



## KEY POINT SUMMARY

### OBJECTIVES

The purpose of the study was to examine the effects in resident outcomes from transitioning from a traditional institutional setting to a Green House model.

### DESIGN IMPLICATIONS

The study suggests that cottage-based designs with new healthcare delivery systems produced better resident outcomes, enhanced institutional respect and work environment among staff, and more staff cooperation and better bonds between staff and residents. The authors conclude that designers should consider the cottage model as they design long-term care facilities.

## A Cottage Model for Eldercare

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### Key Concepts/Context

Some healthcare facilities are moving from traditional ward designs with high patient-to-caregiver ratios to environments that are designed with patients and their families in mind. Research suggests that patients prefer spaces that promote a homely normal lifestyle and proper family functions. To that end, some long-term care residences are now built in a cottage-style. Some examples of this are The Green House model, used in The Green House Homes at Traceway in Tupelo, Mississippi, and the Adards Nursing Home in Warrane, Tasmania, Australia.

### Methods

The researchers acquired institutional data for 99 long-term care residents to conduct a longitudinal, quasi-experimental study. They assessed perceived institutional respect using a subscale from the 2005 National Survey of the Work and Health of Nurses (NSWHN) Questionnaire. They also retrieved and analyzed regularly acquired institutional data in the form of the Minimum Data Set (MDS), an assessment tool for clinical and functional status used by facilities in the United States that participate in Medicare and Medicaid.

To assess family perceptions of the elders' emotional, social, and physical well-being, the researchers used the Multidimensional Observation Scale for Elderly Subjects (MOSES) and an open-ended survey. They administered the MOSES 6 weeks before and 6 weeks after the planned move to the cottage setting. They used the survey to probe family members' perceptions regarding the elders' changes in emotional well-being, positive health and function changes, changes in social behavior, changes in healthcare delivery, changes in physical environment, and changes in staff teamwork in the new homes.

In addition, the investigators assessed staff's job satisfaction with the Nursing Home Nurse Aide Job Satisfaction Questionnaire (NHNA-JSQ, a 21-question instrument that measures job satisfaction in several areas, including: satisfaction



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with coworkers, workplace support, work content, workload or work schedule, training, rewards, and perceived quality of resident care.

The researchers used descriptive statistics, McNemar's Exact Test, repeated measures ANOVA, and t-tests, as well as narratives from families, staff, and management.

### Findings

This study found that staff perceived enhanced institutional respect and work environment and families perceived more staff cooperation and a better bond between staff and residents when the cottage model was implemented. The researchers did not find any changes in residents' prevalence of pain, mobility, range of motion, or depression and anxiety. However, they did note a modest decline in residents' systolic and diastolic blood pressures. The rate at which a resident's activities of daily living score declined was attenuated. Operational costs remained constant across the move.

### Limitations

The authors identified the following limitations:

- Interpreting the findings was challenging because the 28% response rate of the MOSES was barely adequate.
- Future investigations should hone in on which aspects of the cottage-based model have the most impact on improving residents' lives.