Safety and Security

Importance for Elderly Living in Sheltered Housing

Britt Maj Wikström & Marianne Hjortsjö-Norberg & Gunilla Sviden

Sheltered housing for elderly persons is in a dynamic transition, because reforms emphasise the right of continued integrity and respect, also when one needs extensive service and support in the daily life (SOU, 1997:170; SoS, 1997:2). Therefore it made it an interesting and important area to study. Today one rebuilt more traditional nursing homes and homes for aged to get away from the atmosphere of institution. Common characteristics of new buildings are individual living units in combination with semi-public areas. Efforts are made to make the milieu more like a home.

It is the elderly who have most difficulties to master changes in their living environment. Studies show that even small changes of rebuilding seriously could threaten the feeling of security for the elderly. For example, the abilities for social contacts such as to be able to greet a neighbour, or ask for help constitute a great strain for many older people. Moving to sheltered housing is of course a much greater adjustment from that perspective. At the same time as care, supervision and support that the personnel can give are of great help in the adjustment process. In addition, when the furniture are arranged similarly as in the previous housing it contributes to a positive perception of the moving. For some individuals the moving rather seemed to be an incentive to changing the environment (Ulrich, 1992; Fridell, 1991; 1995; 1998).

The more purely aesthetic aspects of the physical environment are not often enough accentuated. Florence Nightingale belongs to those who saw the creating of an aesthetic therapeutic environment as an important part in the nurses' care of the patient. She concretized aesthetical questions about a beautiful view from the window, flowers on the table, a work of art to contemplate from the hospital bed, as well as the light and color scheme of a sick room. Later research that has followed in Nightingale's tracks are Watson (1985; 1995), Koithan (1996) and Wikström (1993; 1997).

Aim

The present project is a collaboration and exchange between the scientific areas nursing science, architecture, environmental psychology and art sciences. The aim was to describe older peoples' opinions of their living conditions in sheltered housing and from this point of view

Britt-Maj Wikström
Ph.D.

Dr. Wikström is a lecturer and researcher at the University College of health Sciences in Jönköping. Her degree includes a RN, RNT, and a B.Sc. in art. She has created a collaboration between the scientific areas of nursing science, architecture, environmental psychology and art sciences. At the conference she will discuss the scientific ideas behind the determining factors for a positive experience of living in sheltered housing. Her research area also includes the development of visual art in pedagogical program. She is author of the book, "Estetik och Omvårdnad, 1997" (Aesthetic and Care). It describes the different aesthetical branches, and how these can be used for the well-being of the patients.

document perceived advantage of and difficulties with todays sheltered housing with focus on planning and decoration of indoors design and outdoors environment, and to lift forward the need of research within this area in order to get information of what is most urgent to study.

Method

For the planned project a purposive sample of eleven sheltered housings was visited. They varied in design of the interior space and outdoors environment. Participants were chosen from three criteria: those who had been assessed as mentally well-oriented as to their names, time, setting, etc., by the ward staff, and were able to see and hear with or without spectacles respectively hearing aid. The average age of the elderly persons were 84 years (range 78-89). During one year older persons living in sheltered housings were interviewed. A registered nurse with geriatric experience visited each of the elderly persons twice. During the first meeting she was presented for the elderly person by the director of the sheltered housing. The nurse told the elderly person about the procedure of the interview, and that she was interested in the elderly's opinions of living in sheltered housing, especially their flat, semi-public areas such as dining-room, assembly-room and outdoor-environment. The elderly was again visited a few days later for the interview that lasted for approximately one hour. The interview consisted of open-ended questions that were recorded and later transcribed. But the interview was also a questioning conversation in which the interviewer followed up the answers with new questions. When the taped interview was completed the interviewer and the interviewee walked around in the flat and in the semi-public area. The aim was to get spontaneous opinions from the elderly person, and to ensure that also unforeseen areas might be revealed. Quick notes were made and transcribed the same evening. During the interview process great emphasis was on allowing the elderly's views to appear. The extent

and length of the interview varied depending on the elderly's state of health. Usually the elderly person indicated very clearly when he/she considered the interview to have finished. The length of the transcribed interviews ranged from ten to sixteen pages.

The usual approval by the sheltered housing management and by the participants were given.

Analysis of the findings

A qualitative analysis of the data was made in two steps. The first step was a content analysis with open, substantive coding of each interview. Open coding fractured the data and allowed identification of categories. Then a naming and a categorising of phenomena through a close examination of data was examined, compared for similarities and differences, and questions were asked about the phenomena as reflected in the data.

When contemplating the categories and considering the tone of the interviews, a model emerged presenting two domains describing the elderly's stated experiences as aesthetical and caring. The aesthetic domain is exemplified by themes on indoors and outdoors environment, and the caring domain by the theme security. Brief examples were used to describe each theme that originated from the elderly' descriptions of their living conditions.

Findings

The unconditionally best with this form of living expressed by the elderly persons was that they experienced security. In addition, the environment indoors and outdoors was regarded as important. It should have a park or some green spots and chairs to rest on. The flat should have a balcony and an open and light planning.

The final themes emerging from the categorising of the codes:

Security

Environment outdoors
Environment indoors

The Caring Domain

Theme: security

"if you get sick you can sound the alarm, and the 'girls' will come, it's the best"

"here I am in safe hands"

"living here gives me a sense of security"

"here you can get care when you need it"

"you can always get help"

The Aesthetical Domain

Theme: environment outdoors

"instead of all the cars...a small park, a lawn,
some chairs and tables, it would be nice"

"it had been nice to be able to see a green spot"

"I spend some time outdoors, I like the wooded hillside"

"I very much would like to come out... because the view over the sea is wonderful"

"they should place some chairs just outside the house so that those who are immobile could enjoy the lovely view"

Theme: environment indoors

"here I stand with the door open and have a
look and expose myself to the sun"

"The best with this flat is the balcony"

"it's open and light"

"I like it here because of the window view"

"I have sun in the morning and to some extent in the evening...I like that"

"it's too dark and gloomy"

Discussions

As part of a larger project on the meaning of the physical environment for elderly people living in sheltered housing, a qualitative exploration was undertaken. It permitted insights into elderly's opinions of sheltered housing. With the elderly's experiences as starting point, the design and function indoors and outdoors was further examined in the present project. It resulted in a vivid description of the potential role of the physical environment. A determining factor for a positive experience of living in sheltered housing was the nearness to nature. Most of the elderly in the present study reported on this aspect as most important. The participants thought that their flat should be open and light and it should have a tree window view. Those who had a flat with a balcony talked about it as a place to relax. These aspects of the environment outdoors seemed to be a specially valued quality by the elderly. This is in line with research conducted by Berglund & Jegerby (1989), Chambers (1997) and Rubin (1998b). The meaning of outdoor environment for health and well-being have been the subject of many studies (Kaplan & Kaplan, 1989; Grahn, 1992; Grahn & Mårtensson, 1997). The connection between the elderly people's ability to spend time out of doors and health have appeared in studies from Sweden (Küller, 1990; Grahn, 1991). Küller's study shows that elderly who spend more time out of doors felt healthier, slept better and showed less symptom of depression. Allison et al. (1998) found that simply viewing nature usually produces restoration from stress in less than five minutes.

In several theories of nursing care the meaning of the environment indoors for the well-being is stressed, and the role of the nursing staff as an intermediary between the patient and the environment is clearly expressed. Roy and Robert's (1981) theory of adaptation describes the ability to adapt oneself to the environment indoors and to have impact on it. The striving for creating an environment that corresponds with the elderly's earlier life has to be stressed. Because the individual's ability to adapt her/himself is limited during a period in life in which the functions of the senses decreases. Reflections of the philosophy of care regarding design indoors do not seem to have any counterpart when it comes to the elderly's outdoors

197

environment. It comprises an often overlooked resource in care even if there are interesting exceptions (Nordström, 1994).

Living in sheltered housing meant security, and it was of great importance and highly valued by the elderly in the present study. The reaction of the individual to different external conditions such as the stress and strain of the environment have been described by Neuman (1990). She gives examples of how the nurse could help the elderly person to manage the strain of feeling insecure. Often the importance of creating a secure environment indoors, with for the elderly well-known details contributes to a feeling of security. Growing old increases the dependence of the physical environment just as it makes it more difficult to control and have impact on (Nordström & Gora, 1995). For instance, to be able to move safely around the home using the shower or preparing food. The loss of control means that no longer be able to manage the conditions of the environment which could cause environmental stress and a feeling of insecurity (Küller, 1995). The quality of the physical environment in order to offer elderly persons security is increasingly crucial if a person will be able to maintain a living relationship to the environment (Dossey, 1982; Cannava, 1994; Dijk, 1995; Rubin, 1998a). The home is an important place for most elderly persons. It is a place that offers security. Through repeating every day tasks and the fact that the most personal events in our lives often take place in the home contribute to that the emotional bounds to it increases and give rise to a feeling of security. To feel at home and to feel secure in ones home are not an either or state. It can be compared to a rope in which it is the amount of threads that give the rope its strength. Some theories have been developed around the home as a place of security and confidence (Altman & Werner 1985; Andersson, 1988; Churchman, 1991). To feel at home and the positive force of a home appear clearly when this environment is threatened, like for instance when a person has to move involuntarily. The changes in the environment might then be perceived as a threat towards the own person (Hurtig, 1990; Wikström, 1994).
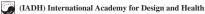
There is a consciousness about the need of a continuity to a life outside and to the time before the elderly person moved to sheltered housing. The ability to establish an active relationship between the elderly's sheltered housing and their previous living conditions make heavy demands on the nursing staff and their personal engagement and professionalism. Neither is it possible to make a copy of one of the elderly persons' environment to another, and it is not possible to readjust one environment that are shared by many individuals to the needs and preferences by the individual (Leininger, 1978). It becomes especially visible in environments with persons from different cultures, but it is also visible when there is less differences in such aspects as lifestyle, earlier standard of living and housing. The conditions for making a home include the relationship between the environment indoors and outdoors. The dynamics between these is a fundamental dimension in order to feel secure at home, and crucial for the elderly's perception of the environment. When the elderly person's agility is limited, the shape of windows, balconies, terraces, entrees and patios are decisive for creating favourable conditions for a functional living. To be able to have an overview of the environment in order to follow what happens or what is going on in this is important, just as it is the elderly persons themselves who have to decide whether they shall take an active part.

Conclusions

Determining factors for a positive experience of living in sheltered housing are security and nearness to nature. With the elderly's experiences as starting point, the design and function indoors and outdoors should be examined further.

REFERENCES

Allison, P.C., Barnes, M., Burnett, J. et al. (1998). The anatomy of a healing garden. Journal of Health care Design 10, 101-112.

Altman, I. & Werner, C.M. (1985). Home environments, human behaviour and environment, advances in theory and research. New York: Plenum Press.

Andersson, K. (1988). Patientens upplevelse av trygghet och otrygghet. Arlîv: Esselte Studium.

Berglund, U. & Jergeby, U. (1989). Uteliv med barn och pensionär på gård och gata i park och natur. Stockholm: Byggforskningsrådet T10.

Cannava, E. (1994). Gerodesign: safe and comfortable living spaces for older adults. Geriatrics 49(11), 45-49.

Chambers, N.K. (1997). Enhanced therapeutic outcomes: therapeutic horticulture gardens. Journal of Health care Design 7, 169-174.

Churchman, F. (1991). Housing for elderly and meanings of home, international workshop home environment and physical space. Italy Cortona.

Dijk, P. (1995). Combining aesthetics and practicality in health care architecture. Journal of Ambulatory Care Management 18(4), 1-7.

Dossey, E. (1982). Space, time and medicine. Shambhala: Boulder.

Fridell, S. (1991). Den fysiska vårdmiljön har terapeutisk betydelse. Läkartidningen 88 (51/52), 4432-4435.

Fridell, S. (1995). Närvärdshus i små orter. Stockholm: Spri.

Fridell, S. (1998). Rum för vårdens möten, om utformning av fysisk vårdmiljö för god vård. Doktorsavhandling, Kungliga Tekniska Högskolan, Stockholm.

Grahn, P. (1991). Om parkens betydelse. Stad och Land 93, 23-28.

Grahn, P. Mårtensson, F. (1997). Ute på dagis. Stad och Land 143, 19-28.

Hurtig, E. (1990). Bättre bostad men hemma bäst, om kvarboende vid förnyelse av hyrbostäder. Avdelningen för bostadsplanering, Arkitektur Chalmers Tekniska Högskola.

Kaplan, R. & Kaplan, S. (1989). The experience of nature, a psychological perspective. Cambridge: University Press.

Koithan, M. (1996). Aesthetics in nursing practice and education. Issues in Mental Health Nursing 17, 529-539.

Küller, R. (1990). Health and outdoor environment for elderly. Proceedings of IAPS 11, 8-12.

Küller, R. (1995). De äldre i bostadsområdet. Forskare om samhälle, välfärd och boende. Byggforskningsrådet, Stockholm.

Leininger, (1978). Transcultural nursing: concepts, theories and practicies. New York: Wiley & Sons.

Mårtensson, F (1992). Att bosätta sig - en kreativ process. Forskningsrapport SB:48 SIB, Gävle.

Neuman, B.M. (1990). The Neuman system model: a theory of practice in nursing theories in practice. New York: National League for Nursing.

Nordström, M. (1994). Vårt behov av grönska, några aktuella miljöpsykologiska forskningsresultat. R 14: Stockholm.

Nordström, M. & Gora, M. (1995). äldres liv och nära omgivning. Stad och Land 133, Alnarp.

Roy, C. & Roberts, S.L. (1981). Theory construction in nursing. An adaptation model. New Jersey: Prentice-Hall inc.

Rubin, H.R. (1998a). Plenary session: status report – an investigation to determine whether the built environment affects patients' medical outcomes. Journal of Health care Design 10, 11-13.

Rubin, H.R. (1998b). New skills: the anatomy of a health care design research project. Journal of Health care Design 10, 77-80.

SOU, Slutbetänkande av utredningen om bemötande av äldre, SOU 1997:170.

Socialstyrelsen, äldres livsfrågor. SoS-rapport 1997:2.

Ulrich, R.S. (1992).How design impacts wellness. Health care Forum Journal September/October, 20-25.

Van Maanen, J. (1983). Reclaiming qualitative methods for organizational research: a preface. In J. Van Maanen (Ed.), Qualitative Methodology, p.9-18. Calif, Sage: Beverly Hills.

Watson, J. (1985). Nursing: human science and human care: a theory of nursing. New York: Appleton-

199

Century-Crofts.

Watson, M.J. & Chinn, P.L. (1995). Introduction: Art and aesthetics as passage between centuries. In P.L. Chinn, & M.J. Watson (Ed.), Art & aesthetics in nursing. New York: National League for Nursing.

Wikström, B-M. (1997). Estetik och Omvårdnad.

[Aesthetics and Care]. Lund: Student Literature.

Wikström, B-M., Theorell, T., & Sandström, S. (1993). Medical health and emotional effects of art stimulation in old age: A controlled intervention study concerning the effects of visual stimulation