
TRADITIONAL NURSING HOMES

Before telling the story of Alexian Village's new Health Center, it is important to understand the context which the new setting was created. This section reviews some of the issues which are responsible for creating the traditional nursing home setting. This setting has gained over time many negative stereotypes due in part to its history of the nursing home, poor regulatory policies and improper design decisions.

ROOTS OF THE NURSING HOME

The nursing home is a fairly new manifestation of an extremely old institutional type. It has precedents in the alms' houses and the poor houses of England which cared for paupers since the medieval period. This tradition of caring for the poor was brought over to America with the colonists.

Mandated by the law, one institution was established for the poor, developmentally disabled and physically disabled in each township or county. The population in these institutions was predominantly elderly since they were often financially or physically unable to care for themselves. These facilities became associated with negative images because of the inferior treatment provided for its inhabitants which

was not strongly regulated during this period. In the early 1900's, there was a movement to provide specialized institutions for the mentally and physically handicapped which left a predominate population of older persons in the poor houses. State nursing homes evolved from the poor house to house and care for this remaining population (Johnson & Grant, 1985).

Because of Medicare support, nursing homes have become the primary long term care setting for the elderly once they are no longer able to provide for themselves. Although demographics show the majority of the elderly are still in their own homes, the probability that they will spend some time in a skilled nursing facility is high. Approximately, only 5% of elderly population reside in a nursing home at the same time; however, 25% of the elderly are projected to live in one at some stage of their lives (Johnson & Grant, 1985).

CURRENT IMAGE OF THE NURSING HOME

The nursing home has been described as "house of death," "human junkyards," "warehouses for the dying," or "travesties on the word home." Those who face "institutionalization themselves or who are approaching the point of placing a family member in a nursing home, the actuality is viewed with dread or even honor (Johnson & Grant, 1985, p. 3)." Causes for these negative images can be related back to the three dimensions which create the personality of an environment-organization, individuals, setting. However, the characteristics of the

older population will probably not change significantly. Organizational policy and the physical environment are the only two variables which can be manipulated to improve the negative image of the nursing home.

Poor policy issues can be traced back to the early nineteenth century, when the rise of medical technology led to a medical model of care. This model supported that all clients are disease-ridden and need to be contained in a setting for appropriate medical treatment to regain their health. The emphasis is on the patient's condition and not the patient as an individual. The model supported creating an efficient organization for the diagnosis, treatment and care of an illness in a short time span. The patient's privacy, autonomy, and dignity are compromised while treating the condition. The medical model was originally introduced in hospitals but has been applied directly to nursing homes. When patients were transferred from acute care hospitals to the new institution of the nursing home, medical model policies were also transferred.

These policies directly effect the quality of resident life. Two examples are a concern for efficiency and a lack of flexibility in policies. Because of the concern for efficiency, residents will not always be able to select when they want to eat or what they wish to eat. Residents are often not allowed to pick the schedule they would like to retire or arise from bed. These daily life schedules must be considered for all residents of the facility and not just one individual. Residents often have few choices or control because of lack of flexibility in policies. Residents are not

able to choose their roommate(s) or select their rooms. Privacy is compromised when residents are not allowed to shut or lock their doors so nurses can check on residents.

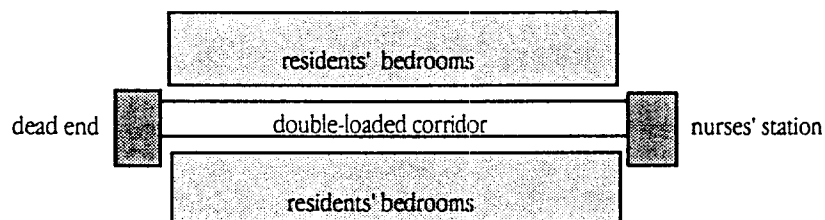
DESIGN ISSUES

Building regulations introduced in acute care hospitals are strictly enforced even today in nursing homes (Canter & Canter, 1979, pp. 13-14). These regulations enforced by outdated policy contribute to the negative image since they make a nursing home resemble a hospital and not a home. For example, all nursing home room doorways must be in direct view of the nurses station. It is believed this code was introduced when residents made use of a shoe thrown into the hallway to summon for assistance in acute care hospitals. Because of this view, the alien nurses station is often a prominent feature in most nursing homes (Figure 1.1). Similar to a hospital, eight foot corridor widths must be provided to allow two stretchers to pass each other during a fire. This policy creates wide and long institutional hallways. Nursing homes have gleaming tile floors and walls for easy cleaning resembling hospital medical suites.

The image of the nursing home is also greatly dictated by its former roots as a poor house. A nursing home must be constructed in the most efficient and cost conscious manner even though it has long term consequences for the staff and residents. Space allocations per bed are very tight to meet state or federal codes for reimbursement of patient care costs under Medicare or Medicaid. Most nursing homes have

semi-private rooms to efficiently house the greatest number of people in the least amount of space. With the cost per bed restricted and a minimum square footage requirement for nursing home rooms, very few social spaces can be included in the design. Staff support spaces are also restricted because of these requirements to one centralized place. For example, a mandated centralized linen supply closet means that linen carts are often found at the ends of hallways for easier access, similar to a hospital. Long institutional double-loaded corridors are the norm because of their spatial efficiency, even though, these long corridors create an inefficient condition for staff who constantly travel the long distances.

Figure 1.1. Traditional Nursing Home Plan



Alexian Village decided to reject the traditional nursing home setting and try to create a facility which responded to the needs of staff and residents. Alexian Village decided to reject the traditional Medical Model and apply a Therapeutic Model of Care to its new Health Care Center. The Therapeutic Model of Care uses the physical setting as a therapeutic tool for the residents. This spirit of innovation is a part of Alexian's commitment to proving high quality of care for its residents.