The Effect of Environmental Design on Reducing Falls and Injuries in Dementia Care Units

Damilola A. Olorunfemi , Research Scientist (Aged Adult Care), Adultprime Safety Health & Wellbeing Company, National Open University of Nigeria, Email : <u>amancheal@gmail.com</u>

ARTICLEINFO	ABSTRACT
Keywords: : <i>Musculoskeletal</i>	Falls and injuries are significant risks in dementia
injuries (MSIs), Patient	care units due to the cognitive and physical
5	impairments associated with the condition. This
worker safety,	study examines how environmental design can
	mitigate these risks by creating safer living spaces
	for dementia patients. Focusing on elements such
Received : 21, September	· •
-	as layout, lighting, flooring materials, handrails,
Revised : 30, September	and visual cues, the research explores how
Accepted: 21, November	thoughtful design can reduce confusion, prevent
	falls, and improve overall safety. Through a
	combination of observational studies in dementia
	care units, interviews with healthcare
	professionals, and an analysis of incident reports,
	the study identifies key design features that
	contribute to a safer environment. Findings show
	that non-slip flooring, clear pathways, adequate
	lighting with minimal glare, and the strategic
	placement of grab bars and furniture can
	significantly reduce the occurrence of falls.
	Additionally, visual cues, such as color contrasts
	and clear signage, help orient patients and
	decrease agitation, further enhancing safety. The
	research also underscores the importance of
	tailoring environmental modifications to the
	specific needs of dementia patients, considering
	both physical and cognitive challenges. The study
	concludes by recommending a holistic approach
	to environmental design, incorporating safety,
	comfort, and dementia-friendly principles to
	reduce fall-related injuries and improve the
	quality of care in dementia care units.

INTRODUCTION

Dementia care units are specialized environments designed to support individuals experiencing the progressive cognitive and physical impairments

Olorunfemi

associated with dementia. One of the most pressing challenges in these units is the high incidence of falls and injuries, which not only compromise patient safety but also increase healthcare costs and caregiver burden. These risks are exacerbated by the disorientation, impaired judgment, and mobility challenges that often accompany dementia.

Environmental design has emerged as a crucial factor in mitigating these risks and promoting safer living conditions for dementia patients. Thoughtful design strategies, such as optimizing layout, using appropriate materials, and incorporating visual cues, can address both physical and cognitive limitations. Features such as non-slip flooring, adequate lighting, and strategically placed handrails not only reduce the risk of falls but also enhance patient orientation and reduce agitation.

This study examines how environmental design can reduce falls and injuries in dementia care units. By analyzing observational data, conducting interviews with healthcare professionals, and reviewing incident reports, the research identifies key design elements that contribute to safer environments. The findings aim to guide dementia care facilities in adopting evidence-based design principles that enhance safety, comfort, and quality of care for their residents.

LITERATURE REVIEW

Falls and Injuries in Dementia Care Units

Falls are a leading cause of injury among dementia patients, with up to 80% experiencing at least one fall annually (Smith & Taylor, 2018). Cognitive impairments, such as disorientation and memory loss, combined with physical limitations, heighten fall risks, particularly in poorly designed environments. As Juba et al. (2024) highlight, addressing these risks requires strategies tailored to dementia patients' unique needs.

1. Environmental Risk Factors

- 2. Several environmental factors increase fall risks:
- 3. **Slippery or uneven flooring**: Commonly cited as a significant hazard (Nguyen et al., 2020).
- 4. **Poor lighting**: Causes glare and shadows, which can confuse patients (Juba et al., 2023).
- 5. **Cluttered pathways**: Create obstacles and increase the likelihood of trips and falls (Phiri et al., 2024).

Design Features to Enhance Safety

- 1. Key design features that mitigate fall risks include:
- 2. **Non-slip flooring**: Essential for preventing slips while being durable and easy to maintain.
- 3. **Strategic lighting**: Provides sufficient illumination without glare, reducing confusion and disorientation.
- 4. **Grab bars and handrails**: Offer stability for mobility-impaired patients (Juba et al., 2024).
- 5. **Visual cues**: Color contrasts, signage, and familiar symbols help orient patients, reducing agitation and confusion (Johnson & Patel, 2019).

Holistic and Dementia-Friendly Design

A holistic approach incorporates both physical safety and cognitive support. Dementia-friendly principles emphasize creating familiar, comforting spaces with clear navigation and minimal sensory overstimulation (Brown et al., 2021). As Juba et al. (2023) underscore, such environments promote independence while reducing fall risks.

METHODOLOGY

Research Design

This study employs a mixed-methods approach, integrating:

Olorunfemi

- 1. **Observational Studies**: On-site assessments of design elements and their usage in dementia care units.
- 2. **Interviews**: Discussions with healthcare professionals to identify practical challenges and design needs.
- 3. **Incident Report Analysis**: Reviews of fall-related injury reports to identify patterns and risk factors (Juba et al., 2024).

Data Collection

- 1. Observations
 - a. Conducted in 10 dementia care units.
 - b. Assessed flooring, lighting, handrails, furniture placement, and visual cues.
- 2. Interviews
 - a. Semi-structured interviews with 20 healthcare professionals, including nurses, caregivers, and facility managers.
 - b. Topics included common causes of falls, design challenges, and suggested improvements.
- 3. Incident Reports
 - a. Analyzed 300 fall-related incident reports over the past three years from the participating facilities.
- 1. Data Analysis
 - a. Quantitative Analysis: Statistical analysis of incident reports to identify trends in fall frequency, timing, and location.
 - b. Qualitative Analysis: Thematic coding of interview and observational data to identify recurring patterns and insights.

RESULTS

- 1. Key Findings
- 2. Flooring

- a. Non-slip flooring was present in 70% of observed units and correlated with a 40% reduction in falls compared to units with standard flooring.
- b. Incident reports from units with non-slip flooring recorded 20 fewer fall-related injuries per year.
- 3. Lighting
 - a. Units with adequate, glare-free lighting had 35% fewer falls.
 - b. Night lighting in hallways and bathrooms further reduced nighttime falls by 25%.
- 4. Pathways and Layout
 - a. Clear, unobstructed pathways were associated with a 30% reduction in trip-related falls.
 - b. Cluttered layouts were cited in 60% of fall-related incidents.
- 5. Grab Bars and Handrails
 - a. Strategically placed grab bars and handrails reduced falls by 50% in high-risk areas such as bathrooms and hallways.
- 6. Visual Cues
 - a. Units with color contrasts, clear signage, and familiar symbols reported a 20% decrease in agitation-related falls.
 - b. Incident reports highlighted fewer wandering incidents in units with clear visual markers

DISCUSSION

The findings of this study underscore the pivotal role environmental design plays in mitigating falls and injuries in dementia care units. Non-slip flooring and strategic lighting emerged as two of the most impactful interventions, significantly reducing slips and nighttime falls. These elements address common physical hazards while enhancing overall safety (Juba et al., 2024).

Olorunfemi

Clear pathways and uncluttered layouts were shown to be essential for minimizing trip-related falls, emphasizing the necessity of maintaining organized and accessible environments. Additionally, grab bars and handrails provided much-needed stability in high-risk areas, such as bathrooms and hallways, highlighting their importance in promoting mobility and reducing fall risks (Juba et al., 2023).

Visual cues, including color contrasts and clear signage, were effective in addressing cognitive challenges by reducing confusion and agitation. This aligns with dementia-friendly design principles, which advocate for creating environments that prioritize safety and cognitive support, ultimately enhancing comfort and navigation for residents (Juba & Ochieng, 2024).

Despite these demonstrated benefits, challenges remain in consistently implementing these design features.

Interviews with healthcare professionals identified key barriers, including budget constraints, insufficient staff training, and resistance to organizational change. Overcoming these challenges necessitates a multi-stakeholder approach involving organizational commitment, financial investment, and collaboration between policymakers, healthcare providers, and environmental designers (Juba et al., 2024).

CONCLUSION

Falls and injuries are preventable risks that can be effectively addressed through thoughtful environmental design in dementia care units. This study highlights the significance of interventions such as non-slip flooring, glare-free lighting, clear pathways, grab bars, and visual cues in enhancing patient safety and wellbeing.

The following recommendations are proposed to maximize the effectiveness of these interventions:

- 1. Adopt Dementia-Friendly Design Principles: Tailor environmental modifications to address the unique cognitive and physical challenges of dementia patients (Brown et al., 2021).
- 2. **Invest in Staff Training**: Educate staff on the importance of maintaining a safe and supportive environment (Juba et al., 2023).
- 3. **Secure Organizational Support**: Allocate resources and funding to implement and sustain these design improvements (Juba et al., 2024).

A holistic approach to environmental design can create safer, more supportive spaces that promote the dignity and quality of life of dementia patients. Future research should explore advanced technologies, such as motion sensors and adaptive lighting systems, to assess their cost-effectiveness and long-term impact in dementia care settings.

REFERENCES

- 1. Adams, T., & Gardiner, P. (2020). Exploring the relationship between environmental design and fall prevention in elderly care homes. *Journal of Aging and Health*, 32(6), 748-763.
- 2. Ali, S., & Habib, F. (2019). Cognitive support in dementia care: Designing safer environments. *International Journal of Elder Care Studies*, 21(3), 145-159.
- 3. Brown, T., Smith, L., & Taylor, P. (2021). Holistic approaches to dementia-friendly design. *Journal of Healthcare Design*, 15(3), 235-256.
- 4. Calkins, M. P. (2020). Evidence-based design for dementia care environments. *Journal of Gerontology & Geriatric Research*, 73(4), 580-587.
- 5. Chaudhury, H., Cooke, H., & Frazee, K. (2021). The role of lighting in enhancing safety and quality of life in dementia care facilities. *Health Environments Research & Design Journal*, 14(2), 70-83.
- 6. Delgado, F., & Rojas, C. (2019). Designing environments for individuals with dementia: Best practices in spatial planning. *Age-Friendly Environments International Journal*, 10(5), 389-407.
- 7. Dunne, M. P., & Meyer, A. (2020). Non-slip flooring and safety interventions: Reducing fall risks in aged care. *Health & Safety Science Quarterly*, 12(3), 78-89.
- Fleming, R., & Purandare, N. (2019). Long-term impacts of grab rails on mobility and independence in elderly care. *Ageing & Society*, 39(11), 2417-2432.

- 9. Gupta, R., & Patel, K. (2022). Integrating environmental design with caregiving strategies in dementia units. *Journal of Aging Research and Clinical Practice*, 14(1), 42-49.
- 10. Harris, R. J., & Walker, E. P. (2020). Cognitive considerations in fall prevention: Lessons from dementia studies. *Safety Science International*, 18(3), 145-152.
- 11. Hawkins, M., & Jones, L. (2021). Budget constraints in dementia care: A barrier to implementing safer environments. *Health Economics Journal*, 14(5), 132-148.
- 12. Hsieh, T., & Lin, J. (2020). Impact of visual cues on navigation and fall reduction in dementia facilities. *Journal of Environmental Psychology*, 68, 101388.
- 13. Jacobs, T., & Farah, A. (2019). Addressing fall risks in dementia care through collaborative efforts. *International Journal of Geriatric Nursing*, 28(2), 129-139.
- 14. Johnson, K. L., & Sanders, D. (2021). Smart lighting systems in dementia care: A cost-effective innovation? *Health Innovations Journal*, 19(4), 211-225.
- 15. Juba, O. O., Olumide, A. O., & Ochieng, J. O. (2024). Environmental safety in dementia care: The role of non-slip flooring. *Revista de Inteligencia Artificial en Medicina*, 15(1), 365-397.
- 16. Juba, O. O., & David, J. I. (2023). Strategies for safer dementia care environments in resource-limited settings. *Unique Endeavor in Business & Social Sciences*, 7(1), 213-230.
- 17. Kelly, S., & McLaren, F. (2019). Motion sensors in dementia care: Enhancing patient safety. *Smart Health Journal*, 9(3), 149-158.
- 18. Kirkpatrick, B. (2021). Economic analysis of fall prevention measures in dementia facilities. *Healthcare Cost Research Quarterly*, 17(4), 72-83.
- 19. Lau, C. K., & Wong, L. P. (2020). Addressing agitation through dementiafriendly design principles. *International Journal of Geriatric Psychiatry*, 35(7), 770-780.
- 20. Nguyen, L., Patel, A., & Johnson, K. (2020). Environmental hazards in dementia care units: A systematic review. *Aging and Safety Journal*, 12(4), 201-217.
- 21. Phiri, A. K., & Baladaniya, M. (2024). Best practices in safe environments for dementia patients: A global perspective. *Cari Journals USA LLC*.
- 22. Rahman, M., & Banerjee, T. (2022). Challenges in implementing dementia care improvements: A focus on training gaps. *Journal of Gerontological Nursing*, 18(2), 122-136.
- 23. Smith, J., & Taylor, K. (2018). Reducing fall risks with spatial reorganization in dementia wards. *Journal of Neurology and Elderly Care*, 10(5), 55-78.
- 24. Taylor, L., & Koss, M. (2020). Policy recommendations for funding dementia-friendly design interventions. *Policy Journal of Elder Care*, 6(4), 183-199.

- 25. Williams, J., & Morris, R. (2021). Training staff for dementia care environments: A systematic review. *Journal of Clinical Elderly Care*, 13(5), 331-348.
- 26. Juba, O. O., Olumide, A. O., Ochieng, J. O., & Aburo, N. A. (2022). Evaluating the impact of public policy on the adoption and effectiveness of community-based care for aged adults. *International Journal of Machine Learning Research in Cybersecurity and Artificial Intelligence*, 13(1), 65–102.
- 27. Juba, O. O., Lawal, O., David, J. I., & Olumide, B. F. (2023). Developing and Assessing Care Strategies for Dementia Patients During Unsupervised Periods: Balancing Safety with Independence. *International Journal of Advanced Engineering Technologies and Innovations*, 1(04), 322-349.
- 28. Juba, O. O. (2024). Impact of Workplace Safety, Health, and Wellness Programs on Employee Engagement and Productivity. *International Journal of Health, Medicine and Nursing Practice*, 6(4), 12-27.
- 29. Makutam, Viswakanth & Achanti, Sai & Doostan, Marjan. (2024). INTEGRATION OF ARTIFICIAL INTELLIGENCE IN ADAPTIVE TRIAL DESIGNS: ENHANCING EFFICIENCY AND PATIENT-CENTRIC OUTCOMES. International Journal of Advanced Research. 12. 205-215. 10.21474/IJAR01/19245.
- 30. Varagani, Srinivasarao & Safwan, Mohammad & Makutam, Viswakanth & Moparthi, Swapna & Vaishnavi, Sri & Kondru, Sowjanya & Yadav, Ritu & Dhiraj, Kohale. (2024). A comparative study on assessment of safety and efficacy of Diclofenac, Naproxen and Etoricoxib in reducing pain in osteoarthritis patients -An observational study. 10. 31-38. 10.22192/ijcrms.2024.10.08.003.
- 31. Priya, Maroju & Makutam, Viswakanth & Mohmed, Shaikh & Javid, Adnan & Safwan, Mohammad & Ahamad, Tanwir & Sathya, Alapati & Guptha, Sai & Dhiraj, Kohale & Mathew, Anannya & Varagani, Srinivasarao. (2024). AN OVERVIEW ON CLINICAL DATA MANAGEMENT AND ROLE OF PHARM.D IN CLINICAL DATA MANAGEMENT. World Journal of Advanced Pharmaceutical and Medical Research. 10. 299.
- 32. Makutam, Viswakanth & Sundar, D & Vijay, M & Saipriya, T & Rama, B & Rashmi, A & Rajkamal, Bigala & Parameshwar, P. (2020). PHARMACOEPIDEMOLOGICAL AND PHARMACOECONOMICAL STUDY OF ANALGESICS IN TERTIARY CARE HOSPITAL: RATIONAL USE. World Journal of Pharmaceutical Research. 9. 787-803. 10.20959/wjpr20209-18206.
- Makutam, Viswakanth. (2018). REVIEW ARTICLE ON FIBRODYSPLASIA OSSIFICANS PROGRESSIVA. 7. 359. 10.20959/wjpps20186-11696.
- 34. Munagandla, V. B., Dandyala, S. S. V., & Vadde, B. C. (2019). Big Data Analytics: Transforming the Healthcare Industry. *International Journal of Advanced Engineering Technologies and Innovations*, 1(2), 294-313.

- 35. Habib, H. (2015). Awareness about special education in Hyderabad. International Journal of Science and Research (IJSR), 4(5), 12961300.
- 36. Habib, H., & Fatima, A. A Study of Special Educators" Knowledge of Therapies.