



## KEY POINT SUMMARY

### OBJECTIVES

This article investigates how a dementia special care unit is experienced and used by its residents, giving particular attention to the importance of physical designs.

## How enclosure and spatial organization affect residents' use and experience of a dementia special care unit: A case study

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### Key Concepts/Context

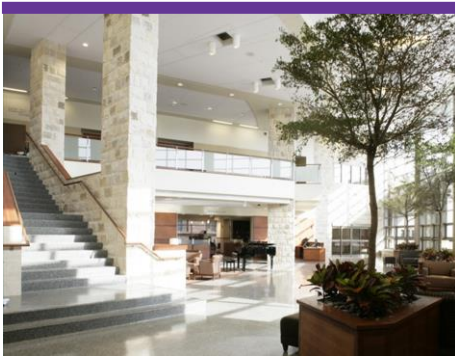
One approach to housing people with dementia involves the creation of small-scale, homelike environments. Since this approach is not always affordable, healthcare designers are working to design dementia special care units (SCUs) that provide the benefits of small-scale facilities while still being housed inside of large-scale residential care facilities. This study suggests that freedom for movement, socializing, and sensory stimulation play an important role in patient well-being within this context.

### Methods

This case study took place in a residential care facility that was recently constructed prior to data collection. Data collection involved an architectural analysis of the facility, field observations of participants, and qualitative interviews with both staff and residents.

When the residential care facility initially opened, the dementia SCU was located on the ground floor. A door with a security code kept the patients limited to their private rooms, a secondary corridor, and a communal dining and sitting area. Residents also had access to a garden via their own rooms or the common sitting areas by moving through floor-to-ceiling windows. The researchers note that “a few months” after opening, the dementia SCU was moved to the top floor of the residential care facility, where patients occupy two “houses” with access to an outdoor terrace through sliding glass doors.

Daily observations were conducted for one half-day per week over the course of three months. The researcher conducting the field observations assisted facility staff with activities and meals while observing life in the unit during quiet periods. This same researcher held semi-structured interviews with residents and staff.



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Stakeholders interviewed included the facility director, four staff members, one client (a member of the management team), one architect, and four patients with dementia (three being accompanied by a close relative). Patients were interviewed in their private rooms and were selected to represent a variety of personalities and stages of dementia. All participants responded to open-ended questions that were recorded and transcribed verbatim.

## Findings

Care staff noted that the dementia SCU was relocated to the top floor primarily to reduce the risk of patient escape. Relocating the SCU for the sake of escape prevention was considered an improvement by most participating staff members and close relatives of patients. However, it also highlighted two interrelated design features that noticeably affected resident use and experience of the facility: physical and visual access to outdoor spaces as well as visual and social contact with the rest of the facility. Residents ultimately expressed a sense of feeling more isolated from the outside world in this newer setting.

This study's findings indicate that in settings where residents are not permitted to leave a dementia SCU, it is especially important that they are able to move and socially interact freely within their unit and should have access to private outdoor space. The results also suggest designing circulation spaces so that they resemble common living areas with resting points, natural lighting, and private outdoor access. The decoration of the primary entrance and exit door of the dementia SCU with images of flowers yielded mixed results. Initially, the flowers seemed to distract residents from the doors' function, thereby preventing feelings of being "closed off" from the rest of the facility or world, but as soon as the door opened, residents became confused and often confrontational.

## Limitations

The authors note that this study took place at only one location, and that private outdoor spaces were scarcely used during the study period due to cold and wet weather. This meant that residents' experiences with these spaces were all derived from testimony. Field observations were only conducted after the dementia SCU was relocated upstairs; thus no observations were performed during the initial configuration.



## Design Implications

This study suggests that the boundaries of a dementia SCU should be given special attention based on the resident population, and that corridors should resemble comfortable living areas rather than simple circulation spaces. Residents should have a direct connection with outdoor space, and if possible, some sense of visual or physical proximity with other parts of the larger residential care facility.

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