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REVIEW ARTICLE

RESIDENTIAL AGED CARE AND HOMELIKE ENVIRONMENTS: A SCOPING LITERATURE REVIEW OF VIEWS OF THE AGED CARE WORKFORCE

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ABSTRACT

Evidence exists of the benefits of homelike environments for residents of residential aged care facilities (RACF). To date, most research has focused on the perceptions, experiences, and quality-of-life outcomes of homelike environments from residents' perspectives. The views of the aged care workforce (ACW) about homelike environment in RACF is under-researched.

A scoping review was conducted of the PubMed, Medline, PsychInfo, CINAHL, and Scopus databases in April 2021. Search terms included: homelike environment; residential aged care; staff. Perspectives of ACW were synthesized using Rijnaard's framework, encompassing three key categories. Of 1,597 papers identified, 21 articles published from 1990 to 2021 met the eligibility criteria for review. The scoping review provided insights from nursing staff, facility managers, administrators, and also activity coordinators, laundry, and catering staff.

Eight key elements of homelike environments were identified, further classified into three key categories: (1) built environment (indoor and outdoor spaces); (2) psychological elements (residents' choices and control, maintaining residents' beliefs and habits); (3) social elements (relationships with residents, families, and staff, communal environments and maintaining contact with community). No important differences in themes across ACW groups were evident. Homelike environments were associated with higher job satisfaction, lower burnout, lower staff turnover and did not contribute to staff distress nor perceptions of reduced safety. Homelike environments are potentially beneficial for ACW.

Review findings can inform planning, implementation, and evaluation of homelike environments, to ultimately enhance outcomes for ACW and residents in RACFs.

KEYWORDS

Evaluation, homelike, residential aged care, scoping review, workforce

INTRODUCTION

Of the 1.3 million adults in Australia who received aged care services in 2018-19, 183,000 people were living in residential aged care facilities (RACF) [1]. Evidence exists that homelike environments are beneficial for RACF residents [2]. However, the term 'homelike environments' has been variously defined, including, "personal spaces where an individual has the freedom to make choices and decisions, feels safe and secure, recalls fond memories, and maintains a certain control level." [3 p.397]. Other key attributes of homelike environments include "flexible times for getting up and returning to sleep, resident engagement in household tasks, access to various snacks, family-style meal services, and resident control of portion size." [4 p. 20]. To date most research has focused on the perceptions, experiences, and quality-of-life outcomes of homelike environments from residents' perspectives. The views of the aged care workforce (ACW) about homelike environment in RACF is under-researched. Given the diversity of the ACW in RACF, and that residents and staff all utilise the same RACF space [5], researching ACW views is essential. Evidence exists that the built environment can play a vital role in supporting ACW to integrate resident involvement into their daily caring activities [6]. Since the role of ACW in homelike environment facilities is changing, and their responsibility has been increasing since the care is person-centred, with emphasis on individual well-being [2], understanding their views on homelike environment will be useful in physical planning and design of RACFs to establish a supportive environment for all ACW [6].

This paper reports on a scoping literature review to investigate and describe views of the ACW on homelike environments within RACFs. Two research questions are:

1. What are the key elements of homelike environments from an ACW perspective within RACFs?
2. What impacts do homelike environments have on the ACW within RACFs?

METHODS

A scoping literature review was conducted following the PRISMA checklist and comprised of five steps [7].

1. Identifying research questions
2. Identifying relevant studies: Searches were conducted of five databases (PubMed, CINAHL, Scopus, Medline, and PsycInfo). Reference lists were also checked and a grey literature search was also performed using Google Scholar. Key search terms included:
    1. Homelike environment terms: home* environment
    2. Residential aged care terms: care home, nursing home, residential aged care
    3. Staff terms: staff, employ*, worker*, assistant*
3. Selecting studies: The online software Covidence was used to screen titles and abstracts for suitable articles. Full-text reviews were conducted for articles meeting eligibility criteria.

Inclusion criteria

- Studies published in English from January 01, 1990 to January 01, 2021 given the substantial changes in legislations, demands, policies and commissions of inquiry into RACF.
- Studies targeting adults aged 65 years and over residing in RACFs
- RACF ACW, including clinical staff (nurses, allied health), non-clinical staff (activity coordinators, kitchen staff, managers), and unpaid staff (volunteers)
- Qualitative and quantitative, and mixed-method studies
- Studies investigating the key elements of homelike environments within RACFs
- Studies investigating the impacts of homelike environments within RACFs on the ACW

Exclusion criteria

- Studies targeting other types of aged care facilities such as Aged Care Retirement Villages
- Data collected from residents, family members, friends, and relatives.
- Opinion pieces and commentaries

4. Charting data: First author performed the extraction and synthesis, with each step critically discussed, debated, and confirmed with the other two authors. A data-charting table was developed and used to extract data from each study.

5. Collating, summarizing, and reporting the results: Thematic analysis was informed by the Framework method [8]. Homelike environment emerging themes were summarised using Rijnaard's three category framework [9]: (1) built environment elements; (2) psychological elements; (3) social

elements. Findings about the impacts of homelike environments were classified into three categories: positive impacts, negative impacts, and no impacts.

The first author (as part of his Master of Public Health Research Project) conducted the literature search and data analysis, and the other two authors (Supervisors) guided the study design and were involved in interpretation of findings and implications.

RESULTS

Of 1,597 papers identified, 21 articles published from 1990 to 2021 met the eligibility criteria and were reviewed (Figure 1). Table 1 presents study authors, aims, population and sample size, methods, and key themes. Study designs ranged from: quantitative design (questionnaires) (n=1), mixed-method study (n=1), and qualitative design (focus group discussion (FGD) and semi-structured interviews (SSI) (n=19). FGD (n=1) and SSI (n=3) were identified from grey literature. Table 2 summarises study scope, design and settings.

The reviewed literature included perspectives of a wide range of staff, including registered nurses/RNs and enrolled nurses/ ENs, facility managers, administrators, and to a lesser degree from activity coordinators, recreation assistants, and auditing, laundry, and catering staff.

FIGURE 1. FLOW CHART OF THE STUDY SELECTION

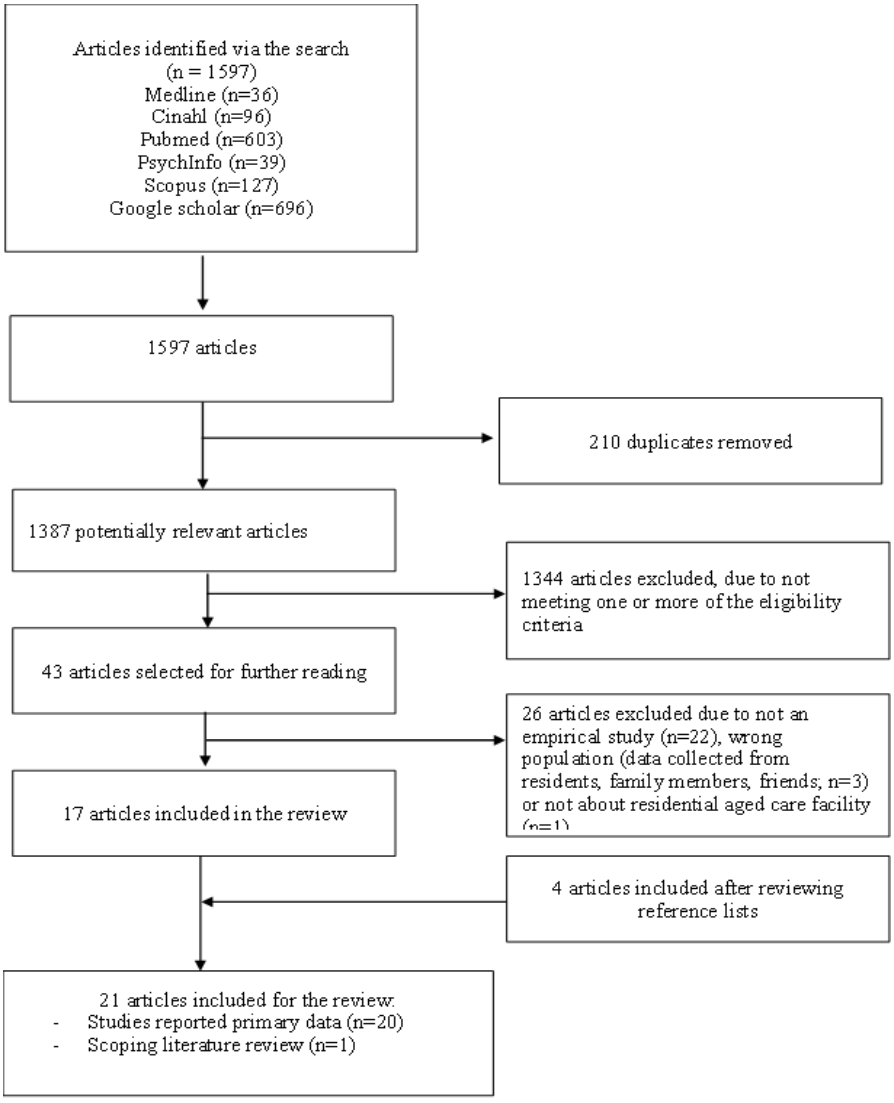

TABLE 1. CHARACTERISTICS OF EACH STUDY

Author (s)	Aims or purpose	Study population and sample size	Methods	Key themes
Adra et al. (2015) [10]	To explore the perspectives of quality of life for a sample of older residents, care staff and family caregivers.	20 residents, eight family caregivers and 11 care staff (female 73%, average age 37 years) from two care homes. Staff are eight registered nurses, two nurse managers, and three licensed practical nurses.	Semi-structured interviews	Maintaining spiritual beliefs Relationships with other residents, family members, and staff Engagement in meaningful activities
Ausserhofer et al. (2016) [11]	(1) To identify homelike residential care models for older care-dependent people with and without dementia, and (2) To explore the impact of these models on resident-, family-, and staff-related outcomes.		A scoping literature review	No significant benefits associated with physical and psychological outcomes for staff-related outcomes
Boekhorst et al. (2008) [12]	To determine the differences in job characteristics of nursing staff in group living homes and their influence on well-being.	183 nurses (female 94%, average age 37 years) in 20 group living homes 197 nurses (female 92%, average age 43 years) in 14 nursing homes	Questionnaires based on JDCS model and the Michigan model	The results indicate that nursing staff in group living homes have a higher job satisfaction and lower burnout than their colleagues in traditional nursing homes, because they have more control, fewer demands, and more social support from their co-workers.
Brown et al. (2016) [13]	To compare workforce characteristics and staff perceptions of safety, satisfaction, and stress between Green House (GH) and comparison nursing homes (CNHs).	13 GHs (female staff 96%, average age 46 years) and 8 comparisons Nursing Homes (female 86%, average age 42 years) in 11 states	Workforce data from human resources office and staff perceptions from surveys	GH environment may promote staff longevity and does not negatively affect worker's stress, safety perceptions, or satisfaction. Larger studies are needed to confirm findings.
Canham et al. (2017) [14]	To explore the meanings and experiences of home from the perspectives of paid staff members.	32 participants (female 91%): 18 residential care aides, one activities coordinator, five licensed practical nurses, three registered nurses, and five management staff members from two residential long-term care facilities	Semi-structured in-depth interviews	Private rooms with personal belongings Offering choices for residents Relationships with other residents, family members, and staff

Davison et al. (2019) [15]	To determine factors that facilitate or impede adjustment to residential aged care (RAC) from the perspectives of residents with dementia, families of residents with dementia and facility staff.	12 residents, 14 family members, 12 RAC staff members (female 92%, average age 43 years) from 14 RAC facilities in the Eastern and Southern regions of Metropolitan Melbourne	Qualitative: face to face interview	Private rooms with photographs Indoor décor Relationships with other residents, family members, and staff Participation in activities in the RACF
Ettelt et al. (2020) [16]	To examine how care home managers conceptualized the approach to delivering personalized care	24 care home managers from 24 small, medium, and large care homes	Semi structured interview	Respecting residents' wishes and decisions Relationships with other residents, family members, and staff Encourage residents to participate in domestic activities
Farvis (2006) [17]	To explore how the provisions of a home-like environment in long term residential aged care are interpreted from the perspectives of residents, family/friends, and staff	18 participants including 6 residents, 6 family/friends, 6 staff members (4 RNs, 1 personal care worker and a laundress) from three RACFs in Melbourne's west suburbs (female staff 100% average age 45 years)	Semi-structured interview	Private rooms with personal belongings Indoor décor The right to, and respect of privacy Choices of food Relationships with other residents, family members, and staff and communal entertainment
Fetherstonhaugh et al. (2016) [18]	To explore the ways in which direct care staff in Australian RACFs perceive that they support and facilitate decision making for people with dementia.	80 staff members from 14 RACFs in Victoria and Queensland including 15 RNs, 14 ENs, 42 personal care assistants/personal carers/assistants in nursing, 4 nurse unit managers, 1 Residential service manager, 1 Transitional care coordinator and 3 lifestyle/diversional therapist	Semi-structured interviews and focus group interviews	Offering different choices for their decision making
Hampson (2008) [19]	To understand more about the impact of the built environment, that is, the effect of the design and layout of the facility on the everyday life of residents.	16 staff including personal care workers, nursing staff, recreation officer, and registered nurse	Qualitative: small group interview	Private rooms Indoor spaces Outdoor spaces Cultural needs Family engagement
Jaye et al. (2015) [20]	To explore the ways in which two aged residential care facilities in New Zealand construct and present themselves through the stories told by those who live and work in them.	21 participants including RACF managers RNs (average age 50 years), care workers (average age 40 years), auditor, 4 residents and 5 family members	Qualitative: observational fieldwork, individual interviews, and group interviews	Indoor décor Offering autonomy for residents Maintaining residents' habit

Lee et al. (2016) [21]	To explore staff perceptions of the role of physical environment in dementia care facilities in affecting resident's behaviours and staff care practice.	15 staff members (female 94%) from 2 care homes including: two administrators, three nurses, one recreation assistant, eight care aides and one family member	Focus Group Discussions (FGDs)	Outdoor spaces Private rooms with personal belongings Small size of the facilities
Murphy et al. (2008) [22]	The aim of this study was to explore nurse managers' perceptions of quality of life of older adults living in residential care in Ireland and key policy issues	67 Managers sampled from 568 residential care facilities across Ireland	FGDs	Private rooms with en suite facilities Choice and control Close relations with family members Maintaining contact with their communities; Meaningful recreational activities based their needs and interest
Naccarella et al. (2018) [23]	To explore residential aged care (RAC) workplace design features that influence how RAC staff feel valued, productive, safe, like they belong and connected.	Nine staff from one RACF (female 78% average age 50 years)	A multistage qualitative research approach: photo elicitation with staff, individual interview with director and validity testing with an advisory committee	Indoor and outdoor spaces
Roberts (2016) [24]	To focus on the working relationships and care staff perceptions of their role in the regulation of resident risk and autonomy in one of the new Canadian care settings adopting the culture change model.	12 staff members from one long-term care facilities consisting of 4 households including director, activity director, eight care assistants and two registered nurses	Interviews and observation	Private rooms Indoor spaces Resident's choices
Shield et al. (2014) [25]	To determine the administrators' motivations for instituting change, understand which practices they chose to implement in their facilities, identify their challenges and strategies, and illustrate dynamics of decision and implementation processes	64 nursing home administrators sampled from 3695 nursing homes	Semi-structured telephone interviews	Outdoor spaces Indoor spaces
Suhonen et al. (2018) [26]	To describe nurse managers' perceptions of the care environment in nursing homes and how the residents' ability to function may be improved	Fourteen nurse managers from six nursing homes in Southern Finland (female 100%, average age 49 years)	An exploratory, descriptive qualitative design based on focus groups	Indoor and outdoor spaces Private rooms with personal belongings Offering choices Supporting personal cultures Communal environment: Outdoor activities

Sundarajoo (2017) [27]	To understand the lived experience of person-centred care in residential homes in New Zealand and Singapore, from the perspective of residents, family members and frontline caregivers.	30 residents, 10 family members and ten frontline caregivers (25 participants from Singapore and 25 from New Zealand (female staff 100%, average age 45 years in NZ and 26 years in Singapore	Semi-structured interviews	Offering residents' choices Personal interaction with staff
van Hoof et al. (2016) [28]	The goal of this study is to gain insight into the experiences and views of actual residents, their relatives and care professionals, in order to understand their needs in relation to the design of nursing homes and to promote a social context that facilitates person-environment integration.	26 staff (nurses and nursing aides)	A qualitative methodology: photography, in depth interview and FGDs	Building and interior design Autonomy and control Relationships with other residents, family members
Verbeek et al. (2012) [29]	To provide an in-depth insight into the experiences of family caregivers and nursing staff with daily care processes in small-scale living facilities	Participants for questionnaires: 130 family caregivers (67 in small-scale living facilities and 63 from regular wards), 309 nursing staff (101 from small-scale living (female 96%, average age 42 years) and 208 from regular wards (female 90%) In-depth interviews conducted in small-scale living facilities only: 13 family members and 11 nursing staff (female 73%, average age 34 years)	Questionnaires and semi-structured interviews	Positive Aspects of working in a small-scale living facility Involvement and personal contact with residents A feeling of being able to spend more time and attention on the residents Autonomy in day structure and the related responsibility and self-confidence
Wang et al. (2020) [30]	To explore the experiences of food choice and meal service in residential aged care facilities and its impact on autonomy, self-determination, and quality of life from the perspectives of both residents and staff.	14 participants (7 residents and 7 staff members) from two RACFs. Staff includes 1 catering assistant, 1 catering staff-chef, 2 RN, Manager (female staff 71%, average age 40 years)	An exploratory descriptive qualitative approach	The importance of food choices for residents

TABLE 2. STUDY SCOPE, DESIGN AND SETTINGS

Included Studies: Number and Design	Location
6 studies: 4 individual interviews and 2 focus groups	Australia
6 studies: 2 individual interviews, 2 focus groups, 1 quantitative (380 nursing staff from 34 facilities), 1 mix-method study	Europe (England, the Netherlands, Ireland, and Finland)
3 studies: 2 individual interviews, 1 focus group	Canada
2 studies; 1 individual interview, 1 observational study	USA
1 study: individual interview and focus group	New Zealand
1 study: individual interview and focus group	Cross country (New Zealand and Singapore)
1 study: Individual interview	Lebanon
1 scoping review of quantitative studies	OECD countries

Definitions and features of homelike environments.

Multiple definitions and features of homelike environment were identified (Table 3).

TABLE 3. DEFINITIONS AND FEATURES OF HOMELIKE ENVIRONMENT BY SEVERAL AUTHORS

	Homelike environment definitions and features
Farvis [31]	To provide a homelike environment, three major factors need to be considered: physical (private rooms with personal touches, flowers, plants in the garden; social (interpersonal relationship among residents, between residents and staff and between staff and families); psychological (with an emphasis on the facilitation of independence, individual choice, privacy, and dignity)
Fleming et al. [32]	A homelike environment includes maintaining residents' sense of self within a safe, comfortable, and familiar environment and access to the wider community. Over and above the physical environment, it is essential that residents can retain a sense of control and agency, and to preserve their individual routines and favourite activities as far as possible.
Molony [33]	A homelike environment includes spaces that enhance belonging, familiarity, navigation, and mastery. Residents have opportunities to truly be a part of the environment, through activity, relationship, and participation.
Rijnaard et al. [9]	The sense of home is influenced by 15 factors, divided into three themes: (1) psychological factors (sense of acknowledgement, preservation of one's habits and values, autonomy and control, and coping); (2) social factors (interaction and relationship with staff, residents, family and friends, and pets) and activities; and (3) the built environment (private space and (quasi-)public space, personal belongings, technology, look and feel, and the outdoors and location).

Table 4 summarises three key categories of homelike environments in terms of their presence or absence as reported in each study. An additional eight key elements of homelike environments were identified and classified into the three key categories [9].

1. Built environment elements: (1) indoor; (2) outdoor spaces.
2. Psychological elements: (3) residents' choices and control; (4) maintenance of residents' spiritual beliefs; (5) maintaining resident habits.
3. Social elements: (6) interpersonal relationships with residents, family members and staff; (7) communal environments; (8) maintaining contact with their community.

TABLE 4. THE KEY CATEGORIES OF HOMELIKE ENVIRONMENTS IN REVIEWED STUDIES

Authors	Country of Origin	Themes for homelike environments based on Rijnaard et al. 2016		
		Built Environments elements	Psychological elements	Social elements
Adra et al. (2015)	Lebanon	×	√	√
Canham et al. (2017)	Canada	√	√	√
Lee et al. (2016)	Canada	√	×	×
Roberts (2016)	Canada	√	√	×
Davison et al. (2019)	Australia	√	×	√
Farvis (2006)	Australia	√	√	√
Fetherstonhaugh et al. (2016)	Australia	×	√	×
Hampson (2008)	Australia	√	√	√
Naccarella et al. (2018)	Australia	√	×	×
Wang et al. (2020)	Australia	×	√	×
Jaye et al. (2015)	New Zealand	√	√	×
Sundarajoo (2017)	Singapore and New Zealand	×	√	√
Ettelt et al. (2020)	England	×	√	√
Murphy et al. (2008)	Ireland	√	√	√
Shield et al. (2014)	USA	√	×	×
Suhonen et al. (2018)	Finland	√	√	√
van Hoof et al. (2016)	Netherlands	√	√	√

CATEGORY 1: BUILT ENVIRONMENT ELEMENTS (N=12) [14,15,17,19-26,28]

Indoor spaces

Allowing residents to have private bedrooms with private bathrooms, and to decorate rooms with favourite personal belongings, was reported to be factors that made facilities feel homelike. Nurse managers [22] and personal care assistants [24] reported that it was very homelike when residents had private bedrooms with en-suite facilities that they did not have to share with other residents. Providing residents with private bedrooms with private bathrooms was fundamental to a good quality of life [22]. Homelike environments could also be created when residents were allowed to decorate private bedrooms with their favourite personal belongings and materials, such as photographs [14,21,26]. RNs also reported that residents would feel more at home when a right to privacy was granted and respected [17]. Homelike environments were also facilitated by interior decorations and furnishing to create a loving, relaxed, and a clean environment [15,17,19-21,23,25,26,28] including colourful artworks or murals on the walls, colour and quality materials in curtains, scented flowers and plants, natural sunlight, and hair salon access.

Outdoor spaces

Outdoor gardens were viewed as not only for residents and families to enjoy, but also relaxing places for staff. Personal care assistants and allied health staff reported that the garden was a quiet and relaxing place they could walk around if they had a bad day [23]. Administrators reported improved morale among residents and staff thanks to minor external changes, stating that gardens, and patio areas with flowers and a pleasing atmosphere, significantly improved the aesthetics of the building and staff morale [25]. However, outdoor spaces need to be safe and accessible, especially for individuals using wheelchairs and other movement assisting devices [21].

CATEGORY 2: PSYCHOLOGICAL ELEMENTS (N=14) [10,14,16-20,22,24,26-30]

Residents' choices and control

Catering staff reported that restricted food choices might have a negative impact on residents' appetite [30]. Most decisions about planning menus were centrally, so there was no room for individual variation and change at the facility level. Lack of autonomy at the local facility level was reported to lead to frustration among catering staff [30]. Staff also raised issues such as bulk and processed foods, food being over-cooked and poor-tasting, which they related to resident safety and their own professional duty of care for residents [30].

Maintaining residents' spiritual beliefs

Allowing residents to maintain their personal culture was reported in three studies with RNs [19], nurse managers [29] and clinical staff [10]. Maintaining and practicing spiritual beliefs offered a sense of purpose, meaning, spiritual nourishment and renewal, which improved quality of life [10]. Supporting individual culture was described as creating an environment that accommodated individuals' spirituality and spiritual needs by acknowledging each individual's cultural background [26]. Religious activities need to be arranged around seasonal holy days [26].

Maintaining residents' habits

Facility managers [16] and RNs [20] reported maintaining residents' habits as key to homelike environments. Household tasks kept residents active and engaged and formed part of what made residential aged care homelike [20]. It was also a way of maintaining continuity in residents' lives [16]. Maintaining residents' habits was often reported to be symbolic, with residents willing to assist staff if no longer being able to actually perform the task, or recalling that they actually do not like household tasks [16]. Allowing residents to participate in household chores also increased opportunities for staff to interact with residents beyond basic nursing care moments [29].

CATEGORY 3: SOCIAL ELEMENTS (N=10) [10,14 17,19,22,26-28]

Family members were noted to be experts about the residents and could play an important role in providing a sense of continuity from past to present, including through active support [10,15]. Family involvement was the main factor when settling new residents into a facility. Lifestyle coordinators, clinical managers, and personal care attendants reported that family members should be there at the facility regularly in the first few months to make residents feel safe and not abandoned [15].

Communal environments

Group activities were reported as providing an opportunity to give purpose in life, acquiring new skills, maintaining self-value, occupying time, and addressing boredom [15]. Examples of communal environments included festival-related activities and events such as Relatives' Day, Mother's Day, Christmas [26], craft sessions, small group

activities, communal entertainment [17], and meaningful recreational activities [22].

Maintaining contact with their community

Nurse managers [22] reported that residents should have opportunities to engage in social activities, highlighting the essential elements of planned provision, various options, and a choice about whether to engage. It was also important for residents to retain connection with their communities and for people from those communities to be sometimes engaged in activities at the facilities [22].

The impacts of homelike environments on the ACW

Of the 21 studies reviewed only four reported impacts of homelike environments on the ACW [11-13,29]. Three studies reported positive impacts [12,13,29], while one scoping review found no differences [11]. Brown et al. [13] compared workforce characteristics and staff perceptions of safety, satisfaction, and stress between Green Houses (GH) [34] and compared nursing homes (CNHs) and found that staff turnover was lower in GHs compared to CNHs. However, owing to a relatively small sample size and potential biases due to a low survey response rate [13], study results should be regarded as tentative.

A process evaluation of the experience of nursing staff in small-scale, homelike facilities in dementia care revealed that 93% of staff reported that if the work environment changed away from being homelike, they would leave work [29]. Moreover, 56% of staff employed in traditional nursing homes reported that they would like to work in homelike facilities. Three positive aspects of working in a small-scale, homelike facility were reported: (1) involvement and personal relations with residents; (2) having more time and attention for residents; and (3) being autonomous in structuring their day and the related responsibility and self-confidence associated with that [29]. Negative aspects of working in a small-scale, homelike facility [29] also exist. For example, staff reported that working alone they missed their team to discuss care problems, share responsibility and seek help. Staff shortages were also mentioned as staff felt that they could not spend enough time with residents. The emotional burden of homelike environments was also described by nursing staff as a negative aspect of working in them. While this process evaluation did not report impacts of homelike environments on staff [29], staff experiences of homelike environments are important process variables that need to be assessed when evaluating the measurable impacts of homelike environments.

A study on the effects on job satisfaction and burnout of working in group living homes [12] for older people with dementia revealed that nursing staff reported higher job satisfaction and lower burnout than those working in traditional nursing homes, due to more job control, less job demands and more social support from their colleagues [12]. However, a scoping literature review [11], found no evidence that homelike residential models enhanced staff-related outcomes such as higher job satisfaction or reduced caregiver burden/distress.

DISCUSSION

Homelike environment is a complex [11], dynamic, and subjective concept that has implications for residents, family members, and the ACW. The review revealed a lack of consensus about the definition of homelike environments. Multiple definitions emphasise (1) built environments, (2) social interactions and (3) psychological aspects, consistent with the three-category Rijnaard's framework that informed this review. These three key categories are also important contributing factors influencing a homelike environment [9,35], and also in alignment with the concept used by Eden Alternative [11] and GHs to create a homelike environment.

The current review of ACW views identified 8 specific key elements of homelike environments: (1) indoor and (2) outdoor spaces; (3) residents' choices and control; (4) maintenance of residents' spiritual beliefs and (5) habits; (6) interpersonal relationships between residents, family members and staff; (7) communal environments; and (8) maintaining contact with their community.

In the studies included in this review, nursing staff were predominantly female (89%) with an average age of 44 years, which is consistent with the findings from the Australian Aged Care Royal Commission [36] (87% of the direct care workers in residential care being female; median age of 46 years). This lends support to the possibility that, taken together, the included samples may be representative of the wider ACW. The review included the studies published from 1990 to 2021. However, the studies included in the review were published from 2006-2020, revealing that it took 16 years for key policy changes to result in the published research in the field.

Four key elements of homelike environments were mentioned most frequently by the ACW in the included studies: indoor spaces; outdoor spaces; residents' choices

and control; and interpersonal relationships with peers, family members, and staff. Four other elements were mentioned less often: maintaining residents' habits, spiritual beliefs, communal environments, and maintaining links with community. Maintaining links with the community was mentioned by staff as mattering to residents but no information was reported about whether the theme mattered to staff. This might be because the ACW has differing priorities and needs in defining homelike environments. By considering these differences, RACFs could generate solutions or interventions for creating homelike environments that consider all the elements that matter to benefit both ACW and residents.

Review findings are consistent with other published studies on the topic of homelike environments. Five of the key elements of homelike environments identified in this study were consistent with the elements in an environmental audit tool developed in Australia [37], which includes indoor spaces, outdoor spaces, maintaining residents' habits, communal environments and maintaining contacts with the community. Two key elements of homelike environments, indoor spaces, and outdoor spaces also emerged in the study investigating the architectural factors that contribute to a sense of home and how these factors could be implemented in design guidelines for the Netherlands [35]. However, the additional contribution of current review lies in the identification of three additional elements that were important to the ACW.

ACW's and resident perspectives were aligned. For example, one study proposed that physical, social and organizational characteristics should be incorporated in care concepts to create a homelike environment for residents with dementia [38]. Potential tensions also exist between perspectives. For example, greater resident choice and autonomy might increase staff workload and burnout [39]. When choices were provided, caution was needed in terms of financial and human resources [22]. Staff shortages were also mentioned by nursing staff in a small-scale, homelike facility [29]. RACFs may or may not have the financial resources to create a homelike environment.

Homelike environments were associated with higher job satisfaction, lower staff burnout; and did not contribute to staff distress nor perception of reduced safety. These positive associations were confirmed in a quasi-experimental, longitudinal study in the Netherlands [40]. However, the earlier scoping review (2016) found no difference in staff-related outcomes between homelike residential care models and traditional nursing home models [11].

The potential for positive impacts of small-scale, homelike care models, identified in this review, was consistent with findings of a recent Australian Royal Commission Report [1], recommending that a small-scale, homelike model for future RACFs needs to be available and requires immediate attention. However, it was argued that, without government intervention to steer the sector toward smaller-scale models, providers and developers would continue to build large-scale facilities. Strong leadership and appropriate financial support were required to encourage the building or upgrading of RACFs for more appropriate homelike residential aged care models.

STRENGTHS AND LIMITATIONS OF THE REVIEW

This scoping literature review used robust, inclusive, and replicable methods to identify relevant literature and to extract and synthesise evidence. The nature of a scoping literature review (which includes all identified studies, not only those appraised as being of high quality) gave a broad scope to provide and capture a comprehensive summary of the evidence on diverse homelike environments within RACFs. Rijnaard's framework proved to be a useful basis for synthesising and describing review findings.

This review was limited to the studies published in English from 1990 to 2021, hence relevant studies might have been missed. Most of the papers identified (n=20) were from high-income countries; there might be different perspectives from low- and middle-income countries. Fewer perspectives about key elements of homelike environments were identified from non-clinical staff and no perspectives from unpaid staff. This was a general aged care literature review without focusing on any specific aged care populations, such as older people living with dementia. Future studies could explore the perspectives of unpaid staff and non-clinical staff and in relation to specific aged care populations (e.g., older people living with dementia). Future studies could explore the perspectives of homelike environments within RACFs. Impact and economic evaluations were also required of homelike residential aged care environments. Prioritization exercises should also be conducted to gain better understanding of any tensions between residents' and ACW's perspectives; and how these tensions could be resolved.

The review identified a limited number of studies from mainly aged care nursing staff, facility managers, administrators, and to a lesser degree from activity coordinators, laundry, and catering staff. No perspectives about the key elements of homelike environments from unpaid staff were identified.

CONCLUSION

Eight key elements of homelike environments from the ACW's perspectives were identified. The National Aged Care Mandatory Quality Indicator Program (QI Program) in Australia requires all approved providers of residential aged care (RAC) services to collect and submit new quality indicators by July 2023 [41]. However, there are no RAC environment related indicators among the eleven quality indicators [41]. While evidence exists, that homelike environments are beneficial for ACWs, study findings can inform future planning, implementation, and evaluation of homelike environments, to ultimately improve the outcomes for the ACW and residents in RACFs. While this scoping review has identified some key priorities for enhancing RAC through homelike environments, more focused and systematic reviews are required on RAC environments to identify the key factors that support both residents and staff.

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