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To cite this article: J. van Hoof, M. L. Janssen, C. M. C. Heesakkers, W. van Kersbergen, L. E. J. Severijns, L. A. G. Willems, H. R. Marston, B. M. Janssen & M. E. Nieboer (2016) The Importance of Personal Possessions for the Development of a Sense of Home of Nursing Home Residents, *Journal of Housing For the Elderly*, 30:1, 35-51, DOI: [10.1080/02763893.2015.1129381](https://doi.org/10.1080/02763893.2015.1129381)

To link to this article: <http://dx.doi.org/10.1080/02763893.2015.1129381>



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Published online: 15 Mar 2016.



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The Importance of Personal Possessions for the Development of a Sense of Home of Nursing Home Residents

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ABSTRACT

Personal possessions of nursing home residents can contribute to their sense of home. This study investigated which of the personal belongings were considered most important, and if these items indeed contributed to a sense of home. A qualitative research was conducted with 27 nursing home residents. Photographs, paintings, and pieces of furniture are objects with sentimental value. The television set is valued for its practical function. Residents of larger rooms have more flexibility in bringing along personal items, including pieces of furniture. The results of this study can be used for the design of nursing homes or for making informed choices during the process of institutionalization.

KEYWORDS

sense of home; nursing home; possessions; personal belongings; furniture; pictures; paintings; television

Introduction

The sense of home in the nursing home is a complicated and multifactorial phenomenon, which contributes to a sense of identity and well-being of nursing home residents, in which personal belongings have a role to play (Chaudhury & Rowles, 2005; Groger, 1995; Rowles et al., 2003; van Dijck-Heinen et al., 2014). Feeling at home is a layered emotion (Duyvendak, 2009), and in order to experience a sense of home, one should feel familiar within the environment. Additional emotions play a role, and can differ according to the individual and one's circumstances. Duyvendak (2009) asserts that there are two situations that support the process of

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feeling at home: “haven” (a place that is secure, comfortable, and predictable, a place where one can feel at ease) and “heaven” (a place where you can be who you are and feel connected with like-minded people). When referring to the characteristics of “haven,” this is primarily associated with the physical environment (Duyvendak, 2009). One’s own home can be seen as a secure place from which one can explore the world around oneself (Van Steenwinkel, Baumers, & Heylighen, 2012). Furnishing one’s home with personal belongings such as photographs, furniture and trinkets, enables reminiscence and evokes positive memories (Rowles, Oswald, & Hunter, 2003; Rowles & Watkins, 2003; Van Steenwinkel et al., 2012; Wapner, Demick, & Redondo, 1990). On the one hand, there is an elaborate set of literature related to heaven, and how social interactions with significant others play an important role in experiencing a sense of home. The literature related to haven, on the other hand, that deals with the built environment and personal belongings is less abundant. It is known that personal belongings reflect a life of memories, experiences, and significance (Falk, Wijk, Persson, & Falk, 2012). A sense of home is thus related to personal experiences and emotions. In addition, a home is a place of sequential rituals, one’s personal rhythm, and the routine of daily life (Bland, 2005). A sense of home does not come into existence overnight, but is gradually developed by the person for whom independence, security, and the source of his or her identity and memories are essential (Bland, 2005; Cooney, 2012; Molony, 2010).

Health-care organizations across the Netherlands are responsible for providing the basic furnishings of a resident’s room within a nursing home. The standard furniture and design includes floor covering (carpets, linoleum, or wooden floor), curtains, and basic pieces of furniture such as a table, a chair, a wardrobe, lights, a bed with a mattress, bed linens, and towels. Additionally, adaptations may be carried out, such as the installation of a raised toilet seat and grab bars. Overall, the room should look clean and tidy. Many organizations offer new residents the opportunity to furnish the room to their personal taste and budget, but not all residents have the opportunity to do so refers to being able to decorate a room according to your own preferences given the financial means that one has access to. In addition to furniture, rooms may contain assistive technologies, such as hoists, which are required to assist and support members of staff. These technologies should also be integrated into the design of a room as these devices are needed to assist the nursing home employees.

Additional requirements are quantified in relation to cleaning, nutrition, television, telephone, Internet, insurance, personal care and hygiene, leisure, vacation, transportation, and spirituality. With all of the basic requirements a room should fulfill, the question remains how to provide residents of nursing homes a sense and feeling of home. Admission to a nursing home is a major life event, as most individuals do not wish to leave the home they have been living in for a long time in order to move to a nursing home (Gillsjö, Schwartz-Barcott, & von Post, 2011). Nevertheless, “there seem to be good reasons to assert that living in an institution and being ‘at home’ is not a contradiction in terms” (Wahl, 2001, p. 221).

Besides their connectedness with significant others, people in general express their sense of identity through their personal belongings (Duyvendak, 2009). When moving to a nursing home, these personal belongings can “move” the sense of

home to the new environment (Shenk, Kuwahara, & Zablotsky, 2004). Items with a symbolic reference are cherished when one's physical health starts to decline (Kahn, 1999). A familiar environment and personal belongings were named by 12% of institutionalized older people in the Netherlands as the main items that make them feel at home (Habion, 2003).

Yet, it is unclear which personal belongings are the most personally valued by the residents and what the rationale is behind this value. Having insight into these needs and values can facilitate the design during the retrofitting of nursing homes, or when assisting older people in the process of moving from their home to the nursing home so that these individuals can make informed choices during this time of transition.

The objective of this study, therefore, is to investigate which of the personal belongings taken by nursing home residents with physical limitations at the time of institutionalization are considered most important to them. This study investigates if these belongings contribute to a sense of home, and if and how regulations and the layout of the rooms influence the process of bringing personal belongings at the moment of institutionalization?

Method

An interpretative qualitative methodology was chosen for this study, consisting of in-depth interviews with nursing home residents. The Critical Appraisal Skills Programme's (2013) checklist for qualitative research was used as a guide for this study. A detailed description of (a) the settings, ethics, and participants; (b) the topic list and observations; and (c) the data analysis is provided in the following sections.

Settings, ethics, and participants

From April to June 2014, the interviews and observations were conducted in five nursing homes with 27 residents as participants (Table 1). The study was conducted in multiple nursing homes in order to obtain a variation of living environments and care regimes. These nursing homes are located in and around three medium-sized cities in the south of the Netherlands (Eindhoven, $n = 4$; Someren, $n = 9$; Tilburg, $n = 6$; Mierlo, $n = 2$; and Breda, $n = 6$).

The inclusion criteria included residing in a single-person room for at least three months (which implied that the participants were settled), having a health-care assessment status qualifying for at least sheltered housing with intensive nursing and daily care (qualifier for nursing home care in the Netherlands), and being able to hold an in-depth interview for at least 45 minutes. Prospective participants and their relatives received an information letter that had been approved by the hosting care organizations. Informed consent was obtained from the participants. All documentation was treated anonymously, and for taking photographs in the rooms, additional permission was sought for every new photo. Further, in order to assure anonymity for all residents of the participating nursing homes, no persons or images of persons were included in these photos. Informal caregivers were allowed to be present during the sessions, but the answers had to be supplied primarily by the participant.

**Table 1.** Characteristics of the participants.

Participant	Gender	Age	Marital status	Education	Reason for institutionalization
R1	Male	70	Divorced	Vocational education	COPD
R2	Male	71	Divorced	Vocational education	CVA
R3	Female	88	Widowed	Domestic science school	CVA
R4	Female	65	Divorced	Domestic science school	Hip fracture
R5	Female	85	Widowed	Domestic science school	Fall accidents at home
R6	Male	55	Unmarried	Vocational education	Myotonic dystrophy type 1
R7	Female	69	Widowed	Primary school	Parkinson's disease
R8	Female	88	Widowed	Domestic science school	Amputation of a leg
R9	Male	83	Married	Primary school	Parkinson's disease
R10	Female	79	Married	Primary school	CVA
R11	Female	82	Widowed	Vocational education	CVA
R12	Female	93	Widowed	Domestic science school	CVA
R13	Male	82	Married	Vocational education	CVA
R14	Female	91	Widowed	Vocational education	Parkinson's disease, fall accidents
R15	Female	74	Widowed	Domestic science school	Rheumatoid arthritis, complications after knee surgery
R16	Male	66	Married	Secondary school	CVA
R17	Female	87	Widowed	Primary school	COPD
R18	Female	82	Married	Vocational education	ALS
R19	Female	80	Married	Domestic science school	CVA
R20	Female	97	Widowed	Primary school	Biological aging
R21	Male	82	Widowed	Primary school	Parkinson's disease
R22	Male	95	Widowed	Secondary school	CVA
R23	Female	90	Widowed	Primary school	CVA
R24	Female	90	Widowed	Primary school	Biological aging
R25	Male	69	Married	Secondary school	CVA
R26	Male	72	Divorced	Vocational education	CVA
R27	Male	75	Widowed	Primary school	Amputation of a leg

Note. ALS = Amyotrophic Lateral Schlerosis; CVA = Cerebrovascular accident; COPD = Chronic Obstructive Pulmonary Disease.

Recruited participants included 16 females and 11 males. The average age of the participants was 77 years (range 55–97). The level of education varied from primary education only, to secondary and vocational education. The education level was lower than the cross section of Dutch society. The majority of participants were widowed ($n = 15$), and the main reasons for admission were a cerebrovascular accident (CVA) ($n = 12$) and Parkinson's disease ($n = 4$).

Topic list and observations: Instruments and procedure

The study consisted of semi-structured interviews. The researchers commenced each interview with an introduction and by asking the participant for his or her personal background data, the reasons for admission and health status ([Table 1](#)), and information about the participant's daily activities and social contacts.

A topic list—an overview of research themes and accompanying questions based on the work of Van Steenwinkel et al. ([2012](#)) and van Dijck-Heinen et al. ([2014](#))—was used for the investigation. The most important elements of the topic list are (a) objects identified as most important; (b) their meaning and contribution to the sense of home; (c) items missed the most; (d) the (familiarity with the) rules for bringing personal belongings when admitted; (e) the interior design of the room including size; and (f) the ideal room/spatial layout. The interviews were performed in the rooms of the residents and lasted approximately 45 minutes each.

After the interview, the rooms and interior design were described based on observations that were conducted together with the resident. These observations were conducted in order to gain an insight into the (possible) relationships between objects/personal belongings, the living spaces, and the sense of home experienced by the participants. Every session was conducted by at least two of the five field researchers.

The checklist used for the observations allowed the researchers to uniformly describe the main characteristics of the visited rooms. The checklist contained data on the size of the room (including a sketch), the dimensions of the windows, use of colors for surface areas (floors, walls, curtains, etc.), and having access to private sanitary facilities, a garden, or a balcony. This section was followed by an item on the style of the interior design. Thereafter, the checklist had numerous tick boxes for items present in the room that were taken from the participant's home, including various pieces of furniture and a pet. Remarks could be made about items if needed. A second section of tick boxes was available for objects and items supplied by the care organization. In addition to the observations, photos were taken of the rooms and the items that the participants indicated as being important.

Data analysis

All interviews were recorded and transcribed verbatim on the same day that the interviews took place. The transcripts were supplied to the participants and each of them could provide feedback to the statements included in the transcripts. The data were analyzed based on the six phases by Braun and Clarke ([2006](#)).

Initially, all transcripts were read in their entirety twice by the five analyzing researchers (MLJ, CMCH, WVK, LEJS, LAGW). Thereafter, codes were added to the transcripts. These five researchers, bearing the research questions in mind, systematically highlighted the relevant information and made notes on Post-its (open coding). These sticky notes contained the participant number, the initials of one of the five researchers, and the answers of the participants to subquestions



or quotes. Open coding concerns the process of unraveling all the gathered data into fragments or codes. Similar codes and quotes were clustered and labeled, and themes emerged from this process. Together, the research team sorted the notes and clustered them into smaller thematic groups. Thereafter, these themes were reviewed, and then defined and named. These themes were presented to another member of the team (JVH) for approval. In the final phase, data were reported by using quotes to illustrate the various themes.

Results

Overall, there are seven types of rooms identified across the nursing homes used in this investigation. In four nursing homes, the rooms are identical within the facility and in the fifth home, there are three types of rooms. The room size varies from 12.3 square meters for a small room in one facility to a large-sized apartment with a separate bedroom and hobby room equaling 71 square meters. Some residents who live in smaller rooms do not have private bathroom facilities and have to share a bathroom with their direct neighbor. The smaller rooms have a standardized appearance because the upholstery is identical from room to room. These rooms are furnished to a certain standard and include a wardrobe, a hospital bed, and a lamp. Residents of the larger rooms have more flexibility and freedom to furnish the rooms as they wish. They can select curtains and wall colors to suit their taste. These rooms, therefore, have more character.

Important personal belongings

When participants were asked to report their top three most valued items brought from their own homes, several items were mentioned, including televisions, photos, paintings, and pieces of furniture.

Television

Participants reported the television set to be the most popular personal belonging brought into the nursing home, despite the fact that most of the televisions in the rooms are newly bought and not taken from the own home. Residents indicated that watching television is the most common way of spending the day and combating boredom. For residents with physical impairments, watching television is one of the few activities they can still do independently. The television itself does not have any emotional value.

I zap around. I have a newspaper, which one of the boys brings me, and then I can browse and see what's on. And then I will look it up [on television]. I can enjoy myself pretty well. (R22)

Having a form of contact with the outside world is very important for the participants. With this in mind, engaging with the television and programs enables the

participants to keep up to date with the outside world, and this was mentioned as the most important item.

My television is important to me. Else, I would see nothing. When I get back in my room in the morning after breakfast, I turn on the television. Then I get to know something. (R22)

Photographs and paintings

The second most important item brought into participants' rooms was photographs and paintings. Framed certificates and diplomas are also part of this category of items. Their personal belongings reflect the emotional value they bring to the individual.

The photographs often depict children and grandchildren, as well as weddings, deceased spouses, and loved ones who are no longer among the living. In addition, other photographs contained content associated to pets, the resident's former home, and the old neighborhood in which the residents used to live or have good memories of. For some residents, one or multiple photographs are the only items they were able to bring from home when admitted to the nursing home.

Yes, I love [my (grand)children] very much. And when I look at these pictures, they are here with me a bit. (R4)

That picture of the cat. It is no longer alive. I took that picture myself. (R13)

The paintings mentioned by the participants as being important have an emotional value. Some of the paintings have this value because of the content it is depicting (persons, a house), the occasion on which the painting was received (wedding present), or because the individual painted it himself or herself.

My grandmother always sat on the tree trunk peeling potatoes, and that image has been turned into a painting. (R5)

That painting of the football club. My husband used to be a member. That one is very important to me. (R17)

One of the participants reported how paintings are important personal belongings because of their decorative value. They make the room more cozy and homelike.

The paintings, I like them, but I made an agreement that they are returned to the one who put them there. (R22)

Those two paintings belong to my children. They wanted to make the room look more furnished. I do like the way they look. (R22)

Furniture

Half of the participants reported a piece of furniture was an important item that they had brought from their former home. Several pieces of furniture were reported by the participants as being important to them; they included a lift chair, a glass cabinet (to display ornaments and trinkets), a sofa, a dining set (table and chairs), bookshelves, seats, and a two-person bed. Bringing certain items is sometimes done



for practical reasons—for instance, the lift chair is comfortable. Often, there is an emotional value attached to a piece of furniture because it reminds people of their former home or because it was purchased together with the now deceased spouse when they were first married.

This table used to stand in the corridor of my in-laws'. It dates from 1896. (R14)

The cabinet in which I always kept my valuable paperwork My husband and I bought it together The most important are the chair and that cabinet. Because I always had them around at home. The chair. Once in a while they put me in there. I've had it at home for at least 30 years. I sat a lot in that chair, just like everybody else. (R23)

The impact of personal belongings on the sense of home

This study also explored if the personal items belonging to the participants that had been brought from their former homes are important for creating a sense of home. The majority of participants stated that these items do contribute to this sense of home in the nursing home. The items are familiar and personal, as they were used prior to moving into the nursing home, and there are many memories attached to these items. Therefore, personal belongings represent a great value to the residents.

I have many things brought over from my old home. These give me a sense of home. Just decorating in order to get the right atmosphere. (R15)

Apart from personal belongings, participants indicated that there are more factors that contribute to a sense of home. These factors are mainly related to having personal contacts, including pulling tricks on the student interns. However, participants reported that not all items provide a direct sense of home. They stated that having a nice atmosphere and social contacts are more desirable. To them, the room itself does not contribute to a sense of home, no matter which pieces of furniture and other belongings are actually in there.

I like to talk. The nursing aides come by for a chat too. (R5)

[Even without personal belongings], all I need is at walking distance. (R16)

Participants also indicated that it is important to have some degree of freedom and to be able to make choices for themselves, even though their lives take place within the walls of the nursing home.

Being able to decide on your own. I don't like being told what to do. (R26)

I am at ease here. That is true, as long as they let me be. (R22)

This study indicates that many participants do not feel at home on the nursing home ward where they live. They are not settled, and there is no possibility of returning to their former residences. Staying in the nursing home is not a free choice. The personal belongings do not contribute to a sense of home because the new living situation is rather overwhelming. A number of participants pointed to

the situation that they are unsure if they are allowed to stay in the present room or if they may need to move within the nursing home. These participants said that they were unsure whether they would ever develop a sense of home.

My apartment is gone, so that is no longer my home. I am a bit of a homeless person. (R6)

I am at ease here. But home ... ? (R22)

I get everything I want. My pills, food, drinks, a nice bed. I have everything I want. But I am not really at ease here, not really, no, it is not like a home. (R23)

Items being missed

This study also focused on the items being missed by the participants, and what the reasons were for not bringing these items into their new environment. Participants mentioned that they all missed a specific piece of furniture, and this feeling of missing was often related to the emotional value that was attached to it. The reason for not being able to bring the piece of furniture was a lack of space.

I miss my large display cabinet for glasses. It was a heritage piece from my mother but it was too large for this room. I don't know where it went. (R6)

My computer with a small desk and two chests of drawers. The moment you hear that you are being admitted, you simply don't consider what to bring along. It depends on a number of factors: where do you end up and how large is the room. (R13)

These quotes indicate that belongings gathered throughout the years can have a special meaning. In addition, items related to practicing a hobby were mentioned, including painting, ship models, playing the piano, and sewing. Even though these hobby activities are too complicated to carry out in the nursing home, because of physical limitations, many participants miss the presence of the attributes. For instance, people can no longer use a sewing machine, but they like the presence of this item, as it reminds them of a past hobby.

I miss my own work place with a table to write and paint. (R18)

I had to get rid of my tools. I gave those away to my brother myself. (R6)

Not all participants missed items in their new environments. When asked if they missed items in the other rooms of the nursing home, three could not indicate a thing they would like to see added. 'Other rooms' refers to communal areas and rooms, including corridors and living rooms. These participants seem satisfied with the personal belongings they have around them, but it should be noted that these nursing home residents live in large rooms with sufficient space.

Rules for bringing along personal belongings when being admitted

Participants were asked if they were aware of possible rules and regulations of their nursing home's organization in relation to bringing personal items with them into the nursing home. Most participants were too ill or were in the hospital at the time

of the move to the nursing home. This meant that their children decorated their rooms. None of the participants were sure if their children were informed about the procedures and regulations.

I have no idea! The family cleared out the house and distributed the stuff over one another. (R12)

No, not at all. Well, you are allowed to bring your dog, but I don't want a dog. (R27)

In some of the nursing homes, participants were informed that they were not allowed to hang things on the walls or drill holes. In the smaller rooms, participants had no opportunity to decorate their rooms with various pieces of furniture because there was insufficient space and there was a requirement that there be sufficient space to enable professional caregivers to assist with one's care.

I don't know. I came back from the hospital and the room was already decorated with furniture. I do know that I could not put in too many things into my room because there needs to be some space for the caregivers. (R2)

It turned out that you were only allowed to bring small things. I had to get rid of the large items because the rooms are way too small here. (R4)

In the large rooms found across the nursing homes, the residents are allowed to bring furniture from their old home simply because these rooms offer more space.

Well, when they ask you what you would like to bring along? Actually, you want to bring it all. (R24)

Children are the ones who take care of moving in and out, and the overall decorating of the rooms. Their parents are either in the hospital or rehabilitation at the time. Participants are in a state of illness or confusion or feel overwhelmed, in particular because of a cerebrovascular accident. This hampered the memory of the participants in question, as they were too occupied with rehabilitating.

I was totally overwhelmed. I lost that part of my memory, so I can't remember a thing. (R7)

Visions of the ideal room

Satisfaction with larger rooms was reported by participants. This satisfaction is mostly related to the sufficient size of the room and to the fact that they could integrate their personal belongings and conduct the decorating how they wished, resulting in their room having a personal touch. Moreover, the larger apartments offer a sense of privacy, and the participants indicated that they could have visitors when they wanted. They also valued their balconies and the view from the room.

Oh, you cannot expect it to be any nicer than this. I have my own corner with a television set, nice chairs, and so on. These things are all from my old home. (R14)

The participants occupying a 30-square-meter room stated they were satisfied with their rooms; they liked the spaces and spent relatively more time in their rooms

than those who had smaller rooms. Some of the participants stated that they have no need for a larger or other type of room because their present room offers all they need. In this study, this is also the case if a participant resides in a room of only 15 to 20 square meters.

I don't want a larger room. I think this room is large enough to sleep. And the toilet is near. (R23)

Not all participants are totally satisfied with their living conditions, though. Some of the participants wished they had a bit more space for personal belongings and items, like chairs and/or a small cabinet. Further, some participants were outspoken and stated that their current room is too small.

Participants further indicated that they would like a separate bedroom or corner with a bed. Some wished they could have multiple rooms, a spare room that can be used when guests are staying for the night, a room for tools, or a work corner with a desk.

A large sofa, a living room, so that I can have visitors come over. A little bar, that is so important in your own home. A kitchen, a shower, and a toilet. And a small room for guests wanting to stay over for the night. (R26)

Participants also reported their ideal room would include having a different, more warm appearance and decoration with more of a homey atmosphere. They also expressed a desire to be able to sit next to the window and watch outside, reach all parts of the room from a wheelchair, and have more freedom in the choice and positioning of furniture in order to make the room more cozy.

The ideal room: this room. It is a spacious apartment, the view is fine, I can enjoy sitting on my balcony. (R15)

Discussion

Nursing homes are designed and retrofitted with the needs of the nursing home residents and staff in mind. Often, scenarios are made of future residents by facility managers and architects in order to optimize the floor plans and interior design of nursing home facilities according to the future needs of residents. This study explored which personal items were taken from home, why they were valued, and how they contributed to a sense of home.

Reflection on the results

The results from this study have identified several interesting points. Firstly, the main item missed by the vast majority of participants is their television set. This is not because of an emotional attachment or because it gives them a sense of home, but because the television helps them to make it through the day and stay up to date with developments in the world. Participants who watched the television together did that because they had no possibilities to watch television in their own room.



When watching together, the choice for the program that is turned on is based on a consensus; not everyone can be pleased. Some of the participants consented out of a lack of choice. Therefore, this research shows the importance of every resident having a private television in his or her room for leisure, for passing the time, and for staying connected.

Former hobbies were often mentioned by participants as something that is deeply missed, as well as the objects that are connected to these hobbies. Because of physical limitations, carrying out these hobbies independently is not always feasible. One could argue that it may be painful to be reminded of the old hobbies and pastimes when related objects and items are still around in the room. The wish to be around items relating to the former hobbies may be a source of reconciliation with the new life situation and a way of acceptance. Maintaining one's own identity, the continuity of former routines, and the stimulation to talk about the past are important conditions for someone to feel at home (Cooney, 2012). Items related to a former hobby may be missed because they symbolize a part of their identity that is missing.

The sense of home cannot be defined as a uniform phenomenon. It is a subjective phenomenon, and, therefore, the factors contributing to a sense of home can be experienced differently by the various participants of this study. On the one hand, participants stated that the personal belongings brought from the former home provide a sense of familiarity and personhood, and, thus, contribute to a sense of home. There are many memories attached to the items as well as values. The ability to decorate a home to one's own needs and preferences could make the new environment feel like home (Van Steenwinkel et al., 2012).

On the other hand, there are participants who stated that they do not feel at home. They do not have a feeling of being home in their room, and they miss this feeling. They have no other choice than to reside on the nursing home ward. Having their personal belongings around them does not give them a sense of home because the mere fact of living in a nursing home is so overwhelming.

The words *have to* were often used by the participants during the interviews. Adjusting to the new situation and accepting the new living conditions are very difficult for a significant number of residents. It is important that people have the feeling that they live in a secure, comfortable, and predictable place in order to have a sense of home (Duyvendak, 2009; van Dijck-Heinen et al., 2014). Personal belongings are not the only items helping to develop a sense of home. A majority of participants stated that having social contacts is the most important positive contributing factor. This is in line with findings by Duyvendak (2009), who found that being yourself, being connected with like-minded people, and engaging in activities you like are essential preconditions for feeling at home.

Many participants stated that during and prior to admission into the nursing home they were not able to think about which items they wanted to bring with them to the facility. These participants were in a hospital or rehabilitation center during the process of being admitted to the nursing home. For many of the participants, their children took care of moving out of the old home and moving into the nursing home. This included choosing the pieces of furniture that were moved to the nursing

home. Older people often find themselves under time constraints when having to decide to move to a nursing home. This in itself is a major life event which is overwhelming and often has a negative basis: "I can no longer stay at home." The fact that children or others are making essential decisions when a parent or loved one is being admitted represents a loss of autonomy that is hard to accept. Many older people indicated that they would have liked a say in the process, despite being ill at the time. This included actively making decisions about which personal belongings to take. Despite the best intentions of the children, it seems that they are often unaware of what personal belongings their parents truly treasure and value. In a very short period of time, often no more than a couple of days, major decisions are made that influence the rest of the older person's life. It often too late in the process when the older person realizes what items he or she is missing, resulting in the missed items being sold, given away to charities, or disposed of.

In practice, the care organization's regulations are often unclear or simply unknown. This is not only true for the residents and their relatives, but also for care managers and coordinators who are the primary source of contact when being admitted. As admission to a nursing home is a major life event in its own right, many people do not want to be too vocal and ask for things that may not be possible or allowed. This is a missed opportunity for relatives to decorate the room in such a way that it matches the needs of a loved one. Although some of the participants were free to choose the paint color of the walls, no one did. They did not give it any attention, and having a white wall is considered practical. Being able to paint the walls in a preferred color may be a way to express one's own identity, and thus strengthen the sense of home. Some of the participants were well aware of regulations forbidding the drilling of holes or the lack of space for bringing large pieces of furniture. This inspired them to bring along smaller items like pictures and paintings, which in some cases, had to be hung from special rails.

This research showed that participants with larger rooms more often felt satisfied with their living conditions and had a better sense of home. They were able to bring more personal possessions and leave fewer items behind. It seems that the larger the room or the apartment is, the more options residents have to shape their own lives and surroundings. Residents of larger rooms also spent more time in their rooms. Moreover, they seemed to be in control of their routine and had more privacy. This is supported by Hauge and Heggen (2008), who established that making choices about how to spend the day and experiencing a level of privacy are essential conditions for developing a sense of home. Van Waarde (2011) identified for small-scale group accommodations for people with dementia that the more space that was available, the more opportunities there are for bringing those items people value. From a real-estate perspective, surface area is costly, and, therefore, many nursing homes optimize the floor plans of their premises. In this study, the participants with smaller rooms indicated, when asked what their conception of the ideal room was, that they wished that they had been able to bring more personal belongings, especially pieces of furniture. Having an annex or spare room is often desired.



Strengths and limitations

Several strengths have been identified in this study. This research focused on actual residents of nursing homes who have experienced what it is like to give up living independently and to decide, directly or indirectly, what personal items to take with them. If they did not have a say in the decision making, they are still the ones who experience the consequences of these decisions that were made by others. When asking similar questions to future nursing home residents, answers may reflect an unrealistic point of view. Future residents do not have a true notion of how emotional and burdensome an actual admission is or how they will personally cope with such a situation. In addition, the study included residents from five locations in both cities and smaller towns, which led to a set of participants living in rooms of various sizes. These differences, for instance, in the perceived sense of home and autonomy, would not have come to the fore if only two locations had been studied.

However, there are also some limitations to this study. Despite the inclusion and exclusion criteria, some participants experienced problems with speech, which impacted their ability to produce verbose answers with a lot of depth. At the same time, the answers may have been more focused and to the point. Given the average age of 77 years, the view of the participants of the use and importance of technology may have been a poor reflection of the actual and future use of technologies in nursing homes, as the participants grew up in a time before dawn of the digital age.

When designing nursing homes, projections are made about future residents, including the expectation that they will be using more technologies, including the Internet and tablet computers (van Hoof et al., 2014a, 2014b, 2014c). At one of the locations, retrofitting took place at the time of interviewing, which hampered residents from entering their private rooms. This may have influenced the answers given by the participants in question, but at the same time it may have sharpened their opinions and views.

A challenge in conducting the research was that the study highlighted items to the participants that they were missing. Several participants expressed strong signs of emotions, which made them lose track of answers. In addition, the residents who were interviewed were not very outspoken or prone to complaining about a certain situation: One has to contend with what one has got. Some of the participants were not used to being open about their wishes and views, and initially were a bit reluctant to express negative views. They expressed worries that they would be seen as ungrateful. This may have potentially impacted the answers they provided. Moreover, the education level of the participants was lower than average, which may have impacted the financial status of the person and the flexibility to choose a larger accommodation.

Conclusions and recommendations

The results of our study show that personal belongings in the private rooms of nursing home residents can positively impact the development of a sense of home, as

they are familiar objects and a reflection of one's personality. The most valued items are the television set, pictures and paintings, and pieces of furniture. More often, residents of large apartments mentioned furniture as important items, whereas residents of small rooms mentioned smaller objects such as pictures and small pieces of furniture. Television helps people to spend their days and keep in touch with the outside world. Pictures, paintings, and pieces of furniture often have a personal and emotional value. Some of the items have been brought to the nursing home for practical reasons, for instance, simply to furnish an otherwise empty room. Items with an emotional value contribute more to a sense of home than do items brought for practical purposes. Some of the residents stated that personal belongings do not really contribute to a sense of home, and that they valued interpersonal relationships and autonomy more. This highlighted a need on a superior hierarchical level that was currently not fulfilled, and did not necessarily mean that the residents place no value in having possessions around. Items missed most by current nursing home residents are pieces of furniture for which insufficient space was available, as well as items that were overlooked by relatives during the moving process because they were unaware of their significance.

Being ill or in rehabilitation during the period of moving prevented the participants from having a direct say in what to bring along with them to the nursing home and what not to. Other items that participants missed are often related to carrying out a certain hobby. The participants turned out to be unaware of regulations of nursing home organizations that deal with what items can be brought and how a room may be decorated. Participants indicated that some regulations were in place relating to leaving transfer areas open, as staff needed sufficient space to move around, with or without assistive technologies. The participants of this study clearly consider larger rooms preferable to smaller rooms because of the additional space to place furniture and the ability to turn it into a homelike room where visitors can be welcomed. Moreover, some participants expressed the wish for separate bedrooms or compartments for the bed, and a choice of warm colors and a more homelike atmosphere through the overall decoration.

In order to give nursing home residents a sense of home, it is important to pay attention to the interior design of rooms. A representative of the nursing home organization could pay a visit to the home of the soon-to-be-admitted resident and their relatives in order to gain a deeper understanding of the new resident and his or her former life. During the conversations, the nursing home employee could discuss the mutual expectations concerning the admission. During these visits, nursing staff and facility managers should have a structured conversation with future residents and their relatives about what items to bring, discuss the importance of former hobbies, and share with them the amount of freedom they have to decorate a room to meet their own preferences. This could be executed on the initial visit when the children see the new room. Making suggestions to children or other relatives the importance and consideration to which items to bring and not to be hasty in disposing of items can prevent their parent from missing emotionally valuable items. A template (computer software) could be developed for use by home-care



professionals to investigate the housing-related needs of older people and to stimulate the thinking about which items should be brought and what could be disposed of at an early stage of the process, even when admission is not yet an option.

Many nursing homes in the Netherlands offer standardized carpeting, upholstery, and curtains, as well as wall paints. In order to improve the sense of home, new residents should be given more freedom and flexibility to make alterations. At the time of admission, future nursing home residents—and their children in particular—should be supplied information about the regulations concerning the decorating of rooms, for instance, through a brochure.

Despite the financial cuts in nursing home care that take place on a national level, housing needs of older people should be considered a significant part of their quality of life. Providing sufficient space for private items can increase the perceived quality of living. At an additional charge, older people should have the choice to live in a larger room, or in a room with an annex. Residents should be given the option to decorate the rooms to their own personal taste, but giving consideration to fire safety, the occupational needs of nursing home staff, and cleaning protocols. This would allow future nursing home residents to turn their nursing home room into a home.

Acknowledgments

We wish to thank all participants of the sessions and interviews for their willingness to share their views. We are also grateful to the hosting care organizations (Vitalis Peppelrode in Eindhoven, Savant Zorg Sonnehove in Someren, Behandelcentrum de Hazelaar in Tilburg, Savant Zorg Hof van Bethanië in Mierlo, and Thebe De Hillen in Breda) and to the coordinators for facilitating the research.

Funding

We thank the province of Noord-Brabant (Algemene Subsidieverordening Noord-Brabant, Grant “Samen Slim in Zorg,” as part of the Activiteitenplan Brabant Medical School, 2013) and Stichting Promotie Installatietechniek for their financial support.

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