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RESEARCH ARTICLE

Architectural factors influencing the sense of home in nursing homes: An operationalization for practice

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Abstract

Various studies have shown that the architecture and design of a nursing home can have a profound impact on the sense of home of old people residing in the nursing home, next to psychological and social factors. However, adequate guidance on how these factors can be operationalized in practice is not provided for architects and interior designers. This study investigated which architectural factors contribute to a sense of home and how these can be implemented in the design guidelines. Two existing data sets were used, combining the most recent evidence from the literature and experiences of residents, family caregivers, and professional staff of Dutch nursing homes. These analyses resulted in theoretical implications for the private space, quasi-public space, the look and feel of the nursing home, and the outdoors. Furthermore, these analyses were used for the design of a demonstration apartment that integrates the factors of the sense of home. This description was concluded by a checklist for practice, in which design guidelines were formulated. A holistic

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understanding of which factors influence the sense of home could lead to improvements of the sense of home of nursing home residents.

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1. Introduction

A great variation in nursing homes exists across the world. In general, nursing homes provide an alternative place of residence, where 24-h care and assistance is offered by professional caregivers when people can no longer reside in their own home environment due to increasing need for assistance in daily activities, complex health care, and nursing needs (van Zadelhoff and Verbeek, 2012; Sanford et al., 2015). Admission to a nursing home is a major life event, because most individuals do not wish to leave the home they have lived in for a long time (Gillsjö et al., 2011). Nursing homes have a dual nature as an institution and as a home. Traditionally, the nature of being an institution was emphasized, because nursing homes were based on a medical-somatic model of care, emphasizing illnesses and treatments of underlying pathology. Nursing homes were institutions; they were protected settings, in which all caregiving was aimed at keeping residents safe (Foldes, 1990), with rules and routines permitting minimal individualization. Physically, nursing homes resembled hospitals, incorporating design features, such as a nursing station, shared bedrooms and bathrooms, and staff in uniforms. Nowadays, however, patient-centered models of care are prominent, which emphasize strengthening residents' autonomy and overall well-being.

Older people should be able to continue their lifestyle prior their admission to a nursing home (Verbeek, 2016). Therefore, several health care organizations attempt to provide living arrangements that focus on "the good life" and create an environment that resembles a home to its residents, instead of a health care facility in which they reside (van Dijck-Heinen et al., 2014). Delivering both good (clinical) care and a homelike environment is challenging. Focusing on safety and health requirements can create risk-averse environments against the quality of life in nursing homes (Parker et al., 2004). These notions reflect the statements on nursing homes, which, in the words of Goffman (1961), are a total institution. A total institution is a place of residence in which a group of people with a similar situation live together; the place is formally administered away from the wider mainstream community around its residents. Despite being separate communities, evidence shows that a nursing home can be perceived as a home (Wahl, 2001).

One of the challenges in modern day nursing home care is creating a sense of home for the residents. The sense of home is a multifactorial phenomenon, which is highly influenced by social and personal characteristics, as well as the built environment or architecture of the facility. A sense of home is related to personal experiences and emotions. It does not happen overnight but is gradually developed by the person in whom independence, security

and the source of own identity, choice and controls, and memories, are essential (Bland, 2005; Kane et al., 1997; Nakrem et al., 2013; Molony, 2010; Cooney, 2012; Falk et al., 2013; Rijnaard et al., 2016; Van Steenwinkel et al., 2012; van Hoof et al., 2015a, 2016b, 2016b; Felix et al., 2015; Sixsmith, 1986). Developing a sense of home is closely related to place attachment theory (Scannell and Gifford, 2010). Place attachment is a multidimensional phenomenon that describes the emotional bond between people and place, which is influenced by one's personal experiences.

Rijnaard et al. (2016) systematically reviewed the factors influencing the sense of home of old people residing in a nursing home. Their review showed that the sense of home of nursing home residents is influenced by 15 factors, which are divided into 3 themes. The first theme comprises psychological factors, including the sense of acknowledgement, preservation of one's habits and values, autonomy and control, as well as coping. The second theme consists of social factors, which include interaction and relationship with staff, residents, family, friends, and pets, as well as activities. The third theme is the built environment, which includes the private space and the (quasi-)public space, personal belongings, technology, the look and feel, and the outdoors and location. van Hoof et al. (2016a) studied the factors influencing the sense of home of old people residing in a nursing home from the perspective of residents, relatives, and care professionals through a photo-production study. Findings showed that the building and interior design are major contributing factors to a sense of home. The main challenge for architects, facility managers, and interior designers is to translate these themes into an integrated and realizable design. The themes constituting a sense of home should be elaborated in each programming and design phase, and conforms with healthcare organizations.

Another challenge for architects, facility managers, and interior designer is integrating a design specification that relates to the sense of home into a design of nursing homes, which is often based on dementia-friendly design models. Zeisel (2005), among other scholars, stated that several dementia care units exhibit a holistic understanding of integrating the separate elements of design guidelines to achieve an increased quality of life for the residents. Even willing designers did not seem to understand the full extent of the guidelines for designing a setting that provides residents with cues to help understand where they live. Guidelines that correlated the environmental design to behavioral outcomes (Zeisel et al., 1994, 2003; Fleming et al., 2003; van Hoof et al., 2010) alone are thus not yet a guarantee that all goals are achieved.

Despite existing evidence, constituting a sense of home in nursing homes was proven difficult in daily practice. The care environment does not often match with the therapeutic goals that person-centered care approaches aim to realize, which is perceived as an important barrier (Cohen and Weisman,

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