Staff Response

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In the process of soliciting staff response to the design interventions in Kingswood we conducted Focus Group Interviews with the staff, personal interviews with the executive staff and observations of the interactions of the staff with residents and families in the renovated settings. This report includes quotes from the focus group interviews with the staff and the interviews with the executive staff.

Focus Group with Staff
Focus group interviews are widely used in qualitative research methods. Advantages of focus group interviews include efficient qualitative data collection, checks and balances on the different opinions, and opportunities to explore emergent issues in an interactive process.

Two interviews were conducted with the staff of Kingswood Manor to gather information in regard to aspects of the physical environment of the renovated environment. The first interviews were conducted right after the completion of the construction of the new wings on the north side of the building. The second set of interviews was conducted six months after the relocation. Images of various spaces before and after the modifications were projected in a slide presentation during the interviews in order to draw attention of the focus group to specific environmental aspects of the nursing home.

Staff reaction was elicited on salient dimensions of quality of life of the residents (e.g., privacy, social interaction) as well as care-giving issues (e.g., ease/difficulty in showering a resident). These environmental aspects have been validated by widely used physical environment assessment instruments used in previous studies, such as the Multiphasic Environmental Assessment Procedure, and the Professional Environmental Assessment Protocol. The focus group interviews were tape-recorded and transcribed. Content analysis of the transcribed data was done to extract themes. Some of the major issues are reviewed in this chapter. The themes are organized here according to the various spaces.
Nurses' Work Area

Before the renovation, the nurses' station was located at the intersection of major circulation routes in the health center (see floor plans in the Appendix). The central location of the nurse station and its physical presence was a powerful symbol of the institution.

Staff members had mixed feelings about the relocation of the nurses' station. They thought that the relocation had reduced the staff-resident hierarchy, had made the work more organized, and had given easier access to the medication room. Some staff members commented that the reduced visual access to the hallways from the nurses' area is not a drawback as long as there were other monitoring devices.

They thought that the counter height of the nurses' area could have been reduced to provide residents in wheelchairs better access and communication with the staff behind the counter.

"To me, the way the nurses' station was before it was too big, too cluttered, unprofessional looking in the back because they stuck things all over the place and all. It was spread out. The way the new nurses station is, it is a brighter, more professional appearance".

"[before] the med (medication) room ... was on the left hand side, and now everything is right there with them. So I think that's a big change for them. You know, the med room's right next to you. There's a flow that goes with how, your charts, your medications, everything, in a smaller area".

"...With this area being in the center of everything it's like the nurses station was the center focus and the residents were secondary".

"I don't think it's important to have that much visual control as long as you have another adequate monitoring system so that they can hear when the call lights go off and things like this. If you have the right P.A. system, the visual is not all that important".

"I think that would open it up more. Then the residents' wheelchairs would be more approachable. As it is, some of them have to kind of go like this when they're trying to see the nurse".
Aviary Area
The general reaction was that replacing the prominent nurses' station with the aviary has reduced the institutional ambiance in the health center. The perception was that an aviary is less institutional than a nurses station, and replacing the large nurses' station in that central location of the health center has resulted in less institutional feel. The birds and their activities seem to be attracting residents to sit around the aviary. Some residents became fond of the birds. Staff felt that having the residents sitting around the aviary gives opportunity for easier surveillance because the nurses' station is close by.

However, some staff members were concerned that the residents' interaction with the aviary constituted a passive behavior. They claimed that there is a need for more programmed or structured activity in association with the aviary in order to improve residents' engagement. This latter aspect identifies the gap between environmental modifications and expected corresponding activities for residents with dementia. The design principles that guided the environmental changes were based on a social model of care in which a homelike environmental setting would provide residential context and aid in small group activities, social interaction and enhance residents' choice and control. At the time of the interviews the facility was going through a transitional phase. New staff members were hired and went through training to engage residents with dementia in meaningful activities. It is hoped that the architectural setting will be better utilized by the trained staff to realize its intended potential.

"We have some residents that sit there the greater part of the day and they talk about the different little birds. But then we're still failing to the effect that it's staff convenience for them to still sit them in those locations rather than get them involved in another activity. We're still working on the fact that just sitting in front of the bird cage is not ample activity. There's other things that we need to do....Sometimes to just sit the residents there, it's easier to keep track of them so to speak".

"...it gives the residents more space. There are more things for them to do. It's really not an inconvenience having it where it is. I think it's better to give them more space because we're kind of out of the way.... It makes it more like it's their territory instead of ours".
Dining Area
The general feeling was that the new, smaller dining rooms were more homelike in contrast to the central, large dining area before the renovation. The staff expressed satisfaction with the smaller dining areas stressing the less "disruptive" behaviors of some residents, and the more manageable group size during mealtime. In addition, staff members felt that due to smaller group size and reduced behavioral problems; there was less noise, which in turn reduced agitated expressions. Quality of lighting was perceived as a major improvement. Also, staff members made comments on the ease of food handling and serving process due to the close proximity of dining and pantry/kitchen areas.

"It was like a big mess hall...And now since they've been broken up into smaller dining rooms, I've noticed that now they're eating better and the hot food right there with them. The food is hot when we take it out to them and I think this is much better for them because it's smaller groups. And I noticed that they are eating better".

".... the noise level is different because it's like a chain reaction. When one behavior starts then it sets off another person and another person. And the smaller areas have kind of eliminated those reactions.

"I think that's a big change. I think it's a lot brighter. A lot brighter.... It looks much nicer than this picture. The window treatments are better. I think they appreciate it. I think they noticed the new change".

"The cook would serve up and I'd be on the other side to pass the trays to the residents as he served it up....And I dish the food up now. The aides are in there to help me just take the food from the steam table and the hot plate and carry it right out to the table".

Resident's Room
In general, staff was positive about the new residents' rooms and their residential appeal. Specifically, they appreciated the carpet in the rooms, layout of the semi-private rooms and the option of showering in the "bathrooms." The staff felt very positively about the privacy provided to both residents in a shared room. They had
observed that families are using the resident rooms more freely during their visits with the increased sense of privacy. Also, there were positive comments about the bay windows that have provided opportunities for displaying meaningful personal possessions like photographs, dolls, vases, and various artifacts. The residents are able to personalize their space to maintain the sense of control and autonomy in their rooms and in turn preserve their sense of selves.

"I think they're great....they have more room for the resident...They're prettier. One thing, I mean the carpet is beautiful, it's nice, it's harder for the residents that are able to wheel themselves on the carpet. Also, the bathrooms are real nice. It's nice that they have their own shower. But the problem with the showers is the seats when they put them in there, there's like a hole in the bottom".

"I like the new design because the fact that, like she said, it does give them more privacy. It kind of defines their space a little bit better. It is a much more home like environment than the rooms were as they existed prior to the remodeling".

"When family comes in and things, they feel like they don't have the sense that they can carry on a conversation with their loved one without the other party being involved in that conversation. So the new design does give them that aspect that they feel like, oh I can go in and have a conversation with mom or dad and I'm not interfering with another".

"There was one resident I spoke with. She absolutely loved it. She's got all her little dolls set up there and up on top. She's just happy being able to sit in her chair and relax and look out the window to see what's going on".

"I've heard a lot of positive comments also about the windows and the way they're arranged".

Shower space in residents' restroom
Although the availability of a shower area in the residents' bathrooms was very much appreciated by the staff, there were few problematic aspects in the construction and finishes of the showers. Staff commented on the difficulty they had to face in washing the bottoms of the residents because the shower seats were not designed
appropriately. The residents were sometimes taken to the central showering area, defeating the intended function of the private shower room in the residents' own bathrooms.

Also, due to inappropriate floor slope the water from the shower drains sometimes into the main bathroom space, making the area difficult to use. There were also comments in regard to the need for additional storage space for residents' toiletries in the bathrooms. The shelf space was adequate for one resident but not enough for two residents. Staff also pointed out the inappropriate location of the call light in the bathrooms. However, it was recognized that some of these problematic aspects can be remedied to take full advantage of maintaining dignity and privacy of the residents by showering them in their own rooms.

"It's much easier to take them down the hall, put them in the shower chair. It's easier on us and safer for them. Cut a whole in the seat and have a bar that goes on the side of it that you can swing out and just lock into place when they're sitting".

"It would work out better. I mean, if you can bathe them in their room it is much better because then it lets up on the congestion in the shower area because everybody's trying to get your showers in and we have 6-8 showers a day, we wait in line to get yours in. So it would be easier to do it in their room. And I'm sure the residents like that better. It's more of a home feeling. They don't have to take their clothes and everything down the hall. I mean, it would be better for them".

"I think it's a lot better. Just so the residents are able to have their privacy. You know, some of them get roommates that they don't really like or they end up talking all night. I know some of the double rooms have partitions that they can pull. You know, they have family over and they're not interrupting the other resident.

"The only thing in the new area, there are shelves on the bathroom wall. Well, with some of our residents with the two residents in a room, the shelf is only big enough for like one person. And if they added another shelf, that would kind of make it ideal for them. And sometimes they fight over the space of that one little shelf to put the denture cups and things like that."
"...There's much more room so it's easier to get in and out of when it takes more than one person to transfer people...If you have a bigger person, a bigger man, it's very difficult when they require a 2 or 3 person to assist them to the toilet. With both of these bars on the side, it's very, very difficult to get in and out, especially if we have to use the lift. It's a virtual impossibility. But in the newer bathrooms, there's more space and you can accomplish that".

**Tub Area**
The tub area was a major improvement over the traditional tub before the remodeling. Staff observations pointed out that many residents prefer a bath over shower and they are taking advantage of the new tub. The new tub provided easy access and egress. Other positive aspects of the new tub included the opportunity of soaking the lower body in the hot water instead of getting cold in the shower, and the flexibility of tilting the tub for comfort.

"The new tub is great. I mean, you can move it this way and that way. It's pretty easy for them to get into it. You know, they get into it and you can tilt it up and they can lean back and it has little jets. So it helps out a lot".

"Some like to have bubble baths. They can be able to sit in there and soak cause in the shower, even though the water's hot, they get cold so quick and just sitting there in that warm water is very relaxing for them".

**Hallways**
The renovated hallways in the existing wings had addition of carpets, residential lighting and warmer colors. The staff felt that the renovated hallways were giving homelike appearance as opposed to the institutional hallways before the renovation. They commented on the warm ambiance created by the carpet and lighting. They also observed the improved acoustics in the hallways due to carpeting and the reduced congestion of carts and other items. They pointed out that the handrails are better than the previous ones.

"The lighting is better. It brightens up. When you come through the double doors downstairs on the first floor from the assisted living site... people
comment on how much brighter it was with the change in the lighting and ceiling tiles and things. And the warmth of how the colors in the carpet make it feel. It just seems that that carpet they have down now is a lot easier to maintain than the tile was. It just seems a lot more cleaner than what the rooms used to be”.

"I would think to prefer to see a design like the new wing has. This is the residents' home that gives them a more home like appearance. This [hallway before the renovation] looks like a straight hospital. Very sterile, never-ending corridor and things like this. And actually with the new design, with the rooms...you have the central area and then your rooms around it. You have the capabilities for much better interaction with the residents and activities and etc. that you can carry on. Where the long corridors, you don't have that. I mean, you’re just walking up and down. There's not space to do anything, really, other than just travel”.

"I would like to see more color... I would like to see more plants and more brighter colors and more busy. I little more busy. Like a game room. The aviary is nice, but again we went from the sitting around the nurse's station to sitting around the aviary area".

**New Cluster**
The new cluster was designed based on residential and social model of care. The focus group staff observed that the central living/activity area with the surrounding rooms provided opportunities for natural social interaction. They contrasted the cluster design with the old part of the health center -- with long hallways not conducive for social activities. During the time of the focus group interviews the facility was in the process of reorganization in staffing pattern with the goal that appropriate staff groups for the new cluster would be better able to conduct more programmed activities in the central activity space taking advantage of the design.

"This is the residents' home that gives them a more home like appearance. ..with the new design, with the rooms...you have the central area and then your rooms around it.

A Common living room in the new cluster

52
"Well, when we're broken up into smaller groups they will have less residents and we will have more staff. So it will balance out in the end so it is not like an added burden or anything like that but it will give them the opportunity to get more into the social roles and out of the medical model".

Interviews with the Executive Staff

Interviews with the executive staff took place after the renovation and the relocation of the residents. The followings are excerpts from the interviews with the Chief of operation and the CEO of Kingswood.

We asked the Chief of Operations to describe to what degree the renovations met his expectations.

A: "I think that at this point it's meeting the expectations. I certainly never had expectations of a brand new facility and all of the pod design that I would have loved to have in a new facility. But as far as expectations for a remodeled facility, I think that at least from a physical plan standpoint, we pretty much got what we were after. I am pleasantly surprised with the way that the halls now feel. They feel a little more open with the windows to the dining rooms. You can look into the dining rooms and it kind of takes out the feeling of a long, continuous hall.

I think that with the pods’ physical plan, we are, pretty much getting to where we wanted to be. The carpeting of the rooms, the lightening up of the color of the walls, the change in the lighting, the pantries for each unit, I think that all these have helped to make it a better setting.

I know that our food-service staff is a little bit more impressed. They certainly didn't like the way we were trying to create simultaneous dining. They fought us through a bunch of meetings, but now that it's finished, I think some of them are starting to perceive this as not such a bad thing after all.

Certainly the new area, the north wing, is what we were really trying to achieve.

I think that from a staff perspective and from a resident and family perspective, what we've already achieved is a better feeling of a homelike setting. Certainly it's an institution that was converted, but we've already come a long way from where we
were before, which was an institutional environment.

We had no real commons areas for the residents to congregate. The addition of the aviary in the central area has already enhanced the homelike feeling. We find that the families are sitting around with the residents. They're watching the birds and they talk with the residents at the same time. We've created a lot of nooks where people can go. Before we only had the dining room and/or the front parlor. Because of the creation of the new dining area, the aviary areas, the little activities area in the new addition, and the common area back in the new addition, we've created a lot of little places where people can go to get away. So, I think we're getting very close to what we were trying to do.

The other piece that we wanted to do was to "Eadenize" the facility. The plants, the animals and the birds and also the change in our employee attitudes and the way they serve people are improved. It has not been an easy process of education. It seems like everyday we have meetings trying to get the staff to understand that "No, it's not on your schedule anymore, it's more on a resident's schedule, and what they want." It is not simple.

I think that's the next big piece for this facility. We're in a three month training program now. We're moving towards our first neighborhood. The neighborhood is like a small community within this larger community of health care. And the staff is being trained specifically for that neighborhood. They will staff their own neighborhood. Those residents would be theirs from now until they leave Kingswood. And we're starting to put that first neighborhood together and throughout the remainder of this year we'll probably try to accomplish at least another two neighborhoods. Behind each and every neighborhood is this concept of creating common space and a feeling of a home. Creating a sense of a family with our staff and the residents and their families, and creating an environment that feels good not only for the resident but also for the employees."

Q: Do you think the new environment meets the needs of people with dementia?

A: "Um, I have mixed emotions on that
particular question. And the reason is that Kingswood, because it is a CCRC, tends to get the residents who come into our health center a little older than in other facilities. Mainly because we are able to maintain them in their home environments, their apartments or wherever they're living, a lot longer because we do supply an awful lot of support systems and services. By the time they come to the health center they are older, they are frail and with dementia. As a rule, 60 percent of our residents suffer from some kind of dementia.

The challenge is already present, and has been for some time. Our old policy was to take care of people wherever they were at. That worked fairly well for us, but we do have a lot of families today who do not like it. They are not excited by the fact that those people are in the same wing as their mother or their father. As recently as last week, we had a family move out to another facility because there was a person who wandered into their mother's room and did this quite frequently. That upset them enough that they moved out last week. My response to them was that the person with dementia has as much right to the room as their mother. While we offered to do some things, that wasn't good enough. They did not want to be in the same section as this other person who wanders.

They did not like the fact that this person wanders during the day and also comes in sometimes at night. It scared their mother. And they could not accept the fact that a lot of people with dementia are harmless. They just did not want to accept that, and they wanted separate accommodations, separated from people with dementia or Alzheimer's.

So, that is still a concern for me. I don't think we could ever create enough beds for that type of people. But, we are creating a whole different programming mechanism for people with dementia in each individual neighborhood within the facility. So, to answer part of your question, yes the units that we've developed and the programming for people with Alzheimer's will benefit those people greatly.

We are currently reviewing plans to create whole new walking gardens for the residents with dementia that will be located near the lower floor unit. That certainly will enhance the quality of life for those residents along with the programming that we will do as part of that. For those residents with
some form of dementia who are in other parts of the facility, they will be receiving programming but certainly not at the same level as those people within that unit. So I have some mixed emotions about how well it will work, but I think it’s kind of like the trial and error. You put the programs in and then you see what you can do to adjust.”

Q: Did you have any comments from the families regarding the environment?

A: “The families’ comments have been certainly positive. Number one is the carpeting under your feet as opposed to the cold tiles. This makes you feel like it’s more of a home and it feels warmer. The other thing that we’ve noticed is the noise level change. The carpeting has absorbed the noise, or just because we put carpeting we’ve actually created some sound deadening as part of that process. That’s noticeable.

The other thing, we had a fall, I think it was either last week or the week before, and I actually was probably a hundred feet from where this fall occurred. The resident fell straight over onto the floor. Well, the carpeting we’ve put in is not just a jute deck but it actually has a minimal amount of rubber backed padding underneath it. The resident basically ended up with a skin abrasion as opposed to a split head which is exactly what they would have had had they hit it in the old days in that same area.

The other thing that the families have commented on was that there is more of a feeling of warmth because of the colors that were used. It’s kind of a peachy/beige on the wall plus a light base on the bottom. The chair rails are light. The baseboards are light. The lighting was changed in all of our ceilings and it’s a much warmer light than the old florescent light that we had in there. And that’s all been noticed. The families have noticed it.

The other thing that’s been noticed is room configuration in the new addition. We created a bay window effect in those rooms with an area where people can set pictures or knick-knacks or whatever. And we created that same effect over the window. And as you go into these rooms you’ll see that effect. And that makes it feel a lot homier in a heartbeat. And most of the people who see that really love that setting. They are kind of
attracted to the window before they're attracted to a lot of other things.

So I think residents, overall, and also families have responded favorably to the choice of color. We are going to extend those colors back into our administrative areas and through our existing area. Partly, as we’re able to afford it, we’re going to change all of the colors to those lighter colors and bring that same feel back into that area.”

Q: How do you, personally feel about the changes?

A: “I think that as I walk through there I feel a change, personally, and I’ve been trying to note my own reaction for this as I go. I personally feel that change of being able to see to a certain degree down that hallway out to the outside. Before the modifications, it was just a long corridor. Those dining rooms, even with the glass windows that the fire marshal made us put in, still give us a sense of being able to look out and break up that hall.

Certainly, the north addition where we've added the private rooms, is probably the ultimate design we would have all preferred to have all over the facility. But I think we’ve come a long way. We certainly are indebted to you for the help that we received from you. Not only from the architectural standpoint, but also from the interior design standpoint. I would not have envisioned the dining rooms to look as nice as they do with the vaulted ceilings and the recessed lighting. It makes it feel much homier and much more conducive to dining as opposed to the past feeding. People who are not in our industry probably don't understand that. But there is a big difference between dining and just feeding like livestock; going in and just eating whatever there is in front of them. That's what we were trying to change in those dining areas.

We’ve also changed the way we provide medications. We no longer provide medications with meals at all. We do it after meals, or before if it's something that has to be given with a meal. We've now fixed it so the dining is actually dining. We've changed that process as a result of all these smaller dining areas. That’s kind of an added benefit, I guess.”
We asked the CEO of Kingswood whether he thinks the Board accomplished their objectives?

A: “Yes, I think we did. The facility has certainly made a dramatic change. The corridors now look lighter than they were before. Because of the color selection and the wood trims that were used, and the carpets that were suggested the place opened up... it is brighter, it appears to be whiter. So, that part is a tremendous improvement.

The relocation of the central nurses’ station to the side and replacing it with aviaries has made a big difference in the appearance. It creates a welcoming kind of environment. The addition to the north, where we were able to create everything that we wanted; the private rooms, the innovative designed semi-private rooms, and the parlor; the type of dining room that we wanted just made the whole area exceptional. I think that all those factors contributed to the point that we were able to market both floors of that wing very easily, very quickly, and at the upper end of the price range.”

Q: Did you change the care provision as a result of the new setting?

A: “We still have to make the adjustment. We have not been able to implement the neighborhoods as far as staffing is concerned for several reasons. One, we had originally planned to create different neighborhoods based around specific needs for care. But by the time we finished building the new wings and remodeling the health center, the demand was so great that we were in full occupancy, and we weren’t able to move people around to the different neighborhoods, because families did not want that loved one to be moved. And the loved one did not want to be moved. And then there are some State requirements as far as the movement could go.

The third thing was that we had a lot of new staff that were hired. They didn’t understand the neighborhood concept, either because they had never seen it before, or because we did a poor job of explaining it. And it’s probably a combination of both. So we got bogged down in not making that move.
We also had a staff turnover, which was a big issue. We had a new Director of Nursing come on board, so that represented one kind of change. For a period of time, our wages were not competitive in the area, so we were losing staff and the kind of staff we were attracting was not a good staff. So we got to a point where we could increase the wages and be competitive, and then we began attracting better staff. But they were not aware of what we were trying to accomplish because they were new enough and we hadn't had time to tell them. So, I think all of that slowed us down."

Q: How do you think the families reacted to the changes?

A: "I think the families appreciate what was done. Unfortunately, during this period of time, our level of care fell. I think that the drop in the level of care influenced part of the reaction of the families to the remodeling. They were saying: "Well, if it had to be either or, I wish they would have put the money in the care." Essentially, raising staff wages to attract better people. What we wanted to do was accomplish both. We are now in a process of responding to the situation. The administrator of the health center has implemented several new ways with work force by engaging teams to look at how we can make the transition to neighborhoods and how we can improve the level of care. We've also made a change in the leadership in the nursing staff. We haven't found a replacement. We have terminated the former director.

We have a lot of training to do here because staff has been trained over the years, actually over the history of the industry in the way "I get the patient up, I give the patient a bath, I make the bed, I clean the bedpans. I take them down to an activity room. But I don't sit down and have a cup of coffee with them. I don't sit down and play checkers with them. I don't sit down and read a book with them. I don't sit down and talk to them. I'll get fired! The boss will think I'm lazy!" So, I think what we've discovered is that there's a lot more to this new wing. You have to change the care provision and you cannot do all the same work that you've always done."

Q: Is there anything else you want to discuss?

A: "I'm pleased with the way it turned out. The only problems that we face are that we have a long
ways to go to make the transition from the old medical model of design and the medical model of care to the social model of design and social model of care. That's going to take even more time than we thought it was going to take. And it's going to take some changing in the attitudes of everybody from administrative staff clear down to the person who is actually delivering the service. It's not just one department. It's every department. You know, food services and even housekeeping."

References

