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
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 treatments of underlying pathology. Nursing homes were 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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