

Home Qualities that makes it as a Health Supportive Place “Long-term Patients’ Perception and Preferences”

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Abstract

Attention to the quality of spaces and places has been increased between architects and designers. Planning, as a tool has come to be essential in the creation of a secure and pleased environment covering human needs. Medical geographers have increasingly articulated the importance of place and space in the context of health and health care. However, the social effects of architecture as a mean of ordering space have largely been underexplored. Focusing in the quality of health care place for those who has to spend more time in these kind of place is necessary. In the first step, this paper try to find the place that patients feel more relaxed according their lifestyle. Also, it try to explore which qualities of this place makes it as a health supportive place in long-term patients’ viewpoint and which physical and mental elements make this qualities. Additionally, their preference in transition of this quality to hospital setting is investigated. The starting point of the research was the patients and their habitual lived experience through an exploratory study. A mix of quantitative and qualitative methods was chosen for this research. During the research, through questionnaire and interview, some Iranian long-term patients were requested to share detailed description of their feelings, thoughts and opinions. The results of the study stated home as the first place that feel relaxed for most of patients. In addition, some characteristics of home such as comfort, privacy, freedom, security and belonging, personal identity and self-expression were the most important items that make it as a health supportive place that were provided by some elements such as memories, family relationship, friendly environment and furniture and its arrangement. Although, they believed that the transferring of some qualities such as comfort, privacy, freedom, security and family relationship to hospital setting will provide a better place in quality for them.

Keywords: long-term patients; quality of place; patients’ preference; home quality; sence of place

1. Introduction

Places have been defined as location (Cresswell 2004), as concentrations of social relations and social practices, as zones of experience and meaning. To this effect, they influence our way of thinking, our consciousness, the course our life takes, our social structures and our health and well-being (Lengen and Kistemann 2012). It is said that the place we live and spend most of our time in can be the focus of attention and we can build a strong emotional bond with it, as Relph (1976) claims: “there is for virtually everyone a deep association with and consciousness of the places where we were born and grew up, where we live now, or where we have had particularly moving experiences”. Therefore, home as a place that is attached with humans’ daily life experience is crucial to investigate.

2. Literature review

2.1 Place in context

The concept of place is a hub of subjective meanings built by human experience. As suggested by Tuan (2001), “what begins as undifferentiated space becomes place as we get to know it better and endow it with value” (p.6). Spaces are

more general and broad with indefinite meanings, while places are more specific and concrete and evolve from human experiences and interactions (Tuan 2001). Social relationships and various personal experiences happened during a period of time in a place will lead to developing emotional attachment toward a geographic space (Leith 2006). When defining the concept of place, one encounters quite a big task as there are many definition theorists and they all have their own angle to discuss this theme (Aksli 2009). One statement tries to define place on a basic level in that places can be as big as town or country and small as a house or a single room (Altman and Low 1992). The place becomes meaningful, when a person has a unique connection to that specific place (Aksli 2009).

Researchers are still ascertaining how setting management can best instill place meaning and, hence, attachment to those areas (Hidalgo and Hernandez 2001, Uzzell, Pol et al. 2002, Richard 2003, Kyle and Chick 2007, Kil, Stein et al. 2012).

2.2 Home as a place

For most people home as an important place has a prominent role in day to day life and owns rich historical, social and cultural significance and holds great number of psychological meanings, which has significant importance to form people's identities (Moore 2000). Natural symbol of home related to these meanings is a place to preserve the privacy and people emotionally bond with it since it contains our memories of loved ones and represents feeling of security and excitement (Chow and Healey 2008).

The physical framework of a house is usually considered as a home by architects, what they think to be true is people expressing themselves and others via what they say and how they perform as well as through their ownerships and physical environments (Goffman 1959, Hauge and Kolstad 2007); in some people's mind home is considered as a focus of emotional feelings and belonging though they indeed believe seriously in the symbolic significance of home (Sixsmith 1986, Southgate 2005).

As some researchers have indicated, "home" is often used as a spatial metaphor for relationships to various places, along with one method of being in the world (McIntyre 2001, Manzo 2005). In recent studies the concept of "at-homeness" has been investigated as the "usually unnoticed, taken-for-granted situation of being comfortable in, and familiar with, the everyday world in which one lives, and outside of which one is visiting" (Seamon 1979). Home is place and a space too, where relationships are developed, activities take place and that inhabited by people, family, what they have in possession and their things. Based on what I believe, what we call as home is an imaginary place, an archive for our experiences in the past and of the lived spaces (Mallett 2004).

2.3 Inter-connection between home and health

Certainly, the personal health and well-being of persons take effect by the home environment through its mediating supportive function in daily competence and its role in nurturing and supporting the psychosocial process (Lawrence 2002, Gitlin 2003). This means that a diversity of factors directly related to their living place can influence in their physical and psychological health (Holmes, Beissner et al. 2003). To attention the whole range of dimension that explains the correlated nature of home and health means to regard health as bounded within its "residential context" (Hartig, Johansson et al. 2003). A significant aspect of this context is the incidence and exposure to the events of life and other requests, or stressors, and their relationship to health. Finding shows that this is a reciprocal relationship (Wethington, Krout et al. 2003).

On the other word, one's environment and its different stressors effect the one's health; and one's health effects one's environment (Hartig, Johansson et al. 2003). The way in which people's health relates to his or her home's quality and to how well his or her physical, psychological and social needs links to the physical form of home and available resource in its environment. Although, the social networks connected to the home, the strong sense of attachment to it and the strong sense of identity obtained from it are effective (Leith 2006).

3. Research methodology

3.1 Instrument

Mix method includes using of more than one approach to investigate a research question in order for promoting confidence in the ensuing findings (Bryman 2006, Johnson and Christensen 2007, Bryman 2008, Bryman 2012). The

present research described here is a phenomenological exploratory research, using a mix research design; this is a procedure for gathering, analysing and combining both quantitative and qualitative data in one study for understanding a research problem (Hanson, Creswell et al. 2005, Creswell 2008, Creswell 2012). Phenomenology is the explanatory study of human experience and it tries to investigate and elucidate the situations, events, meanings and experiences related to human and their daily life but typically unnoticed beneath the level of conscious awareness (Seamon 2000). Also, as explained by Yin (2011), the case study is one of numerous methods that is used in social science research. The case study method is an approach to studying a social phenomenon through analysis of an individual case (Kumar 2010).

Therefore, the questionnaire survey (De Vaus 2001) and interview were conducted to explore in which place people can feel more relaxed and which characteristics and key elements can help them to make this feeling.

Also, Iranian long-term patients was chosen as a case study. At first a pilot study has been done and the results showed reliability (Cronnbach's alpha .830).

The data from quantitative part were analyzed using the Statistical Package for the Social Sciences (SPSS Version 18.0).

3.2 Participants

For quantitative part, the procedure of sampling was conducted based on Trost's (1986) recommendations for strategic non-representative sampling. In this approach we look forward to acquire a large amount of variation in the participants using the strategic consideration of variables or factors which are expected to yield variation in the phenomenon under investigation and not providing a statistically representative sample. The questionnaires were distributed between 120 long-term patients in some hospital in Teahran, Iran.

In the qualitative part, a purposive sampling was used to select interviewees from patients that involved in questionnaire survey for semi-structure interview. Twelve long-term patients (DeCuir-Gunby 2008) between 20-70 years old were chosen and was considered in sampling process according to their interest and demographic statue (Table 1). Difference in some factors such as culture, religious, education were not considered in sampling process.

Table 1. Demographic Discriptors of Samples

Characteristics		No.
Gender	Female	6
	Male	6
Age	18-70	12
Total		12

4. Findings and discussion

The results of questionnaire for the question "Are there certain places that you feel especially relaxed" showed around 91.7 percent of respondents believed home is the first place that they feel more relaxed, while they might feel relaxed in another place such as their private office, 6.7 percent, or parents' house in the second choose.

5.8 percent of respondents mentioned that they "don't feel relaxed anywhere" and 8.3 percent "feel relaxed in other places".

When interviewees were asked the same question, majority of them had a similar answer that it was "home". Few interviewees mentioned they feel relaxed in other places such as park or even hotel if they were with the people that they love (Figure 1).

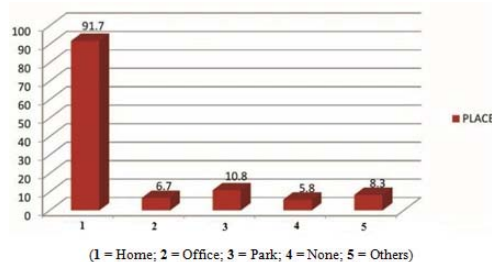


Figure 1. Where the Patients Feel More Relaxed

Also, one of respondent said she did not feel relaxed anywhere. She was asked to explain about the reason and she mentioned that she had to change her house last year because of her problems such as decrease of her sight ability and her husbands' disease, and in the new house she missed her husband and also because of sight problem, she could not make a relation with new environment.

A home is more than a dwelling; it is 'a way of weaving up a life in particular geographic spaces' and 'the most important center', and such is a complex multi-dimensional concept (Smith 1994). Lawrence (1995) suggested that the concept of home is based on cultural, socio-demographic, social, and psychological dimensions.

Therefore, to find which characteristics of home caused it's supportive health feelig, they are asked with this questions, "What does a home mean to you?" and continued with "which of them help you to feel relaxed at home?" Also, they were asked to choose in order of importance for them.

Table 2. Home Qualities that have Health Supportive Role

Factors	Comfort	Safety	Privacy	Freedom	belonging	Personal Identity	Self-Expression	Family relationship
Frequency (percent)	90.8	70.8	78.3	47.5	44.2	29.2	27.5	95

For most of respondents the essence of 'home' is created by the feelings and emotions what create comfort, security, privacy, freedom, belonging, personal identity, self-expression, love and family relationship for them.

The results showed that comfort with 90.8 percent was known as the first and most significant characteristic of home that caused people to feel relaxed. In their mind, a comfortable place can be considered a place to relax. Although the role of other factors should be considered in creating a comfortable place.

However, privacy with 78.3 percent, family relationship with 75 percent and security with 70.8 were in the next steps in respondents' point of view. A sense of being safe enabled the people to feel relaxed. While, privacy with decreasing interrupts and promoting comfort help users to feel relaxed.

Family relationship make a place allowing entertainment and enjoyment of other people's company such as friends and relatives, which creates an atmosphere of social understanding whereby the persons own opinions, actions and moods are accepted, if not always welcomed (Hayward 1977). In this environment, mental support have been provided by others help to decrease stress and to feel more relaxed.

Other characteristics such as freedom 47.5 percent, belonging 44.2 percent, personal identity 22.9 percent and self-expression 27.5 percent, even though were in less importance in comparison with others but needs to be concern because they are more effective (Figure. 2).

Feelings of belonging help to feel as you are part of the place and its part of you, so you are not a stranger or anything and so you feel relaxed. It is part of your history. This type of total equation of self and home epitomizes the home as a way of 'being' in the world (Sixsmith 1986).

However, knowledge of the home and the important events people have experienced there are strong ties between that environment and the person. These can become integral parts of the person history and sense of identity and continuity (Sixsmith 1986).

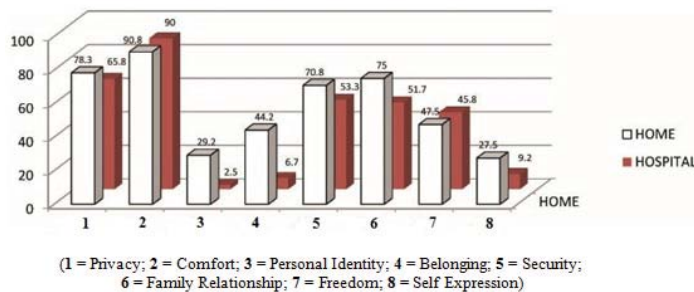


Figure 2. The Patients' Preferences for Transition of Health Supportive Home Qualities

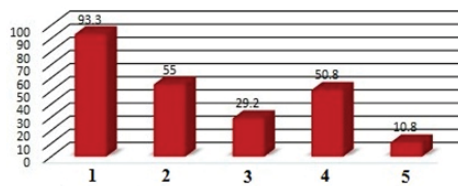
In the next step, to clarify the patients' preference in transition of home qualities, the study continue with this questions "Transition of which qualities of home can help you to feel more relaxed during hospital's day".

Comfort was chosen as the first in their preference with 90.8 percent and its continued with privacy with 78.3 percent.

The greatest problem for most of long-term patients was sense of being alone. Around 75 percent believed more relation family can reduce their stress and help them to feel better. While, security with 70.8 and freedom with 47.5 in percentage were the next items.

However, others elements such as belonging, personal identity and self expression have been explained less in their preference for transition (Figure 2).

In the last step of research, the interviewees were asked to explain about the elements that made this characteristics. To find which elements in this environment help them, the research started with the question "In your mind which factors are important in creating this characteristics of home?"



(1 = Family Relationship; 2 = Memories; 3 = Furniture; 4 = Environment; 5 = Others)

Figure 3. Main Mental and Physical Factors of Home

Affective relations with family members and other important people of their life were stressed much more, than any certain factor with 93.3 percent. Some of interviewees expressed that they felt the biggest attachment to their home where they had spent the majority of their childhood, relates back to what Relph (1976) wrote in an article: 'the feeling that this certain place has endured and will persist as a distinctive entity even though the world around may change.

In addition, the concept of home meant for them where they grow up, where their family, friends and people who are very close to them live and where their memories belong to. So, they mentioned that memories with 55 percent is the second effective factors.

However, about 50.8 percent of respondents believed the warm and friendly environment is what created feeling of security and comfort for them through decreasing the pressure of workdays and stress (Figure 3).

Although the role of physical elements such as furniture and their arrangement according to users' taste should be considered in promoting the comfort.

5. Concluding remarks

Home can be defined as nodal points that have a special role in psychological and social relations of people. The concept of home is taken to mean more than physical locality and ties with the physical world, the social, cultural and emotive worlds of people. Home can be considered as the most important place that have been influenced its users through its characteristics and qualities such as comfort, privacy, freedom, security, belonging and self-expression and others. Transferring of these quality to other places where people have to spend more time can increase the health supportive quality of that place.

Some important elements such as family relationship, memories related to home, it's warmly and friendly environment, the furniture and their arrangement create and promote the the quality of home.

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