Bathing Room Design

This paper will discuss the design of appropriate bathing facilities for individuals with dementia. Although there are facilities that are being designed to incorporate a bathing area with the resident’s private toilet room, we will only address bathing rooms outside of the resident’s private room.

There are a number of different reasons why people bathe (in this paper we will use the term bathing to refer to taking a bath or a shower). The primary reason is hygiene and odor removal, although bathing for pure pleasure is also important for many people. While bathing experiences are pleasant for many of us, it can become unpleasant for the individual with dementia for physical and psychosocial/emotional reasons. On the physical side, skin is more fragile and apt to tear or bruise easily when getting in and out of tubs or showers. Also, some bathing equipment has moving parts that may pinch fingers or loose skin. Finally, the design of many institutional tubs and bathing rooms is so unfamiliar that residents are understandably frightened, which can lead to distress and resistance to a caregiver’s good intentions of helping the person get clean. The goal in designing a supportive bathing room is to create an environment where residents’ dignity is supported, they feel safe and secure, can enjoy a pleasurable bathing experience, and staff activities are facilitated. Issues of privacy, temperature regulation, space for undressing and dressing, convenient access to a toilet, separation from other bathers, and space for supplies must all be considered.

Bathing Options – Number and Type

The number of required bathing rooms can vary by state based on the state codes. Ratios can vary from 1 bathroom for every 10 residents to 1:30. Some states allow both showers and tubs to be considered in this count, while others only consider tubs. Check with your state codes in regard to the number of bathing areas.
that are required. The easiest way to access code information is to go to the Nursing Home Regulations Plus website, at http://www.hpm.umn.edu/NHRegsPlus/. OBRA ‘87 requires that every resident of a long-term care facility be offered the choice between a bath and a shower\(^1\). The choice allows for more autonomy and dignity for the resident, while taking into consideration the resident’s prior bathing style\(^2\).

Beyond code requirements, decisions about the number of tubs versus showers relates to expectations about which bathing option most residents will prefer, and the extent to which residents versus staff make that decision. There is some limited evidence suggesting that baths are slightly more unsettling than showers\(^3\), although this may depend on the type of bathing equipment used. Baths that require the resident to be strapped to a chair and lifted over the side of the tub may be more distressing than one in which the resident walks or slides into. There are also cohort differences. In today’s culture, many more adults take showers than baths and thus a greater proportion of future residents of care communities may prefer this option. Care providers also need to consider how they assesses a resident’s preferences—is it a single choice given at admission, or is the resident asked each time whether he/she would prefer a bath or a shower.

Finally, balancing cost with dignity needs to be carefully considered when deciding on bathing room design. Having multiple bathing/showering options in one room (usually separated by a piece of fabric) is less expensive to construct, but creates a significant compromise to privacy when more than one resident is bathed at the same time. While policies can be established so that only one person is bathed at a time, this policy is often overlooked if staff feel the need to bathe two residents at once to increase efficiency\(^4\). Compromised privacy is more likely to lead to resident resistance to care. Ways to design around this issue will be addressed in the next section.

**Location of Bathing Facilities**

Imagine having to be undressed in your bedroom, seated in a shower chair, covered in only a thin sheet, and then taken for a long ride through the most public area of the household on your way to the bath, with all of your bathing toiletries and
change of clothes on your lap. While the thought of this experience may be uncomfortable (and in reality is even more uncomfortable and embarrassing), it is important to recognize that it is played out day after day in care communities. However, this negative experience can be removed from the resident’s bathing ritual through design.

Bathing rooms should preferably be located near resident bedrooms and away from the public areas of the household, allowing the dignity and privacy of the resident to be maintained. Ideally, residents should never have to cross through a public area on their way to a bath or shower. If bathing rooms must be located in more public areas to serve multiple households, it is critical to ensure that there is enough space adjacent to each tub and shower for the resident to undress, store clean clothes and toiletries, and have a place to dress and groom before leaving the bathing room. This type of design is often referred to as a “spa” design, described below in more detail.

**Design of Bathing Rooms**

Traditional bathing rooms are largely institutional in appearance and can be overwhelming to residents with dementia, who are not used to bathing in such large spaces. The rooms that house these tubs and showers also often contain lifts and other unfamiliar, sometimes frightening equipment. Such rooms may be used for storage and most surfaces are the same color, which make interpreting the room’s purpose more difficult for individuals with dementia. In addition, hard surfaces can both reflect a great deal of light and be quite noisy. Some residents use only a basin and washcloth for cleaning and are not used to taking a bath or shower. All of these features can cause negative resident reactions, such as calling out, biting, kicking, or other forms of resistance to care. Design can assist in reducing the aggressive behaviors that can result from traditionally designed bathing rooms (Calkins, 2001; Van Haitsma et al., 2003).

There has been a shift to designing a spa-style bathing facility. It may contain one or multiple bathing areas, but each tub or shower has sufficient space to undress, store toiletries, dress, and complete grooming activities. This dedicated
space may encourage residents to complete their grooming activities more independently\(^7\). Spa rooms are designed to more closely resemble residents’ past bathrooms and could contribute to less resistive behaviors\(^8\). In this design, there should be places to hang, or a shelf on which to place, two sets of clothes (i.e., one dirty and one clean). Ideally, lighting should come from both natural and electric sources to maximize the appropriate color rendition for grooming activities. When natural light is not possible, ensure that lamps with a high CRI (color rendering index) are used. This is especially important for grooming activities. The décor may contain live (nontoxic, highly moisture tolerant) or artificial plants, decorative curtains, shelving with knickknacks and other appropriate elements\(^9\). Use of wallpaper and soothing warm pastel colors can help to ease resident anxiety about bathing. Spa bathing rooms allow residents to access and leave the room fully clothed, further enhancing their dignity. Staff efficiency increases when the entire bathing experience occurs in one room\(^10\).

Codes require that a bathing room has access to a toilet without having to travel into the hallway. This can be accomplished in many ways. A half-bath with a toilet can then pass into a compartmentalized spa to both provide access to a toilet and increased resident privacy\(^11\). Another option is multiple doors on a toilet room that open to both the hallway and the bathing room.

### Fixture Styles

#### Tubs and Shower Stalls

Many of the existing institutional tubs in care settings look nothing like the tubs that residents are used to seeing in their prior lives. Often, the resident must be placed in a cold chair, unclothed, and hoisted four feet into the air to enter the tub. This experience can be especially unnerving to a resident with dementia, leading to reluctance to bathe or other defiant behaviors. Other tubs can fill rapidly from behind the resident, which may make the resident uneasy and fearful.

There are new designs for tubs that are very similar to those in typical residential settings\(^12\). Some tubs are entered after they are filled, giving the resident an opportunity to check the water temperature before getting in. Some have
side doors that swing open or roll down so that residents can more easily access the tub. With the aid of staff they can enter the tub to the tub seat, close the tub door, and then allow the tub to fill. While this may be a less familiar situation for the resident, it provides the resident with the ability to take more ownership in the task of bathing. Be aware that in some models of tubs, the resident’s lower extremities are located very low, making it difficult for staff to reach for cleaning.

The resident with early stage dementia can still actively participate in the bathing process. Tubs that allow residents to enter independently can reduce their fear of the situation and permit them to participate at a higher level\(^{(13)}\). However, further consideration is necessary when planning a tub for a resident with late stage dementia. Many late stage residents will be unable to transfer independently and therefore benefit from a tub that incorporates a lift. A supine lift, which allows the resident to be lying down (i.e., rather than being in a seated position) can increase the resident’s sense of security, especially if there is no significant change in elevation during the transfer. It can also allow for easier access to all parts of the resident’s body during the bath.

If the care community has a high percentage of residents with significant impairments, using tubs that can adjust from seated to supine should be considered. A resident begins the bath seated with water at his/her feet, allowing time to adjust to the water temperature. Then, the tub is mechanically adjusted to reposition the resident to supine while water covers the rest of the body. Staff can easily access all parts of the resident’s body, but the tub can sometimes be jerky and requires staff assistance to manipulate.

A traditional shower stall can make a resident uncomfortable because the shower head is difficult to adjust. When seated for the shower, the stream of water can hit the resident in the face. Handheld shower wands are a wonderful solution to this dilemma. They should also have a holder so that the resident or staff can place the head while washing, and then easily grab it to rinse. The shower stall should be designed without a lip and include a slight slope toward the drain to make the stall more accessible for frail individuals\(^{(14)}\). Large shower stalls (6’ by 10’) make it easier for staff assistance, shower chairs, and bathing large residents\(^{(15)}\).
Finishes

All finishes on fixtures should have a matte finish. Reflective surfaces are difficult for people with low vision and depth perception problems to interpret and may even increase hallucinations\(^{(10)}\).

Flooring should have a non-slip finish, as opposed to ceramic tile that can easily become slippery with the humidity and water in a bathing room\(^{(17)}\). If a nonslip finish is not an option, provide rubber-backed floor mats to reduce the risk of falls and injury.

Lighting

As per the Illuminating Engineering Society (IES) standards, an agreed upon amount of light for a bathing room is 30 to 50 footcandles\(^{(18)}\). Age-related vision changes include the eye more slowly adjusting to changes in lighting and more difficulty with glare on smooth surfaces. Older adults need up to three times more light to perform a task than younger adults\(^{(19)}\). Residents in facilities with poor lighting displayed higher agitation levels\(^{(20)}\). Brawley recommends consistent, even lighting and discourages recessed down lights due to the glare and light pools they create\(^{(21)}\). Pay attention to where lights are located to avoid placing them directly above any tub or shower where a resident may be in a supine position because it can be very painful to look directly up into a light fixture. Indirect lighting (e.g., cove or pendant) should be used when possible.

Features of the Design

There is much that can be done to enhance the bathing experience and make it similar to the residents’ past experiences. Ensuring adequate privacy (i.e., acoustic and visual) is an essential first step to minimizing resident agitation and supporting independence. Eliminating non-bathing-related uses of the bathing rooms, such as storage for soiled linens or trash, will minimize disruptions from other staff. Consider placing “In Use” signs on doors to enhance privacy during bath time\(^{(22)}\). Ventilation and heating systems in the bathing room need to be carefully considered. Poor ventilation makes bathing rooms humid and uncomfortable\(^{(23)}\).
Since older adults are more sensitive to changes in temperature, providing additional sources of heat in bathing rooms is a priority (24). Heat lamps have the advantage of providing heat very quickly, but use more energy than some other options. Radiant heat panels provide a nice diffuse heat source, but may take longer to heat up. Have a separate thermostat for the bathing room and ask the staff to dress lightly while they are performing bathing tasks. Also consider heated towel racks or clothes dryers to warm towels to drape over the parts of the resident’s body that are not being washed.

The controls of the tub and shower can look institutional and cause fear in some residents with dementia. These fixtures should be placed behind a curtain or cabinet door so they are not directly visible to residents. Such a cabinet could also house controls for music, as there have been fewer recorded instances of aggression and hitting when music was playing (25). Aromatherapy items may also calm residents and should have a storage space (26). The décor of the room can be very helpful in both orienting the resident to the purpose of the room and providing sound reduction qualities. A stocked grooming station, towels hanging on towel racks, and soap/shampoo located at or near the tub can help an anxious resident orient to task. Peach or coral paint on walls, when used with warm lamps, can cast a pinkish glow on the resident’s skin and work to improve self image and desire for self-care (27). Wallpaper with a small print can make the room appear more residential. Plants and billowy shower curtains may serve as sound reducers. Hang paintings on the walls in direct view from the tub and provide small shelves for knickknacks that are often found in residential bathrooms.

Although all measures are taken to calm the resident, safety issues must also be considered. The tub room and shower stalls should have non-skid floors to prevent falling. Grab bars must be installed to your state’s code. Towel racks may be perceived as grab bars and thus should be installed to meet grab bar standards.
References


Bathing the Alzheimer's patients in long term care: Results and recommendations from three studies. American Journal of Alzheimer's Disease and Other Dementias, 10(4), 3-11.


