

An Investigation of ~~the~~ the Day-to-day Residents Daily Life
Behaviour of Elderly Residents Sharing Bedrooms
Connotation through Shared Bedroom Style - By A the Case
Study of a Taiwan Nursing Organization

Comment [A1]: Please check the changes made to the title and use the revised version where needed.

~~Abstract~~ ABSTRACT

The purpose of ~~the~~ this study is to explore ~~into~~ the behaviour of elderly residents sharing bedrooms with ~~different~~ other residents, ~~to~~ observe the time amount of daily life spent on their day-to-day behaviour, and examine the differences and ~~the~~ connotations of their behaviour. ~~It~~ The subjects were takes 47 residents ~~in from one a~~ nursing home in Taiwan as ~~observation object to investigate.~~ The investigation study employs used the behavioural observation method to observe the behavior of residents in the organization and keep maintain records of the residents' behaviour. As per this method. ~~It classifies the observation~~ behaviours are classified into six types: basic ~~behavior,~~ quiet ~~behavior,~~ social intercourse ~~behavior,~~ recuperation ~~behavior,~~ mobile ~~behavior,~~ and leaving the bedroom, ~~these six kinds of behavior.~~ It probes into the connotation of daily life. These behaviours are studied in the context of according to two types of shared-room styles.: The study result indicates that two-person ~~bedroom~~ and six-person bedrooms. Residents sharing two-person bedrooms were found to exhibit withdrawal behaviour, namely, an all have the reaction of the increase of in quiet behaviour and leaving bedroom and decrease of in basic ~~behavior~~ and social intercourse behaviour, ~~this withdrawal behavior.:~~ However, they are more active than their shared bedroom, two person bedroom with few residents act more frequently than that of sharing

Comment [A2]: I have made changes to all the headings and subheadings of the manuscript in accordance with the journal guidelines.

Comment [A3]: I have revised this term after verifying its usage. This is more commonly used than "behaviour observation method."

six-person ~~residents~~ bedrooms, in terms of basic ~~behavior~~ and social intercourse behaviour.
Thus, the study finds that the number of ~~roommates-residents in-sharinged a~~ bedroom will
influences the day-to-day daily life behaviour of the residents.—

Introduction

In 2008, The ratio of elderly people constituted 10.3% of Taiwan's population, and this figure
of Taiwan in 2008 is 10.3%, it is predicted that it will slated to reach 14% in 2018. In
the Against such situation of rapid population transition growth, the importance of long-term
elderly care has becomes more prominent critical. Owing to this need, There is the gradual
change of medical institutions have evolved in terms of attribute into the concept of
organizational accommodations. Meanwhile, there is the gradual change of the organization
from providing not only medical care to diversity design of satisfying the but also services to
improve the physical fitness and health condition of their residents in different stage. To
this end, This change also is shown in the respects of organization rooms have evolved from
being mere from one way fashion monitoring ward units into the intimate accommodation
room spaces providing privacy and a variety of facilities (Chia-Hui, W., and Nai-Wen, K.,
2005). This The change of this concept calls for that more attention shall be shows that
greater attention is now being given to the residents' life quality of life problem of residents
living in the organization.

According to M many studies, lay stress on that private bedrooms is are better than shared
bedrooms, advocating the proving of because they promote the residents' independence,
dignity, and privacy of residents. Existing studies documents rarely discuss whether the

Comment [A4]: It is unnecessary to call these 'attributes'. Such phrases make a sentence unnecessarily wordy.

Comment [A5]: Please see if this phrase can be replaced with a clearer term such as 'well-organized accommodation facilities'.

Comment [A6]: I'm not sure what is meant by this phrase. Does 'stage' refer to stages in the residents' lives or stages in the evolution of medical institutions? Please clarify.

Comment [A7]: Include such transitional words and phrases that show how one fact is related to or leads into the next. This makes for a clearer read.

Comment [A8]: The meaning of the terms 'fashion monitoring ward' and 'intimate accommodation room' is not quite clear. The sentence has been revised to convey that the rooms in medical institutions are not merely wards but private, comfortable rooms. Please check whether this change conveys your intended meaning.

Comment [A9]: 'Quality of life' is the more commonly used term.

Comment [A10]: Consider including citations for some of these studies.

behaviour of residents in shared bedrooms is the demand of private bedroom taking advantage of time concept. ~~This paper study explores into examines the shared bedrooms with different residents, to observe the time spent by residents on amount of daily life day-to-day behaviour, and to examine the differences and the connotations of their behaviour.~~

Comment [A11]: It is not clear what is meant by behaviour 'is the demand of private bedroom'; furthermore, the 'time concept' mentioned in this sentence is unclear. Please explain your intended meaning so that I can revise the sentence accordingly.

Concepts and existing literatures concerning the environment and the elderly

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Kurt Lewin (1951) ~~put forward proposed~~ the function concept ~~that according to which~~ B (Behaviour) = F (Person, Environment); ~~This implies and it studied first~~ that human behaviour is the result of an interaction between individuals and their surrounding environment. ~~Furthermore, t~~Two definitions of the influence of the environmental on ageing ~~are have been~~ widely accepted by researchers.

Comment [A12]: Please cite this study in the reference list.

~~The First, definition was provided by~~ Lawton ~~&and~~ Nahemow (1973), ~~who proposed put forward~~ the ecology model (also known as the Competence-Press mModel). According to ~~T~~this theory, among the elderly, considers that the competence to adjustment competence of the elderly is the constant interactive result of a constant interaction between body, psychology, and the environment. Thus, ~~disability-disabled~~ elderly people are ~~subjected to the influenced of by their~~ environment by far while the aged with health are rarely limited by the ~~environment and they much more than healthy elderly people, as the latter~~ have the capacity to look for a suitable development environment for themselves using the through resources around them available to them (Lawton, 1998a, 1998b, 1999).—

Comment [A13]: Please cite this study in the reference list.

~~The Ssecond, definition was put forward by~~ Kahana (1982), ~~put forward who proposed the Pperson-Eenvironment Ccongruence Mmodel~~ and argued that if there ~~was were~~ no congruence between the needs of the elderly and their environment-pressure, ~~there would be the behavior of the aged they would failing~~ to adapt to it well and this would influence their

Comment [A14]: Please check whether the edit conveys your intended meaning.

Comment [A15]: Please cite these studies in the reference list.

Comment [A16]: Please cite this study in the reference list.

Comment [A17]: The word 'pressure' seems to refer to an oppressive condition causing harm to the elderly. However, given the context, you appear to be referring to the elderly being comfortable in *their environment*. Please check this change.

~~and body physical~~ and psychologically state ~~would be influenced~~.

The above concepts ~~studied-discuss~~ the interaction between environment and person. When the elderly fail to adapt to the environment, ~~there is a change of-in their~~ body and psychology ~~will be influenced~~, and ~~the environment and the elderly interactive relationship between environment and the elderly is put forward~~.

Comment [A18]: The original construction was not very clear. Please check if my revisions capture the meaning.

~~Existing documents studying~~ Studies on the relationship between person and environment from the perspective of ~~organization bedrooms in medical institutions mentioned have~~ proposed that privacy, control, individualization, and ~~private space~~ was are important to residents. ~~In the assessment content of organization physical environment, attention was also given to-~~ Emphasis has also been laid on psychological factors such as dignity, selection, and ~~personality self-expression at the level of psychology~~ (Bowie et al. 1992; Moos and Lemke 1996; Lawton 2001; Sloane et al. 2002). ~~Thus, the importance can be seen of private bedrooms is evident.~~

Comment [A19]: Isn't this the same as 'privacy'? If they are different concepts, you will have to explain how they are different. Alternatively, consider deleting 'private space'.

~~According to P~~ previous studies, factors influencing residents at institutions are the ~~option literatures pointed out that in existing documents that residents~~ of a private room or ~~their relatives being allowed to can visit the residents all express their satisfaction~~ (Chaudhury et al.; 2005; Ulrich & Zimring, 2004). ~~Furthermore, The study by Sumeragei et al. (2002)~~ pointed out that residents living in private rooms had a higher ~~degree of satisfaction -degree~~ over private bedrooms. Duffy ~~et et al.~~ (1986) conducted a study on the residents and design of managers of nursing homes ~~and their residents concerning the investigation of preference organization. It was and~~ found that managers preferred ~~rooms supporting conducive to social interaction (shared rooms)~~ while residents preferred private rooms.

Comment [A20]: In the reference list, this has been spelt as 'Sumeragi'. Please use the right spelling.

Comment [A21]: 'Degree of satisfaction' is the more commonly used term.

Comment [A22]: I assume that 'private rooms' and 'private bedrooms' refer to the same thing. Therefore, it is unclear why you have mentioned that the residents of private rooms are more satisfied than those of private bedrooms. Please provide some clarification.

~~In fact, Mosher-Ashley & and~~ Lemay (2001) pointed out that ~~one matter~~ residents with shared rooms wished to change ~~was to change~~ private rooms. Terakawa (2004) ~~conduct the~~

Comment [A23]: It's important to clearly show what's meant by 'rooms conducive to social interaction'.

studied ~~on~~ residents ~~of the organization who had shifted~~ from shared ~~room~~ to private rooms. Their Results showed that residents who ~~formally~~ ~~formerly~~ disliked private rooms began to prefer ~~them~~ ~~like private room~~ after eight months ~~later~~. This result showed ~~ed~~ that the ~~style kind~~ of room ~~wining the satisfaction of~~ residents ~~are satisfied with~~ ~~maybe come from~~ ~~depends on~~ their individual experience ~~and~~. ~~This evidence showed~~ that residents ~~ultimately preferred~~ private rooms ~~or wished they occupy private room~~. Moreover, residents preferred private room ~~maybe make decision by referring to his former experience.~~

Comment [A24]: It is unclear if the residents began to prefer private rooms after living in a shared room for 8 months or after living in a private room for 8 months. Please clarify this.

Westin, A.F. (1967) ~~mentioned~~ ~~proposed~~ that, for most people, privacy ~~implies~~ ~~meant~~ four key points ~~to person~~. The ~~F~~first is, communication, ~~which implies~~ ~~P~~protection of and secrecy with regard to ~~personal~~ ~~over~~ information ~~relevant to privacy or personal privacy~~. The second is, self-control, ~~which is~~ ~~we can~~ the ability to decide ~~one's~~ ~~our~~ feelings ~~by our~~ selection ~~independently~~, if we fail to select, in the absence of which a person experiences a ~~there would be~~ sense of ~~powerlessness~~ ~~helplessness~~. The ~~T~~third is, the free expression of personality, to decide matters ~~relevant to one concerning relevant privacy or personal privacy~~. The fourth, is the freedom to ~~make~~ ~~openly~~ express one's individual feelings and individual feeling would be expressed in the ~~private~~ ~~privacy~~ of one's room. Thus, if privacy was recognized as an important aspect of living, it would help ~~nurture~~ ~~recognizing~~ ~~selfhood~~ would be of great help to individualism feeling and independence among the elderly.

Comment [A25]: This captures the same meaning that the previous sentence conveys. I suggest that you delete this sentence.

Comment [A26]: Please cite this study in the reference list.

~~Sorting out literatures according to this theory, there was bad situation to~~ Another fact supporting privacy is the existence of negative communication between residents ~~of shared~~ ~~sharing~~ bedrooms ~~and their roommates~~. Inoue et al. (1997) pointed out that as ~~C~~compared with the residents of private rooms, they pointed out that residents ~~those~~ living in multiple-occupancy rooms would ~~obviously~~ ~~refused~~ to be in contact with others while ~~doing~~ the acts of sleeping or ~~doing something personal and quiet action~~ (Inoue et al. 1997). Morgan et al. and Stewart (1999) pointed out that two-person rooms provided ~~lesser~~ ~~fewer~~

Comment [A27]: While I have edited this phrase for improved readability, its meaning is not quite clear. Did you perhaps mean 'the ability to keep one's true feelings to oneself'? If so, please revise accordingly.

Comment [A28]: The explanation of this point seems very similar to that of the first point, i.e. communication. Please look into this and let me know if either description needs to be revised.

Comment [A29]: The original sentence was not entirely clear. Please check that the edited sentence conveys your intended meaning.

Comment [A30]: The meaning of the term 'quiet action' is not very clear. Please check whether you agree with my change.

Comment [A31]: For 2-author works, the names of both authors need to be mentioned.

opportunities for social interaction and their residents living in two person room may have quarrel with one another roommates (Sumeragei et al. 2002). Bitzan (1998), however, presented a put forward the positive results picture, stating that there were the stable feeling between residents in sharing rooms and their roommates positively interact with one another. Thus, we can conclude that while Eevidence largely showed that points to negative communication between residents sharing rooms and their roommates were mainly negative, a but feeling supportive relationship may also exist between themouldn't be denied. —

In the section of With regard to self-control, residents sharing rooms may clash points with each other between residents and roommates can be seen. There would be problems for Residents living sharing in two-person rooms would have problems related to ensure their space and privacy protection, etc, (Sumeragei et al. 2002). Other problems include decisions to haveBesides, on and off of televisions and radios on or off and or their volume, inconsistence of bed time and sleeping time, whether or not curtains shall should be drawnshut, whether or not shut or not of the a door facing the corridor should be closed, and lights turned on or off or not of the light, all of which would probably be related to different sleeping timesdecoration or not, etc, were included (Foltz-Gray, 1995; Harris et al., McBride, Ross, & Curtis, 2002; Kaldenberg, 1999; Kane et al., Baker, Salmon, & Veazie, 1998; Ulrich & and Zimring, 2004. Willcocks, Peace, and Kellahe (1987) onee mentioned that the residents' degree of satisfaction degree would be lowered if residents they failed were unable to control their living environment. Thus, When there was a private space in bedroom, residents would enable them to freely express their personality, to prove have their own space, A and control over living their environment, which, in turn, would improve their quality of life quality. —

As to literatures concerning individuation of privacy and feeling, One example of a researcher who studied individualization and private space is Guhe. He studied the all

Comment [A32]: I have reordered the text here to indicate that the decisions to be taken are a result of inconsistent sleeping times and that inconsistent sleeping times itself is not the decision.

Comment [A33]: Please cite this study in the reference list.

Comment [A34]: Please provide the year in parentheses. Also, make sure you cited this study in the reference list.

individual objects and keepsakes of residents at long-term care organization
bedroom institutions. The study It is showed that their possessions included average
possessions 32 personal objects accounted for (74%) and 11 decorative objects (26%) for
appreciation accounting for 26%. When dementia is serious, possessions of residents would
have the tendency of decrease and put forward the discontinuity situation of previous living
condition and organization environment. Inoue et al. (1997) put forward concerning the
difference between residents of shared rooms and private room found that, residents of private
rooms continue to live as they did before entering the institution according to their living habit
and tend to have there are more possessions in their room than that residents of
shared bedrooms do. Tachibana et al. (1997) investigated this phenomenon and found that
the possessing of residents in private rooms and found that residents would gradually
bring more of their possessions into their bedrooms, and the more possessions
they had, residents having more possessions would the more they tended to personalise
manage and arrange their bedrooms, and conduct their preferred leisure activities. Thus, over
time, The result showed that though the elderly live in bedroom when first moved to the
organization, they need time to residents adapt to develop their bedroom new living space
and personalise it such that it as the place to show reflects their personality and feelings. All
These results indicate pointed out that the residents in shared bedrooms find it have
difficulty to make their rooms a reflection of their unique personalities in showing the
personality of residents than private room. Even private rooms will reflect the residents'
also need time to show individual feature personalities only gradually.

Comment [A35]: My edit here is intended to clarify the meaning of the terms 'average possessions' and 'objects for appreciation accounting'. Please check whether the edited sentence retains your intended meaning.

Comment [A36]: The meaning of this sentence is not entirely clear. Consider revising it as follows:

However, in the case of elderly residents with serious dementia, the number of possessions was fewer and their living conditions in the organization were markedly different from their former way of life.'

References

Bitzan, J. 1998. Emotional bondedness and subjective well-being. *Journal of Gerontological Nursing*, 24, 8-15.

Comment [A37]: The references have been edited in conformance with the sample references provided in the formatting guidelines.

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Bowie, P., Mountain, G. and Clayden, D. 1992. Assessing the environmental quality of longstay wards for the confused elderly. *International Journal of Geriatric Psychiatry*, **7**, 95-104.

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Chaudhury, H., Mahmood, A., and Valente, M. 2005. Advantages and Disadvantages of Single-versus Multiple-Occupancy Rooms in Acute Care Environments. *Environment and Behavior*, **37**, 760-786.

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Chia-Hui, W., and Nai-Wen, K. 2005. Architectural Evolution of Long-term Care Facilities. *Taipei City Medical Journal*, **2**, 311-319.

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Duffy, M., Bailey, S., Beck, B. and Barker, D. G. 1986. Preferences in Nursing Home Design: A Comparison of Residents, Administrators, and Designers. *Environment and Behavior*, **18**, 246-257.

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Fleming, I., Baum, A., and Weiss, H. 1987. Social density and perceived control as mediators of crowding stress in high-density residential neighbourhoods. *Journal of Personality and Social Psychology*, **52**, 899-906.

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Comment [A38]: Please cite this study in the main text.

Foltz-Gray, D. 1995. Intimate strangers. When roommates clash, caregivers can ease the tension--or make it worse. *Contemporary Long Term Care*, **18**, 34-37.

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Gifford, R. (2005). Chapter 7: *Crowding*, Japanese translation of Environmental Psychology: Principles and Practice. Tokyo: Kitaohji Shobo, 260-307.

Comment [A39]: Please cite this study in the main text.

Comment [A40]: If this is from an edited book, please mention the name of the book as well as the editor name(s).

Harris, P., McBride, G., Ross, C., and Curtis, L. 2002. A place to heal: Environmental sources of satisfaction among hospital patients. *Journal of Applied Social Psychology*, **32**, 1276-1299.

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Inoue, Y., Toyama, T., Otaki, K., and Ohar, K. 1997. A study on the difference of personalization between single bed room and plural beds room: A study on nursing home with single bed room (Part 3). *Summaries of technical papers of Annual Meeting Architectural Institute of Japan*, **E-1**, 123-124.

Comment [A41]: Consider revising this as follows:
The difference in personalization between single bed rooms and multiple bed rooms: A study on a nursing home with single bed rooms

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Kane, R., Baker, M., Salmon, J., & Veazie, W. 1998. *Consumer Perspectives on Private Versus Shared Accommodations in Assisted Living Settings*. Washington, DC: The Public Policy Institute, Washington, DC.

Kaldenberg, D. 1999. The influence of having a roommate on patient satisfaction. *The Satisfaction Monitor*, 3-4.

Keen, J. 1989. Interiors: Architecture in the lives of people with dementia-. *International Journal of Geriatric Psychiatry*, **4**, 255—272.

Comment [A42]: Please cite this study in the main text.

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Kellaher, L. A. 1986. *Determinants of quality of life in residential settings for old Majesty's Stationery Office*, London.

Comment [A43]: Please cite this study in the main text.

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Kumsuek, Y., Koji, S. and Jun, U. 1994. *The Daily Living Activities Of The Aged In Recuperation Facilities:— A Study On The Rationalization Of Recuperation Environment For the Aged*. *Architectural Institute of Japan*, **466**, 37—46.

Comment [A44]: This title reads awkwardly. Check if the title has been reproduced clearly.

Comment [A45]: Please include the name of the publisher and the page range.

Comment [A46]: Please cite this study in the main text.

Comment [A47]: Perhaps you could revise this as follows:
Day-to-day activities of the aged in recuperation facilities

Lawton, M. P., Fulcomer, M. and Kleban, M. 1984. Architecture for the mentally impaired elderly. *Environment and Behavior*, **16**, 730-757.

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Lawton, M. P. 2001. The physical environment of the person with Alzheimer's disease. *Aging and Mental Health*, **5**, 56—64.

Comment [A48]: Please cite this study in the main text.

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Moos, R. H. and Lemke, S. 1996. *Evaluating Residential Facilities: The Multiphasic Environmental Assessment Procedure*. Sage, London.

Comment [A49]: Please cite this study in the main text.

Morgan, D. G. and Stewart, N. J. 1998. Multiple Occupancy Versus Private Rooms on Dementia Care Units, *Environment and Behavior*, **30**, 487-503.

Comment [A50]: Please cite this study in the main text.

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Morgan, D. G. and Stewart, N. J. 1999. The physical environment of Special Care Units: Needs of residents with dementia from the perspective of staff and family caregivers. *Qualitative Health Research*, **9**, 105-118.

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Mosher-Ashley, P. and Lemay, E. 2001. Improving residents' life satisfaction. *Nursing Homes and Long-Term Care Management Magazine*, **50**, 50-54.

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Sloane, P. D., Mitchell, C. M., Weisman, G., Zimmerman, S., Long Foley, K. M., Lynn, M., Calkins, M., Lawton, M. P., Teresi, J., Grant, L., Lindeman, D. and Montgomery, R. 2002.

The Therapeutic Environment Screening Survey for Nursing Homes (TESS-NH): An observational instrument for assessing the physical environment of institutional settings for persons with dementia. *Journal of Gerontology: Social Sciences*, **57**, 69–78.

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Sumeragi, T., Koga, T., Kojima, T., Munakata, J., and Hirate, K. 2002. A study of the viewpoint of the residents of welfare facility for the aged: User's evaluation of welfare facility for the aged (Part 4). *Summaries of technical papers of Annual Meeting Architectural Institute of Japan*, **E-1**, 929-930.

Comment [A51]: Consider the following revision:
A study of the residents at a welfare facility for the aged: User evaluation of a welfare facility for the aged

Tachibana, H., Toyama, T., Takahashi, T., and Koga, T. 1997. A study on personalization in private room of nursing home for the elderly. *Journal of Architecture, Planning and Environmental Engineering, Transactions of AI*, **500**, 133-138.

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Comment [A52]: Perhaps you could say 'A study on personalization in private rooms at a nursing home for the elderly'.

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Terakawa, Y. 2004. The Relationship Between Environment and Behavior at the Institutional Setting for the Elderly. Paper presented at the annual conference of the Environmental Design Research Association, Albuquerque, NM.

Tuija, T., Simo, N., Jaana, L., Hannu, R. and Marjo-Riitta, J. 2003. Physical activity and social status in adolescence as predictors of physical inactivity in adulthood. *Preventive Medicine*, **37**, 375-381.

Comment [A53]: Please cite this study in the main text.

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Ulrich, R., and Zimring, C. 2004. The Role of the Physical Environment in the Hospital of the 21st Century: A Once-in-a-Lifetime Opportunity, CA: Center for Health Design.

Comment [A54]: This reference appears incomplete. Please check and revise suitably.

Willcocks, D., Peace, S. and Kellaher, L. 1987. Private Lives in Public Places: A Research-Based Critique of Residential Life In Local Authority Old People's Homes. Tavistock, London.

Comment [A55]: If this is a reference to a book, please provide the name of the publisher and inclusive page numbers. However, if this is a reference to a paper presented at a conference, please provide the name of the conference.

Also, please cite this study in the main text.

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Comment [A56]: Please see my notes in the Letter from the Editor.

Table 1. Socio-demographic and health characteristics of the study sample

Characteristic	%	N	Characteristic	Mean	s.d.
Age group					
65-69	6.4	3	Age	79.7	7.5
70-74	12.8	6	ADL score	33.6	31.3
75-79	10.6	5	IADL score	23.4	7.7
80+	70.2	33	Length of residence in institution (months)	27.1	15.6
Gender			Measures of frailty:		
Female	55.3	26	Stroke	40.4	19
Male	44.7	21	Heart disease	44.7	21
Education level			Dementia	36.2	17.0
Illiterate	57.4	27	SD	23.4	11.0
Elementary school	29.8	14	Other chronic diseases	27.7	13.0
Junior high school	6.4	3			
Senior high school	6.4	3			

Notes : ADL = Activities of Daily Living. IADL = Instrumental Activities of Daily Living. SD = sta