



DEMENTIA CARE SERIES

Michigan Department of Health and Human Services
THOUGHTS & SUGGESTIONS FOR CARING

Caring Sheet #8: The Bathroom: Suggestions for the Physical Environment

By Deb deLaski-Smith, PhD

Introduction

Many factors contribute to a successful and satisfying experience while performing personal hygiene or grooming and beauty tasks. This caring sheet will focus on elements of the physical environment that facilitate such tasks for the person with dementia in the bathroom setting.

Personal hygiene tasks often seem challenging to the person with dementia as well as to the caregiver. The confusion the person experiences when tackling these complex tasks, accompanied by fear or uneasiness and embarrassment can be very upsetting.

Many times the setting appears new or unfamiliar, even if the person with dementia "should" remember this particular bathroom. In what feels like an unfamiliar setting, why would one want to disrobe, especially in front of someone else?

- **Mood:** Set the stage; set the feeling. The environment can be a supportive tool. It can offer an ambiance that emotionally excites or soothes the user resulting in agitation or relaxation. The mood of any room is determined by the sights, sounds, textures, and overall physical and psychological warmth of the setting.

Reflect on your own feelings when you have bathed in different surrounds. How about showering in a campground state park with unusual smells and aesthetics, bugs, and uncontrolled temperature and summertime humidity? It can be quite a challenge to encourage someone who doesn't enjoy camping to participate in the event. Now picture yourself in a calming resort with a tub filled with bubbles,



candles aglow, soft music, luxurious towels, and someone to bring a beverage. Clearly, the environment can create a variety of emotional reactions.

The environment has a similar impact on someone with dementia. If the setting is loud and confusing, the person may experience confusion, fear, and uneasiness. In a calm, cozy and warm setting, the person is more likely to experience calm relaxation. Warm colors (yellows, oranges) tend to make the room feel warm even if the actual temperature is not warm.

The room features discussed below may help to promote a calm setting. Certainly, even with a calm setting, other elements such as attitude and approach of care provider, past memories, sensory and cognitive changes, can also greatly affect the task.

Here let's focus on how to make the physical setting feel comfortable and supportive.

- **Location:** If a caregiver has input regarding where the bathroom is located in relation to the main living area or the bedroom, have it be in a similar location to that of a former household where the person with dementia lived. The person may be able to locate a bathroom in a new setting more easily if it connects to the other rooms in a familiar way. For example, persons currently 80 years old either grew up or lived many years in a home with one bathroom that was not attached to a specific bedroom. Bathrooms located within bedrooms can therefore be confusing. If a person exits the bedroom and takes a right turn to find the bathroom, odds are a previous home had the same spatial relationship. Therefore, when a person with dementia relocates to an adult child's household or long term care setting, and if there is a choice of bedroom, select the room with the same room relationship to old visual and spatial patterns. This same principle applies to main living areas. Persons have been known to use a closet as a powder room or half bath simply because of its location.



- **Layout:** Keep the layout of the bathroom simple and intuitive or easy to understand. One might think this would be easy to do for a bathroom, but some designers strive for flash and compartmentalization more than for simplicity. Bathroom elements (tub, shower, toilet, or sink) should be in a logical relationship with each other while providing room to move a wheelchair or walker or for a caregiver to provide assistance. A person may be able to use the toilet more easily when the toilet is visible rather than hidden by a full or half wall. Washing hands may be promoted when the sink is located near the toilet and not visually or physically hidden (see the section on color contrast below).
- **Surface Treatments:** Keep the surface treatments on walls, floor, appliances, and ceiling easy to clean and free of glare. Most finishes in a bathroom are designed to deal with moisture which usually means they are hard and shiny, reflecting both light and sound. To reduce the resulting noise and glare, add materials with texture to the room, such as shelves with folded towels, anti-microbial commercial grade carpet on the floor, or commercial grade waterproof acoustic ceiling tiles that are used in commercial kitchens, indoor pool areas or locker rooms. These tiles are made to control sound and light, without being ruined by high moisture and humidity. They help control the echo effect of bathroom sounds. (Have you experienced the roar of a waterfall? Running water in a noisy, echo filled bathroom can have that same sensation.) The echo and noise can cause anxiety and fear. Noise makes it difficult for a person with normal age-related hearing changes to hear what a caregiver is saying. It is especially difficult for someone with dementia. Surface materials that have a matt or dull finish also help to control glare. Matt finished laminates, Formica, ceramic tiles, or honed stone (e.g. tumbled marble or granite) do not reflect light. Hence a design solution can address glare for a varying price range. Sink and faucet materials can also be selected in a colored, dull or brushed finish. This principle also applies to a flat or satin finish paint or wallpaper. High gloss materials,



while easy to clean, reflect light and images that can be confusing and disorienting for a person with dementia.

- **Visual Interest:** Keep the surface treatments interesting, but simple and easy to understand. Busy wallpaper patterns may be distracting and some individuals may try to pick the wallpaper flowers off the wall. Select a flooring material with no visible pattern, uneven levels or ridges. Solid items seem to work the best, but in using them one needs to avoid creating a boring setting. Visual interest, definitely desirable, can be created with accessories and colorful towels.
- **Color Contrasts:** Provide color or intensity contrast each place a task needs to be performed or where someone truly needs to see an item (e.g. light switch relative to wall, toilet relative to floor, chair seat relative to flooring, cabinet hardware relative to cabinet door front, counter top relative to flooring). As eyes age, the lenses of the eye become yellow in color. This makes color perception difficult unless strong contrasts have been provided. Persons who have had cataract surgery notice an immediate change; items appear more white and brilliant in color. For most older people, a pale yellow will blend with a pale blue or green. A strong yellow in contrast with a light blue will show environmental distinctions. Providing contrast can prevent glasses from being placed on an edge causing them to fall and break. If there is a step up from one area to another, a contrast can make the step visible. If there is no step, then no contrast is needed even if the flooring material changes (i.e., keep the color and intensity of the carpet and the vinyl tile similar in appearance if there is no step). Some older individuals excessively raise one leg anticipating a level change when moving from one type of flooring to the next. They are unsure about the height difference since depth perception becomes impaired as the eyes change with normal aging. On the other hand, when it is appropriate to hide something, such as a storage area or certain outlet or switch, then avoid a color contrast. Let the item fade into the background or use the same wallpaper or paint on the item as is on the area surrounding it.



Unfortunately, in most bathrooms the items that seem to blend into the background are the sink, tub, and toilet; the very items that should stand out for optimum use. White walls, white floor, white tub, white toilet: how does one see these when they all blend together? Simply changing the color of the toilet seat itself can help. Edge contrast can be accomplished by using inexpensive, colorful electrical tape running along the edge of the tub or sink. In summary, when a task is to be performed be sure objects are visible with strong contrast. If something is to remain hidden, be sure there is no contrast of color so the item won't be seen as easily. Effective visual cues can help prevent accidents or falls.

- **Lighting:** An 80 year-old person usually needs three times as much light as a teenager to perform the same function. Therefore, it makes sense to provide light where there is a task to perform. While this is common sense, most artificial lighting, especially in bathrooms is poorly done. The goal is to provide enough light without accompanying glare. The best way to do this is with even illumination and up-lighting or lighting which goes up to light the ceiling and reflects down in an even warm glow. Lighting for the mirror area should not be overhead, which is the case in most bathrooms. The face needs to be washed with light coming from both sides. This rids ones image of dark circles and shadows under ones eyes, nose, lips, and chin. Shadows make shaving and make-up application challenging for anyone.
- **Grab Bars:** Anyone can lose his or her balance. Frequently, we grab onto towel bars, shower curtain rods, and toilet paper holders for stability. These items have not been reinforced in the walls to withstand the weight placed upon them in an emergency. Grab bars should be placed by the toilet, tub, and shower. They are also useful where people dry themselves and might lose balance when bending over. Walls ready to receive a grab bar need to be reinforced with 2x4s or 2x2s running horizontally between wall studs. It is best to put reinforcement in the wall prior to dry wall application. Installing them later requires removal



of wall coverings (wallpaper or tile) and the wall board or green board. Location of grab bars in private homes should be customized to the needs and size of the primary person using the bathroom. A very tall man will want a grab bar at a different height from a frail, petite woman. One might consider toilet grab bars that attach to the wall behind the toilet and come up and down on either side of the toilet. A number of companies provide this type of grab bar that can be raised and lowered as needed and also holds toilet paper. These have height adjustment options as well. For the tub or shower area, a grab bar placed close to the edge where one climbs into the tub or shower, offers stability for getting in and out. Side wall grab bars are imperative for support and assist when one rises up from a sitting position. Some people prefer a diagonally angled grab bar placement for a hand over hand climbing action to rise from sitting in the tub. The American National Standard codes suggest two horizontal, side wall grab bars one placed 33-36 inches above the floor and the other 9 inches above the tub rim. These are frequently 24 inches in length. Use discretion to determine what will work best for the person with dementia. The American National Standards can be consulted for requirements for grab bar placement in commercial, medical, and long term care settings.

- **Window treatments:** Treatments (e.g., blinds, shades, and curtains) should be easy to open and close without breaking. Since they are in a bathroom, they should offer privacy while allowing natural daylight into the space. Daylight can also generate glare; so diffuse the light with sheer fabric or the ability to tilt blinds to angle the direction of the light pattern out of one's field of vision. At night time, window treatments should be able to close completely. Reflections for some persons with dementia have been misinterpreted as stalkers or other persons outside looking in. This can become a cause for resistance to use the room due to fears of being watched.
- **Mirrors:** While most bathrooms have mirrors, some persons with dementia see an unrecognizable reflection and think the bathroom is



occupied by "that nice old woman". In these cases replace a window with a picture or simply cover it. If a mirror is used, mount the mirror at an appropriate height. One's sight line becomes lower as one becomes a little shorter with age. Viewing from a seated position (e.g. from a wheelchair) requires the mirror to be mounted lower than usual. Seeing for one's self promotes independence.

- **Aesthetics:** The new setting should reflect its resident's previous aesthetic tastes (e.g. warm, country, soft pastels; or traditional and formal; or trendy). Aesthetic tastes of those who came through the Depression will not be the same as those of the baby-boom generation. Similarly, the baby-boom generation will have different tastes from that of their children. As both generations age, period preferences and trends change. Ethnic and cultural diversity should also be considered, particularly in private space areas such as the bathroom.
- **Accessories:** Use of as many personal possessions and accessories as possible is crucial to room acceptance. This is not the time to freshen-up the decor with new unfamiliar accessories. Persons with dementia need these cues to reinforce their sense of place and not feel abandoned in a totally strange setting (regardless of how tattered these accessories may be getting). Items that are fabric in nature help to absorb sounds. Colorful towels also add interest and visual contrast.
- **Temperature:** Try to provide a bathroom that is free from drafts and has a comfortable temperature. Older individuals tend to prefer warmer settings and this is particularly evident in a place where one changes clothing. As a person ages, the ability to maintain body temperature declines. The ability to keep warm must be enhanced by heaters and warm towels. Having a heater or heat lamp in the bathroom is especially useful. The caregiver may be too warm, but the person bathing or showering will likely be only just warm enough. The towel warming bar is an accessory from the late 1800s that is again becoming popular.



- **Ventilation:** Along with temperature control comes good air movement and the removal of moisture and odors. Ventilation is very important, but can also be very noisy. Ventilation should be provided in the room but perhaps not used while the person with dementia is occupying the space. The noise can be too distracting and may take away the calm atmosphere one is trying to achieve. Use the fans after all have left the bathroom; the excess moisture still needs to be removed from the building. It can be helpful to put the ventilation system on a timer so it turns off after a set amount of time.
- **Sound Control and Acoustics:** Sound control is extremely crucial and was discussed in the section addressing surface treatments. In addition to the absorption of sounds, consider introducing other calming distractions such as music. Many people respond favorably to singing in the tub or shower, regardless of the quality of vocal talent. A favorite radio station, tape, or CD could also be played on a small stereo. Oldie tunes work well for a sing along.

Conclusion

Information about the background of the person with dementia can help determine appropriate environmental cues and features to calm and reassure the person in preparation for the bathroom task at hand. Use environmental elements as described above to enhance the success and pleasure of the task. Be creative in exploring intervention options since forcing the task rarely works. The physical environment has a major impact on how the person with dementia experiences the task and also on how difficult the task is for the caregiver. Environmental interventions need not be expensive and the outcome can enhance the bathing process for both the person with dementia and the caregiver.



DEMENTIA CARE SERIES

Michigan Department of Health and Human Services

THOUGHTS & SUGGESTIONS FOR CARING

Caring Sheet #8

The Bathroom: Physical Environment

D. deLaski-Smith

Page 9 of 9

Edited and produced by Eastern Michigan University (EMU) Alzheimer's Education and Research Program for the Michigan Department of Health and Human Services (MDHHS), with gratitude to the Huron Woods Residential Dementia Unit at St. Joseph Mercy Hospital, Ann Arbor, Michigan.

The author, Deb deLaski-Smith was Professor of Interior Design at Eastern Michigan University.

Editor: Shelly Weaverdyck, PhD, Former Director EMU Alzheimer's Education and Research Program; Email: sweaverd@umich.edu

All Caring Sheets are available online at the following websites:

http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_38495_38498---,00.html

(Michigan Department of Health and Human Services MDHHS), at **<http://www.lcc.edu/mhap>** (Mental Health and Aging Project (MHAP) of Michigan at Lansing Community College in Lansing, Michigan), and

at **<https://www.improvingmipractices.org/populations/older-adults>** (Improving MI Practices website by MDHHS)

The Caring Sheets were originally produced as part of the in-kind funding for the Michigan Alzheimer's Demonstration Project. Funded by the Public Health Service, Health Resources and Services Administration (1992-1998) and the Administration on Aging (1998-2001) 55% federal funding and 45% in-kind match. Federal Community Mental Health Block Grant funding supported revisions to Caring Sheets (2002-2018).