



The impact of a refurbishment of two communal spaces in a care home on residents' subjective well-being

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ABSTRACT

This study investigates the impact of a refurbishment of two communal spaces —lobby and recreation room— of a care home in the Netherlands on residents' subjective well-being. The refurbishments aimed to improve the aesthetic appearance of both spaces and to offer residents more possibilities for controlled interaction. Data were collected by means of pre- and post-intervention interviews among all residents that were able to respond ($N = 39$), and by means of observations. Results showed that most respondents evaluated the refurbishment of both spaces positively on residential quality, aesthetic quality, and possibility for controlled interaction. In addition, residents' subjective well-being increased significantly. Subjective well-being appeared to be quite strongly related to the 3 evaluative aspects. Results suggest that the physical changes in care homes can help improve residents' subjective well-being.

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1. Introduction

We are getting older. Life expectancies have increased enormously during the last century, especially in Western Europe and the USA where this changed from 48 years in 1900 to 77 years at the end of the century (Fogel, 2004). A substantial proportion of the population older than 75 years has no severe medical or psychiatric disability but needs more care than can be provided at private homes. For this reason, many elderly people are housed in a care home.

In care homes, quality of daily care, food, paramedical and medical assistance are all factors that contribute to well-being. On these topics there is a substantial literature to which one can turn for guidance. What is relatively scarce however is knowledge on the effects of these care homes' interior design characteristics on residents' well-being. Do interior design characteristics contribute to the well-being of its residents? Which characteristics especially, and from which residential spaces? This paper reports a study on the effects of changes in the interior design of two communal spaces — the lobby and the recreational area— of a care home in The Netherlands on residents' subjective well-being. We consider subjective well-being to refer to how people evaluate their lives. It is grounded in variables such as life satisfaction and marital

satisfaction, physical health, lack of depression and anxiety, and positive moods and emotions (Diener, Sapyta, & Suh, 1998).

The changes that were implemented in the care home and their hypothesized effects on subjective well-being were suggested by the literature reviewed below.

1.1. Importance of care homes' interior design for residents' subjective well-being

As we do not have much specific knowledge about the effects of the interior design of care homes on residents' subjective well-being, information has to come from broader studies or from specific studies in other institutional settings. The strongest resemblance to care homes for the elderly seems to be with nursing homes for people suffering from dementia, with psychiatric institutions, and to some extent with work environments. The resemblance of care homes with these three other settings is that people spend a great amount of their time in a setting that is not strictly personal, and to a strong extent controlled by other parties. When we look at these other settings, two aspects seem important that can be extrapolated to care homes: First, people are sensitive to the atmosphere of the interior environment, as determined by colors, light, materials used, and indoor plants, that is, physical features that together determine the aesthetic quality of the interior. Second, people strongly depend on their fellow residents for the fulfillment of their social needs, so an interior design that

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accommodates the regulation of social interaction in a satisfactory way may be an important quality. Changes in the interior design of a care home that improve these two aspects may therefore increase the experienced residential quality of the care home and, ultimately, also residents' subjective well-being. For this reason, we will now discuss these two aspects in more detail.

1.2. Physical features of interior design and subjective well-being

Light is very important for the atmosphere of interior spaces and the amount of daylight has a clear relationship to subjective well-being (see Boyce, 2003 for an extensive review of the literature on light): People that are chronically exposed to shorter daylight suffer more sadness and fatigue, some may even become clinically depressed (cf. Evans, 2003). Furthermore, patients with severe depression recover more quickly in sunny rooms than in dimly lit rooms (Beauchemin & Hays, 1996).

Colors also seem to have an impact on humans, but how this impact works exactly is not clear. However, it seems that colors with longer frequencies such as red are generally experienced as 'warm' and colors with shorter frequencies as 'cold/cool' (Whitfield & Wiltshire, 1990). O'Connell, Harper, and McAndrew (1985) found that red walls resulted in more positive moods than green walls, but Ainsworth, Simpson, and Cassel (1993) found no differences in moods between spaces with red, green and white walls. Knez and Kers (2000) found the least increase in negative mood with bluish ('cool') white lighting for older adults (about 65 years old) and with reddish ('warm') white lighting for younger adults (about 23 years old). After an extensive review of the existing literature, Evans (2003, p. 541) concludes that "despite widespread belief, there is no clear evidence that color affects mood, emotions, or psychological well-being in any systematic manner". Thus, colors may have some effect on people's moods and emotions, but it remains unclear to what extent and in which direction.

The use of natural elements in interior designs seems to be appreciated by most people (Lawton, 1975). For example, research by Ohta et al. (2008) showed that a redecoration of the walls of a hospital isolation room with natural materials (cedar wood panels and rice straw paper) had a positive effect on the stress levels of denizens. Ridoutt, Ball, and Killerby (2002) found impressions of organizations to be more positive in case of the presence of wood in the interior design. Furthermore, experiences with nature in general can be beneficial for human well-being (see e.g., De Vries, Verheij, Groenewegen & Spreeuwenberg, 2003; Hartig, Mang, & Evans, 1991; Wells & Evans, 2003). A review of 17 (quasi-) experimental studies (nearly all performed in work settings or in university lab-settings) on the impact of indoor plants mostly showed positive outcomes of indoor plants, including effects on emotional state, health symptoms, pain perception, creativity, task performance, and indices of arousal (Bringslimark, Hartig, & Patil, 2009). Although Bringslimark et al. remark that while results are too heterogeneous to warrant the conclusion that indoor plants positively affect well-being, most people seem to appreciate plant decoration. For instance, a study by Larsen, Adams, Deal, Kweon, and Tyler (1998) showed that an office was perceived as more comfortable and more attractive when it was decorated with plants. A study by Devlin (1992) in a psychiatric ward also showed positive effects of the addition of plants on staff evaluations, but the impact on patients' well-being remained unclear. Thus, it seems that plants can have a positive effect on humans in general, so probably also on elderly people in care homes. Whether plants and more natural materials also can result in more well-being is not clear yet.

In sum, all of the above-described physical features may influence people's impressions, moods, emotions, and/or performances,

ultimately contributing to their subjective well-being. Common to the way these characteristics may influence people is that their effect bears not on the technical efficacy of performance of, e.g., preparing a meal, reading a newspaper, or striking a conversation. Instead, their effect bears on the aesthetic quality of the environment, i.e., the experience of beauty and the pleasure that is derived from this experience. Earlier research in the domain of environmental aesthetics has convincingly demonstrated the relation between the physical appearance of environments and pleasure (see, e.g., Berlyne, 1973; Gifford, 2007; Nasar, 1994). Since sustained pleasure can be regarded as an important aspect or determinant of well-being, it seems plausible that the aesthetic quality of physical features would also be related to subjective well-being. However, to the best of our knowledge, the potential benefits of the aesthetic quality of physical features on subjective well-being have rarely been documented, certainly not in care homes. The study reported in this paper aims to provide more insight into this issue.

1.3. Interior design, control over social interactions, and subjective well-being

People have a strong need for interaction and the residential environment plays an important role in fulfilling this need (cf. Baumeister & Leary, 1995). This holds perhaps even stronger for people in care homes. Andersson, Pettersson, and Sidenvall (2007), for example, state that "for many older people, perhaps talking is the most important 'activity' at care homes" (p. 1712). However, people also want to keep their interactions under control, that is, they want to have sufficient privacy (Altman, 1975, 1976; Leino-Kilpi et al., 2001; Westin, 1970). A study by Nezelek, Richardson, Green, and Schatten-Jones (2002) showed that the psychological well-being of elderly people was positively related to the quality of their social interactions and on how much control they felt they had over their interactions.

In care homes, social interaction can take place in several locations: in residents' private rooms, and in communal spaces like corridors, lobbies, and recreation rooms. Lawton (1975) stresses the importance of lobbies in care homes as spaces in which social interaction takes place. More recently, Barnes (2006) found that the well-being of patients suffering from dementia was positively related to space gradation, "the extent to which the building provides a range of private, semiprivate and public spaces" (p. 590). A qualitative study by Curtis, Gesler, Fabian, Francis, and Priebe (2007) provides further support for the importance of this balance between private and public spaces. Thus, lobbies and recreation rooms can play an important role in residents' well-being.

Especially in public housing settings such as care homes and psychiatric hospitals the need for privacy is an important issue (Doyal, 1997; Newell, 1995). In communal spaces, the interior design can affect the extent of experienced privacy. Archea (1977), for instance, states that the experience of privacy can be affected by the extent to which a space offers visual access and exposure to its occupants. By visual access he means "the ability to monitor one's immediate spatial surroundings by sight" (p. 123). Visual exposure is "the probability that one's behavior can be monitored by sight from one's immediate physical surroundings" (p. 124). Having too much visual exposure and too little visual access can both result in becoming more conspicuous than one intends, and thus in a loss of privacy, according to Archea. As the interior design affects both aspects, the design also may affect the experience of privacy. Accordingly, Archea states that it should be possible to influence feelings of privacy by means of the interior design. Later studies have shown that the interior design indeed can influence feelings of

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