CMHC Nursing Home and Hostels Design
Guidelines Study:

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LITERATURE REVIEW:

AN OVERVIEW OF SOCIO-PSYCHOLOGICAL CONSIDERATIONS

CMHC NURSING HOMES AND HOSTELS DESIGN GUIDELINES STUDY

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AN OVERVIEW OF SOCIO-PSYCHOLOGICAL CONSIDERATIONS

INTRODUCTION

In the course of reviewing the literature on designing for the elderly, seven working papers were produced. These were:

- Conceptual Framework
- Profile of Users
- Programs and Services
- History of Long Term Facilities in Canada
- Definitions of Levels of Care, Nursing
        Homes and Hostels
- Aspects of Designing Nursing Homes and
   Hostels with Care Services for the Elderly
- Research Methodology: Literature and
   Legislative Review

Each of these reports was then reviewed and the issues relating to socio-psychological considerations extracted. These considerations have been assembled into an easy-to-read chart format along with the programming and design implications contained in them. It should be noted here that the information contained in this section was taken from the literature on the state of the art and does not necessarily reflect the programming and design implications of this firm. Nor should it be presumed that all possible considerations of a sociological, psychological and physiological nature are listed. The ten considerations which are listed - Institutionalization, Activity, Orientation, Entrance and Lobby Areas, Residents' Bedrooms, Bathrooms, Corridors, Elevators, Handrails and Outdoor Areas - appear to be reflective of the literature, as we have reviewed it, and should be considered crucial elements in the production of a comprehensive set of design guidelines for nursing homes and hostels.

Socio-Psychological Considerations	Programming Implications	Design Implications
Concerns here have been broken down into major areas:		
1. Resident composition	Design should have more bias towards the needs/desires/likes of women since there generally are more older women in homes for the elderly than there are men.	
2. Impersonal, Unfamiliar Surroundings	Encourage spatial, tactile and kinesthetic stimulation.	A variety of textures in finishes.
3. Compartmentalization and Regimentation.	Where possible, allow for individual variation and choice in daily routine and activities.	Rooms should be varied and adaptable.
4. Forced Interaction.	Provide a wide range of programming which will attract persons with similar backgrounds and interests, and the option of isolated, individual pursuits.	A mix of viewing and activity areas should be provided in lounges, games rooms, etc.
5. Negative Impact of Change from Home to Institution. 6. Fear of New Environment.	For administrators it may be worthwhile to use a more critical screening/admitting procedure to ensure that clients will 'fit' into the institution. (This is thought to result in less severe problems of adjustment). A re-examination of community interaction may also be helpful. This interaction and integration should be a two-way flow of resources (home to community and community to home). Day care programming may be a worthwhile endeavour.	

ISSUE: INSTITUTIONALIZATION

Socio-Psychological Considerations	Programming Implications	Design Implications
6. Fear of New Environment (continued) 7. Adult Status of Resident is Reduced. 8. Imposition of a New Set of Social Norms.	These programs are based on the conception of the long term care facility not as a self-contained system, but as a resource for the community. The purpose is to allow elderly people to remain in the community as long as possible (an alternative to institutionalization which may be psychologically and economically preferable) by offering programs and services in the facility on a part-time basis. Programming for this section should include full-time residents. Day care programs may be helpful in that they could introduce potential residents into the home gradually, without some of the negative effects associated with institutionalization	
9. Role Loss	Role loss includes the loss of self-concept and loss of self-worth (e.g. job status, social status). These are brought to the forefront especially when a spouse has recently died. Emotional deprivation resulting from either a situational or a sentimenal change is usually a carry-over from role loss. Programming and policy practices can do much to reduce the impact of role loss. Staff should be made familiar with the background of each of the residents they are in immediate and constant contact with. They should also be taught	

ISSUE: INSTITUTIONALIZATION

Socio-Psychological Considerations	Programming Implications	Design Implications
9. Role Loss (continued)	various methods of personal interaction in order to counteract the residents' sense of loss. Emotional deprivation may be related to a lack of visitors. Family members cannot be made to visit and in such cases one alternative might be for a staff member to see that outside agencies are called in to provide company and attention. Staff should be trained to perceive various emotions, especially those of depression and anxiety.	

ISSUE: ACTIVITY

Socio-Psychological Considerations	Programming Implications	Design Implications
Concerns here have been broken down into major areas:		
1. Staff/Resident Interaction		To encourage interaction, staff offices should be located in central areas and these should preferably be open.
2. Participation in Programmed Events.	Programming should be planned to suit the group, e.g. mentally deficient, physically handicapped, bedridden persons, etc.	Activity areas should open to spaces which residents use daily. Multipurpose rooms should be provided in areas of high activity.
3. Type of Programs Provided	The primary reason for activity programs is to encourage residents to function in the normal routines of living and social engagement	

Socio-Psychological Considerations	Programming Implications	Design Implications
3. Type of Programs Provided (continued)	The emphasis on leisure in an institutional setting differs from society as a whole in that it may be necessary for the resident to derive all personal/ social satisfaction from 'leisure' activities. Idleness" in these settings is often perceived negatively. A recreation director and/ or a craftsperson may be required.	Space should be available for a variety of scheduled and spontaneous activities, including space for a co-ordinator. Space should be available for restorative and physiotherapy, counselling, etc., plus adjunct staff and storage space.
	Recreational Programs and Activities: It has been shown that activities the residents are familiar with are frequently more acceptable than those introduced for the first time.	
	Restorative or Rehabilitation Services: These provide the residents with an opportunity to pursue the activities which have always interested them. Included are such things as life skills retraining, reality orientation, psychological services, etc. Emphasis should be placed on the resident's assets, not limitations. Residents should be encouraged to perform self-maintenance tasks for as long as they can.	
	Physical Therapy Programs: The extent to which these are offered may vary with the institution's size and resident capability levels, and are most successful when introduced with complementary psychological programs.	

ISSUE: ACTIVITY

Socio-Psychological Considerations	Programming Implications	Design Implications
4. Socializing	Social activity is influenced by spaces which may be a source of certain services. These may have certain attributes which make them inherently appealing or unappealing (e.g. high activity area, bathroom close or distant)	Furniture and its arrangement may promote or inhibit social interaction.
	Various 'props' (such as newspapers, puzzles, view of activity or action going on nearby) may aid in stimulating conversation.	
	Social activities may take place in numerous areas of the long term care facility from the patient-resident's room to more formal socializing areas such as lounges, dayrooms, dining areas, or activity rooms to unofficial socializing areas such as corridors, alcoves, entrance lobbies, elevators, or bathrooms.	Design features can strongly influence where social interaction occurs.
5. Visiting Areas		Visiting areas should be in spaces where the resident feels comfortable and at home.

ISSUE: ORIENTATION (SPATIAL)

Socio-Psychological Considerations	Programming Implications	Design Implications
The major concern is the ways in which the resident comes to identify various sectors of the environment Also included is temperal orientation.	Program meals, activities, etc. to encourage time and seasonal awareness.	a) The use of colour, graphics, supergraphics or other means of redundant cuing, especially locational aids. b) Identification and personalization of patient-resident rooms.

ISSUE: ORIENTATION (SPATIAL)

Socio-Psychological Considerations	Programming Implications	Design Implications
		c) The use of distinctive design features to designate staff offices, elevators, toilets, dining rooms, etc. d) The use of informational aids such as clocks and calendars (should be large and clear). e) The use of multi-sensory channels (e.g. announcements) in addition to usual stimuli. f) The use of domestic type finishes to create a home-like atmosphere, personalized where possible.

ISSUE: ENTRANCE AND LOBBY AREAS

Socio-Psychological Considerations	Programming Implications	Design Implications
Of concern for these areas is the degree of personalization possible in the built environment (e.g. seating arrangements, lighting control, viewing, etc.) and the willingness on the part of the residents to use this space for viewing, conversation and socializing.	a) This should be an area of spontaneous, not planned, activity.	a) Protected entrances, from weather etc., are necessary. b) Signs and other orienting devices must be large and easy to read for the visually impaired. c) The entry should be inviting so that residents are encouraged to use this space. d) Comfortable seating areas should be provided. e) The lobby should be located so that most building traffic goes through it.

ISSUE: RESIDENTS' BEDROOMS

Socio-Psychological Considerations	Programming Implications	Design Implications

1. Single vs. Multiple Occupancy: Problems with multiple occupancy include
- personality diffi-
    culties
- lack of privacy
- territorial claims
 	
Benefits of multiple occupancy include:
- combats loneliness
- potential aid in
  case of emergency.
 	
Problems with all bed-rooms are that resi-dents must use one room for all activities
		a) Where residents are fa'rl; active, most bedrooms sno(be designed for single occupancy. This is depend(on level of care to be pr(vided.
		
		b) Larger units should be pr(vided for those who wisn ' share a bedroom (e.g. couple).
		
		c) Bedrooms should be design(to permit a multitude of activities as well as slee ing. The rooms should allc diversity of furniture arrangement and be suita.' for those with physical ha caps.

2. Personalization: Personalization of space is very necess-ary for psychological well-being. This is especially critical in reducing anxiety felt over role and/or status loss. It is of the utmost impor-tance in designing multiple occupancy rooms.	Use of residents' own furniture is a possibility which should be considered. Residents may wish to be consulted with regard to wall coverings, furnish-ings. and other room decoration.	Double occupancy rooms shoulc designed so that each indivic ual has access to and control over personal space and en' ir ment.
3. Storage: Storage is very impor-tant for elderly people as they tend to accum-ulate a great deal of material throughout their lives. If they must be asked to give it up upon entering a home, this can aggravate status loss.		A variety of storage space is required, part of which may b locked.

ISSUE: BATHROOMS

Socio-Psychological Considerations	Programming Implications	Design Implications
Concerns are: 1) Long term residents will most likely be handicapped in some way. 2) Shared vs. private facilities. 3) The safety residents feel within the space 4) The ease with which residents can move and function within the room.	Some residents may require assistance with toileting and bathing.	a) Solution to shared versus private room may be financially determined. b) Washrooms and bathrooms must be designed to accommodate a physically handicapped resident, including mobility aids. Provision of safety features is essential. In shared washrooms privacy should be secured as much as possible.

ISSUE: DINING AREAS

Socio-Psychological Considerations	Programming Implications	Design Implications
Consideration should include accessibility, table groupings, food choice, meal timing, comfort, ease of conversation, location and size of room, meal delivery and type of service provided. Secondly the issue of residents who wish to prepare their own meals or snacks should be considered.	a) Dining should be developed as a social function. There should be space in dining areas for those who need assistance. b) Residents may wish to prepare snacks for guests and themselves or to prepare meals if they so desire; provision of such an area would be compatible with the philosophy of continuing previous life styles.	a) The dining areas should accommodate the needs of the physically disabled. b) The dining areas should b as home-like as possible. A diversity of food services should be available c) A seating area should be provided for waiting for residents who may come to meals early. d) Confused/brain syndrome residents should have a separate eating facility. e) Space should be provided for food preparation by residents including adequate storage for food, crockery, etc.

ISSUE: ELEVATORS

Socio-Psychological Considerations	Programming Implications	Design Implications
The reduced mobility and perception of elderly persons is of prime concern when types of elevators are being selected.		The elevator should be usable by elderly persons with reduced physical and perceptual abilities including those in wheelchairs. Elevators shoul be located within easy access of sleeping and activity area

ISSUE: HANDRAILS

Of concern is the residents' sense of security in moving about the building.		Handrails should be located wherever residents customaril walk and should be suitable for both sexes and those with physical impairment.

ISSUE: CORRIDORS

Of concern are residents' orientation and fatigue.		Consideration should be given to length, illumination level floor glare and identificatio throughout the building. In addition the use of mobility aids and suitable resting are must be considered.

ISSUE: OUTDOOR AREAS

Of concern is the opportunity for social interaction with residents and the community at various times of the year.	Regular outdoor activities and special events should be scheduled throughout the year (e.g. barbecues, shuffleboard, picnics, etc)	a) Spaces are need to provide residents with opportuniti for: - visual stimulation - fresh air - exercise and recreation b) Distance from the outd spaces to the building doo ways is critical.