

Arrangement of Rooms for Resident's Health at Senior Homes

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Abstract

Focusing on social cohesion in senior homes, a study in China suggested triple-rooms (room shared by three) for assisted-living care and private rooms for nursing care to promote residents' mental health and wellbeing. The influences of room arrangement on residents' health in senior homes may be complicated, especially during the difficulty time of pandemic. From the perspective of health, social work, environmental psychology and sociology, more policing, research and practical projects should be launched in the context of both Western and Eastern cultures, during and after a pandemic.

Keywords: Room arrangement; Senior living; Health, Cultures; Pandemic

About the Study

Aging is a global situation. It is estimated that more than hundred million older adults (people aged 60 and over) live in senior homes worldwide [1]. Fundamental to health and care, the social function of senior-home environment should be enhanced. A recent study in China investigated the influences of room arrangement on resident's social cohesion in senior homes. Triple-rooms (room shared by three) are suggested for assisted-living care, whereas private rooms are considered more appropriate for nursing care [2]. These interesting findings were based on data collected in China, the country where the largest population (23 million) of people aged 80 and over (80+) live. Within older adults, the share of the 80+ increases at an accelerated rate and the second and third largest populations of the 80+ live in the USA and India [1]. It is widely known that the context of culture, such as Western or Eastern cultures, plays a critical role in health promotion. What are the influences of room arrangement on social cohesion in senior homes in Western countries? The entire world is experiencing the pandemic of COVID-19. Would the new factor of pandemic affect the influences?

In a cross-national comparison of environmental factors important to facility-based senior living, senior-care professionals in China and the USA ranked the importance of 7 major factors identified by researchers based on literature review. Residential room was perceived by the American professionals as of the most importance [3]. However, Chinese

senior-care professionals valued it as of the second least importance. This phenomenon may be associated with the differences in culture and lifestyle between older Chinese and Americans. In this comparative research, 82% of the residential rooms in participant facilities in the USA were designed to be private whereas 78% of the rooms in Chinese facilities were shared by two or three roommates.

Senior-home residents who have roommates may have more opportunities to engage in social interaction than those who reside in private rooms. Those with strong social cohesion to their communities reported better health [4]. According to our on-site observation in senior homes in China, shared-room residents generally enjoyed talking with their roommates. Staff suggested the benefits from shared occupancies, such as the reciprocal daily support and safety observation from roommates. We also conducted on-site studies in senior homes in the USA. It was found that shared-room residents generally had health conditions requiring nursing care. Shared occupancies provided convenience to caregivers for care observation and led to financial savings. This strategy of management has been widely applied in both nursing homes and inpatient units. However, nursing care in senior homes is typically provided for a much longer period of time than inpatient care. During the long period of time, maintaining residents' privacy and dignity would be difficult to caregivers. Moreover, the aforementioned reciprocal daily support from roommates is limited in nursing-care residents due to their health concerns. Private-room residents have more opportunities to choose personal lifestyles than those who have roommates, which are highly valued in Western cultures. Importantly, private occupancy has been suggested by hospital researchers for reduced risk of acquiring and spreading infection, which is of top importance in a pandemic. Private rooms with dedicated toilet and bath are required for quarantine of suspected or confirmed COVID-19 cases [5].

In senior homes, the difficulty of infection prevention and control is at a high level. Of the residents in quarantine, the needs for care and support can be oversized. Associated with age-related functional declines, senior-home residents generally need care and those in quarantine need more care due to the infection and associated illnesses. One of the urgent needs is social care. A pre-pandemic study found that more than two third of senior-home residents reported to be moderately or severely lonely [6]. Since the beginning of COVID-19 pandemic, the strategies of facility lockdown and quarantine have been reported to be associated with increased depression, anxiety,

worsening dementia, and failure to thrive in senior-home residents [7,8]. In order to keep them socially supported and intellectually active, tele-interaction with doctors, families and friends has been strongly suggested, including but not limited to access to tele-medicine, internet and television and radio [9].

Cross-culturally, senior homes face an uphill battle to keep their residents from COVID-19, serious illness, complications and death. The need of preventing and controlling infection has crossed the cultural, national and geographical boundaries. Private occupancy may be promoted in nursing care to reduce the risk of infection and facilitate the maintenance of resident privacy and dignity. Meanwhile, the importance of social care to senior-home residents, especially those in quarantine, has been highlighted in research and experienced by residents, their families and caregivers. Shared occupancies may help to engage in social interaction but are generally associated with risk for infection. The influences of room arrangement on residents' health in senior homes may be more complicated than expected, especially during the difficulty time of pandemic. The paradox of COVID-19 social connectivity does exist (**Figure 1**) [10].

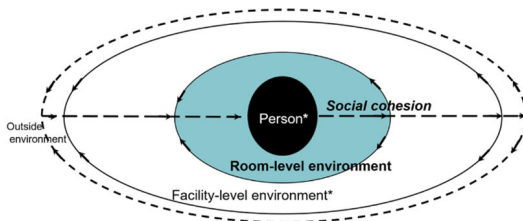


Figure 1: Ecological model of social cohesion in senior homes.

Health results from the reciprocal interactions between personal and environmental forces. According to the Ecological Model of Social Cohesion (EMSC) in senior homes, these interactions happen in the built environment at the room level, facility level and outside the facility [2]. It is true to health promotion, infection prevention and control in senior homes. Better social health can be considered as the benefit from accessing positive socio-environmental factors.

Conclusion

EMSC can be tailored and used in future studies dealing with varied approaches toward health promotion in facility-based environments. From the perspective of health, social work, environmental psychology and sociology, more policing, research and practical projects should be launched in the context of both Western and Eastern cultures, during and after a pandemic.

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