indicate that the most important factor influencing users' preference for the Istanbul Faculty of Medicine is institutional trust and historical continuity. The fact that the campus is popularly referred to as "Çapa Faculty of Medicine" indicates a strong collective memory bond between the district name and its healthcare role. This connection reveals that the place is not merely a healthcare facility, in terms of historical stratification and collective memory, but also a symbolically meaningful space for urban residents. For the community, there must be a healthcare campus in the Çapa neighborhood**.**

In conclusion, designers and decision-makers must consider not only physical design but also factors such as collective memory, institutional continuity, and public trust during the renewal of iconic buildings or campuses in the city.

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