



KEY POINT SUMMARY

OBJECTIVES

The purpose of this study was to examine the effects of a refurbishment in two Swedish residential care facilities on residents' quality of life (QoL), well-being, and perceived care climate and to describe their experiences of the refurbishment in terms of environmental change.

The Effects of Refurbishment on Residents' Quality of Life and Wellbeing in Two Swedish Residential Care Facilities

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Key Concepts/Context

The prevalence of elderly people with cognitive impairment in Swedish residential care facilities has been estimated to be approximately 50%, usually resulting in integrated populations with both cognitively intact and impaired residents. The physical environment must respond to the changing characteristics of their residents and variations within individuals over time to be able to provide for more than a single stage of fragility.

Methods

The study used a sequential mixed-method design (from quantitative to qualitative), with a quantitative core component using psychometrically sound measures providing information on residents' quality of life, well-being, and perceived care climate. To gain additional understanding of the findings, a supplementary qualitative component was used to describe the residents' experiences connected to the refurbishment using qualitative content analysis.

The study was conducted in three residential care facilities in a relatively large city in Sweden. Two of them were refurbished; one acted as a control. The sample included residents in the two intervention facilities. There were 169 residents in the control facility.

The authors used the quality of life in late-stage dementia scale (QUALID), an 11-item proxy informant-based instrument with a 1-week window of observation that can be administered to personnel, for use in the assessment of clinical management and treatment effects on QoL in people with late-stage dementia.



DESIGN IMPLICATIONS

Findings indicate that interior design features alone have little importance for the care atmosphere in terms of supporting the patients and placing their needs and expectations in the center of care. Therefore, it was difficult to draw design implications from the results of this study.

They also used the patient mood assessment scale (PMAS) and general behavior assessment scale (GBAS), a proxy informant-based instrument, providing information on general well-being through assessment of both positive and negative dimensions of mood and behavior in a general elderly population. The PMAS comprises three domains (strength, satisfaction, and security) and the GBAS two domains (confidence and accessibility).

In addition, the authors used the person-centered climate questionnaire (PCQ), a 17-item self-report assessment scale originally developed to provide information about the extent to which the climate of acute to subacute hospital care settings are experienced as being person-centered (supporting the patient as a person and placing his or her needs and expectations at the center of the care). It encompasses three domains (safety, everydayness, and hospitality), regarded as important for patients' well-being and recovery.

Baseline data were collected 1 month prior to the refurbishment and followup data 2 months after the completion of the refurbishment. Data from the control facility were gathered within the same time period.

Two-way repeated measure ANOVA was used to identify whether there was significant difference in changed scores over time between groups.

Findings

Differences between groups at baseline:

- No significant differences were identified in QUALID, PMAS, GBAS, and PCQ.
- No significant differences were identified regarding age, sex, visual ability, physical mobility, and communication ability at baseline.
- A significant difference was found for the Mini Mental State Examination test score—the control group was more cognitively impaired than the intervention group at baseline.

Changes over time—quantitative measures:

- Significant differences in change between the groups were found for QUALID, PMAS satisfaction, GBAS confidence. Changes showed worse QoL and well-being for the intervention group.
- No significant changes were found for perceived patient centeredness as measured by PCQ, or for the remaining factors in PMAS (strength and security) and in GBAS (accessibility).

Residents' experiences of refurbishment:

- The majority of the residents said that they were not affected by refurbishment, and they did not care about what was going on in the shared spaces of the nursing home. They preferred to be in their private rooms.



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Limitations

- This study had small sample size.
- The study used proxy for QoL and well-being based on observable expressions and behavior. It is important to identify biases of proxy informants.