Experiences of health care personnel in promoting a sense of home in older adults living in residential care facilities

**Recommendations**

- Architects and designers should design small-scale facilities with large private rooms with en-suite bathrooms for each resident and common areas that resemble domestic spaces and are adaptable to the residents’ needs. *(Grade B)*

- Environmental standards, including private rooms and bathrooms, and other homelike spaces, such as private or common kitchens and accessible outdoor spaces, should be included in national and local regulations and guidelines to guarantee, along with the residents’ safety, the creation of a sense of home in residential care facilities. *(Grade B)*

- The evaluation of residents’ level of satisfaction with the homely ambience provided by residential care facilities should be introduced in national and local standards. *(Grade B)*

- Internal regulations of residential care facilities should allow residents to bring personal items, furniture, or other personal artefacts to foster familiarity with the place and continuity of life. *(Grade B)*

- Directors of residential care facilities should replace hospital-based work organization with homelike care models to enable residents’ habits to be maintained, to meet their specific needs, and improve their experience of being at home. *(Grade B)*

- Managers and directors of residential care facilities should adopt strategies to promote and maintain organizational and cultural changes through initiatives directed at staff, residents, and relatives. *(Grade B)*

- Staff, with the support of the facility directors, should adopt flexible organization models of daily care activities that respect the autonomy, freedom of choice, and habits of the residents. *(Grade B)*

- Staff should promote residents’ participation in domestic and recreational activities according to residents’ preferences, and make them feel they are active members of the facility community as well as of the local community where the facility is placed. *(Grade B)*

- Staff should establish and maintain personal and reciprocal relationships with residents and family members, and foster meaningful relationships among residents to create a sense of familiarity and belonging to a larger community. *(Grade B)*

*Definition of JBI's Grades of Recommendation*

**Information source**

This Best Practice Information Sheet is a summary of evidence derived from a systematic review published in 2022 in *JBI Evidence Synthesis.*¹

**Background**

The home is important for older adults, as it represents the place where they feel safe, free, and independent. For older adults, their home ensures a sense of control and life continuity in a period of physical, psychological, and social change. Most older adults want to continue to live in their own homes until their death. However, due to deterioration of physical and/or cognitive function, the loss of family relationships, and the inability of family members to take care of them, some older adults need to leave their home and move to a residential care facility (RCF). Moving to an RCF represents a critical moment in older adults’ lives, as it disrupts the continuity of their lives and distances them from significant people and possessions. Health care personnel (HCP) working in RCFs can help older adults adjust to their new residential care setting and make them feel at home.

Feeling at home in an RCF has been shown to improve quality of life, maintain physical functioning, and reduce daytime sleepiness in older adults. In coming years, it is expected that the number of older adults moving into RCFs will increase due to the aging population and changes within the family structure. Understanding the experiences of HCP in creating a homelike ambience for older adults living in RCFs is important. These experiences may be relevant and used during RCF organization and resource allocation discussions to improve the well-being of older adults living in these settings.

**Objectives**

To present the best available evidence on the experiences of HCP in promoting a sense of home for older adults living in residential care settings.
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Phenomena of interest
The qualitative systematic review considered the experiences of HCP (eg, nursing staff, physiotherapists, nurse managers, nursing assistants, physicians, directors, managers, and administrators) who contribute to promoting a sense of home for older adults living in RCFs (eg, nursing and residential care homes, retirement homes, senior citizen homes, assisted living facilities, and skilled nursing facilities). In the review, “sense of home” was defined as the sense of comfort felt by older adults that was linked to a place, people, activities, or atmosphere, and the older adults’ experiences of comfort and belonging.

Quality of the research
The review included seven studies, published from 2014 to 2020, involving more than 237 participants and conducted in the UK, Canada, US, Sweden, and the Netherlands. They used qualitative-descriptive or interpretative (n=5), ethnographic (n=1), and longitudinal case study (n=1) designs. All studies were critically assessed for methodological quality by two independent reviewers using the standard JBI critical assessment checklist for qualitative research. Overall, the methodological quality of the seven included studies was moderate to high, meeting between 70% and 90% of the JBI quality criteria.

Findings
From the aggregation of 69 findings, 14 categories were generated, which were grouped into three synthesized findings that represent environmental, regulatory/organizational, and cultural elements that, according to the HCP experiences, can contribute to promoting a sense of home in RCFs. The confidence in all three synthesized findings was graded as low based on the ConQual approach.

Synthesized finding 1: Health care personnel believe that the built environment of RCFs affects the creation of a sense of home in older adults living in RCFs
The first synthesized finding describes the structural elements of the residential facility building and its interior and exterior decor that can promote or hamper the feeling of being at home for older adults, according to HCP experiences. The older adults feel at home more easily when they have a single room with a private bathroom, and they are allowed to personalize rooms with their belongings, giving them a sense of familiarity. Moreover, the RCF environment should improve the homelike architectural characteristics. The facility should not resemble a hospital, and should have the same rooms and spaces normally present in a home (eg, kitchens, living rooms and balconies).

Synthesized finding 2: Health care personnel recognize that national, regional, and local policy and regulations, and work organization in RCFs influence the promotion of a sense of home in older adults living in RCFs
The second synthesized finding suggests guidelines, policies and regulations, and the work organization needed to adapt to the requirements of older adults residing in RCFs, with support from RCF managers/directors. According to HCP, the facility guidelines, policies and regulations, reimbursement policy, and work organization of the RCF can promote or hinder the sense of home. Standards defined by laws and regulations are often aimed at assessing the building characteristics rather than the presence of a familiar atmosphere. In some RCFs, the work organization is like that of a hospital: task-oriented and structured around staff shifts, rather than on the older adults’ needs. The leadership of the RCF managers is important to guide the staff towards innovative care models, to invest the necessary resources, and reduce staff turnover.

Synthesized finding 3: Health care personnel believe that the RCFs’ care culture influences the sense of home for older adults’ living in RCFs
The third synthesized finding suggests that HCP are aware that their philosophy of care, personal beliefs, values, and attitudes can influence the promotion of a sense of home in RCFs. The person-centered care model is preferable to the patient-centered model as it allows the needs of the older adult to be better met. The older adults’ independence and autonomy in decision-making should be preserved (eg, allowing older adults to decide what to wear, when to get up or go to bed, and what and when to eat). According to HCP, a sense of home can be encouraged by allowing older adults to perform normal household activities and maintain their habitual recreational activities. To develop a sense of home, relationships should be fostered among older adults, their families, and RCF staff. Older adults should also be encouraged to establish new relationships within the RCF and the larger community to which the RCF belongs.

Conclusions
Feeling at home in an RCF is a complex phenomenon that concerns older adults, their relatives, HCP, and policy makers. Both older adults and HCP recognize the importance of a homelike environment, but only HCP are able to recognize the role of national, regional, and local guidelines; policies and regulations; work organization; and facility care culture in promoting or hindering a sense of home in an RCF. These aspects can only be identified by people directly involved in processes around work, management, and decision-making. Therefore, it is important to consider the perspective of HCP to ensure a greater understanding of the sense of home for older adults in RCFs. The reviewers cautioned that the quality of the evidence from the supporting systematic review was low, and for this reason the results should be interpreted with caution.
Implications for practice

Understanding the experiences of HCP in promoting a sense of home in older adults living in RCFs can help HCP and RCF leadership identify changes that could be implemented in practice to foster a homelike environment and create a sense of belonging for older adults living in RCFs. The experiences of HCP suggested that small-scale RCFs with private rooms and bathrooms, furnished with personal belongings, and with spaces resembling a home are more likely to promote a sense of home and familiarity for older adults residing at the facility. Standards set for the structures and regulations governing RCFs need to be revised to ensure that older adults live in a homelike environment. A model of work organization centered on the older adults’ needs would avoid the hospital-like work style that is organized around tasks and staff shifts. A person-centered care model instead of a patient-centered care model is more likely to meet the needs of older adults living in RCFs and to promote their independence and decisional autonomy. Offering older adults the ability to continue performing the household and recreational activities they did before they moved to RCFs, based on personal preferences, could maintain their sense of life continuity and make them feel like active members of the RCF community. Promoting meaningful and mutual relationships among older adults, their family, and staff is likely to create a sense of belonging to a larger community and improve the sense of being in a familiar place.
Built environment affects older adults
Health care personnel believe that the built environment of RCFs affects the creation of a sense of home in older adults living in RCFs.

Policy and regulations influence a sense of home
Health care personnel recognize that national, regional, and local policy and regulations, and work organization in RCFs influence the promotion of a sense of home in older adults residing in RCFs.

Care culture influences older adults
Health care personnel believe that the RCF’s care culture influences the sense of home for older adults living in RCFs.

Recommendations for Practice

**Built Environment**
- Design small-scale facilities with large private rooms with en-suite bathrooms for each resident.
- Create home-like spaces, such as private or common kitchens and safe, accessible outdoor spaces.

**National Regulations and Local Policy**
- Ensure the residents are satisfied with the ambience by evaluating their level of satisfaction.
- Support residents in having their personal items and artefacts in the care facility.

**Care Culture**
- Replace hospital-based work routines with homelike care models.
- Enable maintenance of residents’ habits.
- Promote organizational cultural change.
- Implement flexible models of care that respect autonomy.
- Promote residents’ participation in domestic and recreational activities.
- Establish and maintain personal and reciprocal relationships between staff, residents, and family members.
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