

Disrupted occupations

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Disrupted Occupations Technically, humans identify with knowing, being, and doing distinguishable things on everyday lives. The built environment encompasses the physical, social, and psychological space in which occupants of a given setting conduct their day-to-day activities. Residents of a nursing home, which may include nurses, physicians, and clients, experience a sense of place where their social, physical and psychological identities and senses of well-being are derived. In health practices, the interaction between personal experiences and routines of a given environment are occasionally underestimated. However, empirical evidence indicates that the local space is primarily influential in defining an individual's physical comfort, mental mapping, social networks, and psychological satisfaction levels (Rowles, 1991). Any disruption on an individual's sense of place translates to a corresponding disruption on the individual's social networks, physical comfort, and psychological satisfaction. Therefore, understanding the importance of disrupted sense of space is instrumental in addressing health practices like occupational therapy. Within a nursing home, most elderly people are accustomed to the spatial orientation of buildings, corridors, and transport systems like outdoor pavements. Typically, most elderly residents of nursing homes have limited mobility. In addition, the warmth of friendships and companionships of fellow residents within a nursing home give meaning to the lives of elderly clients under nursing care. Physical movements, social interactions, and mental composites of nursing home residents are defined within the realms of their built environment (Allen, Liam & Shobha, 2003). Any attempt to re-design the built environment will significantly impact on the lives of accustomed nursing home residents.

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For example, renewing concrete pavements may make them slippery, thus endangering the physical health of residents. Re-painting social interaction halls with distinct paints affect the aesthetic appearance and fragrance of a local interaction space. In addition, building a new room for each resident instead of allowing residents to share rooms will severely affect the psychological well-being of residents, specifically when they are separated from their roommates. Consequently, re-designing a nursing home will invariably necessitate a re-establishment of a sense of being for the affected residents. Residents will have to; find new friends, learn to accept new fragrances and appearances of painted spaces, and adjust their mobility in order to avoid slippage on the new pavements. Such re-orientation of one's sense of place and being is of a particular interest in current occupational therapy research (Frumkin, 2003).

Apparently, the number of senior citizens in need of senior living facilities is on a steady rise, whereas the creativity of designing the built environment in current nursing homes seemed to have stalled. As the aging conditions of SNF residents progress, so must the care facilities be re-designed in a cost effective manner to provide improved quality of care. One cost effective plan for improving the built environment in SNFs is optimizing accessibility.

Seniors get tired easily, thus long foot paths should be supplemented with sidewalk benches and railings where residents can lean on or take a rest when feeling exhausted. Also, accessibility can be optimized through placement of signboards along lanes that indicate shortest distances between places, thus helping directionally disoriented clients to independently maneuver within a senior nursing facility (Rowles, 1991).

Furthermore, SNFs should contain urban options that make them look like

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urban communities. For example, the cost effective re-design plan should recommend for provision of door delivery services as a means of introducing an urban lifestyle within senior nursing facilities.

References

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