RECOMMENDATION FOR ELDERLY SOCIAL SPACE IN SATELLITE OUTPATIENT DEPARTMENT (S-OPD) IN GOVERNMENT HOSPITAL FOR AGED SOCIETY

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Abstract - Thailand is facing the challenges of an aging society, leading to an increase in elderly patients in hospitals and a subsequent strain on hospital efficiency. To address this issue, the Ministry of Public Health (MoPH Service plan 2018-2022) has implemented a policy to increase the potential of Satellite Out-Patient Department (S-OPD) to support patients with Non-Communicable Diseases (NCDs) and improve the efficiency of their treatment. However, the policy has been criticized for focusing only on the basic functional areas required, such as staff occupation (Criteria for establishing and adjusting the potential of health service units, 1st revised edition 2018), and lacking consideration for the quality of waiting time.

Numerous research studies ((Blokland-Plotters, 2003; Cattell et al., 2008), (Jamie Anderson, 2017), (Justin Zhuang, Kampung Admiralty,2020) have shown that social interaction can significantly impact the physical and mental health of patients. Thus, the question arises as to what activities elderly patients should engage in while waiting in the hospital or how social spaces can be developed to enhance their physical and mental health and that of their relatives.

This research focuses on Ratchaburi Community Health Center and its NCDs elderly patients, using questionnaires and interviews to explore the potential of social spaces in the hospital and observe patient seating preferences. The findings suggest that most patients are satisfied with the social space and social interaction in the health center, as they are familiar with each other. Moreover, they create social activities outside of hospitals that promote their health.

Keywords- Aged Society, NCDs, Satellite OPD, Elderly Social space

I. INTRODUCTION

Over the past decade, the number of elderly individuals in Thailand has steadily increased, with 7.5 million people in 2007, 8.2 million in 2010, and 9.8 million in 2015. However, due to lower birth rates in modern society, it is predicted that by 2025-2030, the elderly population will rise to 14.8 million, leading to an aging society. Non-communicable diseases (NCDs) are the leading cause of mortality among the Thai population, indicating that the number of NCDs patients in hospitals is likely to increase over the next five years. In 2018, diabetes mellitus was the most common disease among elderly patients in Thailand's hospitals. The statistics reveal that more than 10 million elderly patients visited the outpatient department (OPD) in Thailand's government hospitals.

In government hospitals, there is an overcrowding of elderly patients and their relatives in the OPD, leading to a poor healing environment with limited healthcare space, poor circulation flow, inadequate social distancing, and increased stress for both patients and medical staff. To improve this environment, this research proposes The use of telemedicine systems can reduce the number of unnecessary OPD visits by 20% per day, while a mobile application for hospital queuing can reduce waiting times for necessary OPD visits. The goal of this research is to improve the quality of patient waiting time and social relationships between patients and their relatives. The Ministry of Public Health (MoPH) has also set a policy to reduce NCDs patient in the main hospital (service plan for healthcare service year 2018 - 2022, MoPH)by improving the potential of primary healthcare units and designating main hospitals responsible for intensive care patients. However, the MoPH guideline for establishing new satellite OPD only focuses on physical aspects such as area requirement, population density, basic programming, and staff requirement. (Criteria for establishing and adjusting the potential of health service units, 1st revised edition 2018)

As the number of elderly patients in Thai hospitals continues to rise, the need for efficient and effective care is becoming increasingly important. One solution to this issue is the implementation of government Satellite Out-Patient Department (S-OPD), which aims to provide high-quality care for patients with Non-Communicable Diseases (NCDs) and alleviate the burden on hospitals. However, the current policy has been criticized for not taking into account the quality of waiting time and social interaction between patients and their relatives.

The research question for this study is how to improve social programs and spaces in government Satellite OPD to increase social relationships and quality time spending for patients and relatives. The study aims to explore the possibilities of social

programs in the waiting area of government Satellite OPD and to identify elderly social spaces that can be applied to the OPD setting.

The first research objective is to explore the possibilities of social programs in the waiting area of government Satellite OPD. This will involve examining existing social programs and identifying areas for improvement. The second research objective is to study elderly social spaces that can be applied to the government Satellite OPD setting. This will involve identifying social spaces that are conducive to social interaction and quality time spending, and exploring ways to integrate these spaces into the OPD design.

The expected outcome of this research is the identification of possible social programs and spaces that can be proposed for government Satellite OPD. These programs and spaces will be tailored to meet the needs of elderly patients and their relatives, with a focus on improving social interaction and quality time spending. In addition, the research will introduce a recommendation and guideline for government Satellite OPD design that takes into account the importance of social spaces and programs.

Overall, this research aims to contribute to the improvement of government Satellite OPD by identifying ways to enhance the social interaction and quality time spending for patients and relatives in the waiting area. By doing so, the study hopes to improve the overall experience of patients and their relatives in government Satellite OPD and contribute to the development of more efficient and effective care for the elderly population.

II. LITERATURE REVIEW

A. Evidence-based design (EBD)

Evidence-based design (EBD) is a prominent theory in architectural healthcare design that emphasizes constructing buildings or physical environments based on scientific research to achieve the best possible outcomes. EBD is crucial in evidence-based medicine, as research has demonstrated that environment design can significantly impact patient outcomes.

B. Healing Environment

A healing environment refers to a space that has a therapeutic and nurturing impact. Various research studies have demonstrated that hospitals with well-designed environments can reduce anxiety and stress among patients, speed up recovery, shorten hospital stays, decrease the need for medication, alleviate pain, and enhance a sense of well-being. Furthermore, healing gardens that are designed effectively in healthcare facilities can alleviate stress, improve clinical outcomes, offer an escape from clinical settings that are often stressful, boost patient satisfaction with healthcare providers, enhance the quality of care, and result in improved economic outcomes by reducing care expenses (Ulrich, 2002).

C. Quality time spending

"Quality time" is defined as undivided attention given to someone or something, free from distractions or interruptions (Cambridge Dictionary). According to Laura Shapiro (1997), quality time refers to proactive interaction between individuals, regardless of duration. In hospitals, patients and their relatives often have to wait in OPD for extended periods of time. To enhance their waiting experience, it is important to provide appropriate activities in OPD that allow them to spend quality time together.

D. Quality time spend with elderly

Typically, the majority of patients in hospitals, particularly those with non-communicable diseases (NCDs), are elderly individuals. Relatives or companions of these patients need to be aware of ways to spend quality time with their elders. Based on research, several activities are suitable for hospital OPD settings. Firstly, "talking and listening" is a simple yet crucial activity that allows patients and their relatives to share their thoughts and feelings. Secondly, "participating in quiet activities" is essential as elderly patients may not be able to engage in physically strenuous activities. Examples of quiet activities include playing board games, reading books, and watching movies. Lastly, "going outside" is recommended since many BMA government hospitals have limited green space. Exposure to sunlight and fresh air can improve the well-being of elderly patients, who might otherwise be stuck in the hospital OPD waiting area.

E. Social space in healthcare unit

Social space in a hospital or healthcare unit refers to areas that are designed to promote social interactions and relationships between patients, family members, visitors, and healthcare staff. These spaces can include waiting areas, lounges, gardens, cafeterias, and other communal areas. The purpose of social spaces is to create a more comfortable and welcoming environment for patients and their families, to reduce feelings of isolation and anxiety, and to encourage social support and positive social relationships. In addition, social spaces can be used for educational or therapeutic purposes, such as group therapy sessions, health education classes, or support group meetings. The design of social spaces is an important aspect of healthcare design, as it can have a significant impact on the overall well-being and satisfaction of patients and their families.

F. Elderly Social space in Hospital

Elderly social space in hospitals refers to physical areas or designated spaces within the hospital or

healthcare unit where elderly patients and their accompanying family members or friends can engage in social activities and interact with one another. These spaces are designed to be comfortable, safe, and accommodating to the specific needs of elderly patients, who may have limited mobility, sensory impairments, or cognitive disabilities. The aim of creating elderly social spaces is to promote socialization, reduce isolation and loneliness, and enhance the overall well-being of elderly patients. Such spaces may include lounges, activity rooms, gardens, and other areas that facilitate social interactions among elderly patients and their companions.

G. Third place in healthcare facilities

The term of "Third Place" to describe the inclusive places outside of home (the first place) and work (the second place), such as post-office drug stores coffee houses and taverns. Third places offer "a home away from home" (Oldenburg, 1999:38) and ownership through their physical accessibility, casual and decor, and unassuming design, These venues encourage emerging relationships of proximity (neighbors), services (sales clerks and wait staff) and chance (strangers) (Gardner, 2011) Third place also offer a feeling of warmth through their lively, playful and welcoming atmosphere (Northridge et al., 2016) and sense of freedom in conversations which often include gentle joking, teasing, and other expressive behaviors (Oldenburg, 1999)

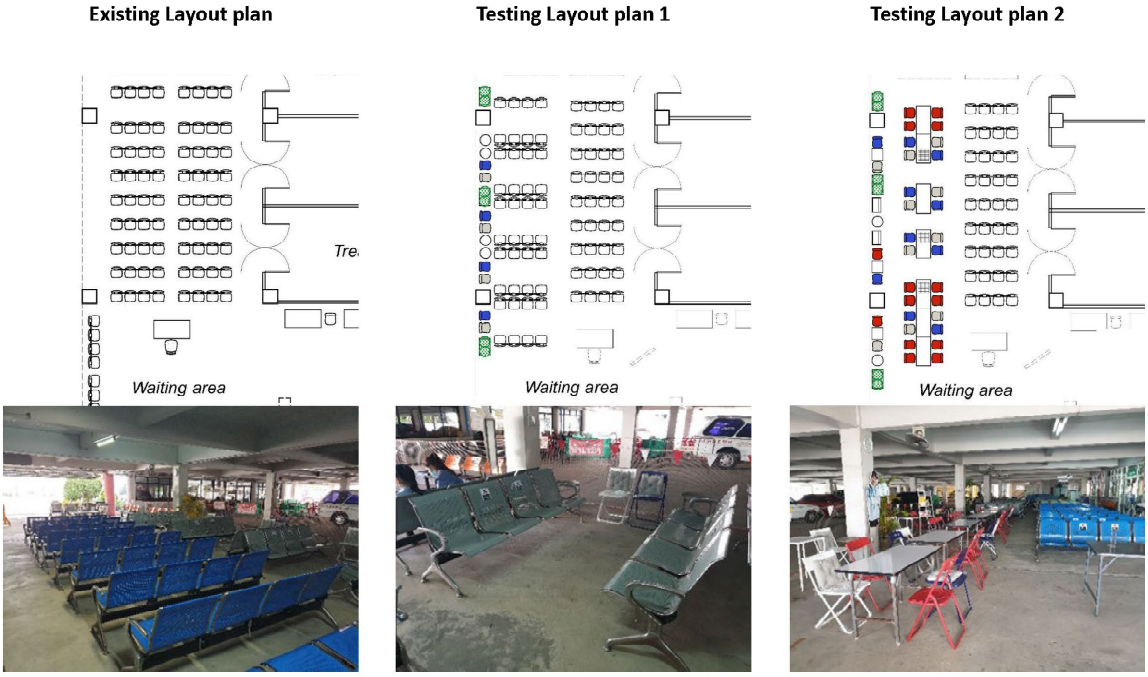


Figure 1: "Three distinct furniture layout plans are being considered to test their potential for facilitating social interactions."

H. Satellite OPD in Thailand (S-OPD)

Satellite OPD (Outpatient Department) is a type of healthcare facility in Thailand that is usually located in rural or remote areas, providing primary care services to the local population. These facilities are designed to provide basic medical services, such as diagnosing and treating common illnesses, minor surgeries, and check-ups, and they often work as a part of larger hospitals or medical centers. Satellite OPDs are managed by the Ministry of Public Health in Thailand and play an important role in improving access to healthcare in rural areas where medical facilities are limited.

III. METHODOLOGY

The focus of this research study is on the potential to improve social spaces at Ratchaburi Community Hospital. Social programs surrounding the outpatient department (OPD) unit can be used to improve elder social interaction while they wait for medical services. Examples of such programs include social activities at the Public City Hall, making donations or merits at the Chinese Shrine, or participating in the Vegetarian Festival. Ratchaburi Community Hospital is located in the center of Ratchaburi province and can be reached from the main Ratchaburi General Hospital by emergency medical service vehicle in just 7 minutes. According to policy, Ratchaburi Community Hospital serves follow-up medical cases, and most patients are elderly individuals with non-communicable diseases (NCDs) who reside in communities surrounding the hospital. This allows patients to become familiar with other patients when they visit the community hospital.

The method of data collection is from elder NCD patients who reside near Ratchaburi Community

Hospital and have a scheduled appointment on the day of the interview. The study explores the social aspect of the hospital and the researcher has chosen three types of waiting seat orientation for testing. The researcher observed how the patients selected and sat in each type of seating when they arrived at the hospital in the morning. The first schematic seating orientation is the existing waiting seat, the second is a combination of existing and new furniture, where patients face each other in the waiting area, and the third is a new design that integrates tables with seating to initiate activities for patients. According to data and statistics from Ratchaburi Community Hospital, there are 3,775 elder NCD patients in the area, and the ratio of the sample test is 1.5 percent, or 55 patients. All patients were interviewed about their satisfaction with the healthcare service, staff familiarity, surrounding environment, and community familiarity. The interviews took place after the patients had consulted with the doctor and were interviewed by the researcher. The questions asked whether the patients were satisfied with the new waiting area atmosphere and if the furniture orientation could improve social relationships between patients. 26 patients were interviewed with the first schematic furniture orientation, and 29 patients were interviewed with the second schematic furniture orientation.

IV. RESULT

The study involves 53 NCDs patients, primarily suffering from diabetes, hypertension, and hypercholesterolemia. Most of them travel to the hospital themselves, taking 5-15 minutes, suggesting they live nearby. They generally prefer Ratchaburi Community Hospital due to familiarity with staff, services, the environment, and the community.

Patients typically have follow-up appointments every 3-4 months, enduring a 3-4 hour wait in the OPD. They are accustomed to the OPD, having used it for over a decade, and engage in activities like watching TV, playing mobile games, and chatting with others while waiting.

In Ratchaburi Community Hospital's social space, patients discuss general health, nutrition, and satisfaction with medical service. The chart shows their preference for the existing layout. In the second scheme, patients prefer group activities like seminars and workshops. Few show interest in board games or individual activities, prioritizing the queue and medical service. Social interaction is limited, with conversations lasting under 15 minutes, but patients generally enjoy the atmosphere during these brief interactions.

After interviewing patients about social aspects, several changes were observed:

Empathy: Many patients felt more empathetic toward those with the same disease. They expressed a desire to help by recommending supplements and sharing products.

Behavioral Changes: Patients made various lifestyle changes, including altering eating habits, giving up alcohol, and purchasing healthy foods such as herbs, Andrographis paniculata, organic vegetables, and organic products. They also engaged in physical activities like jogging together at the provincial stadium. Additionally, they formed activity groups on LINE, including sports like running, aerobic dance, and cycling.

Social Groups: Patients created groups for merit trips and expanded their social connections through business recommendations.

Regarding medical staff, six individuals were concerned about social distancing due to the COVID situation, which had slightly increased during their visit. They noted that patients were familiar with the existing seating arrangement and found the second furniture orientation suitable, as it made patients feel relaxed and provided facilities for their belongings.

In terms of social space, the bar chart indicated a preference for the second schematic, with an upper median score. However, some believed that the existing layout still allowed for social interaction.

Regarding medical service, patients preferred the existing setup because it allowed them to easily pay attention to the service queue. The second schematic was also favored, though to a slightly lesser extent, as it encouraged patient engagement in activities, potentially diverting their attention from staff service. A suggestion from a family physician was to introduce activities related to health concerns, such as table tennis and the "7 colors of the SorBorChor model," to promote patient healthcare knowledge.

V. CONCLUSION

In conclusion, the research suggests that seating area arrangements in community health centers should possess several key characteristics. Firstly, existing seating should be available to accommodate waiting patients' queues. Additionally, seating areas should promote activities, such as sitting at a group table or providing couples with tables for added convenience and relaxation. It is also recommended to incorporate areas that can facilitate activities related to health care and nutrition, such as the inclusion of equipment like the ping pong 7 colors model from SorBorChor (MoPH Policy), which can promote knowledge and understanding among service users.

In terms of chair style, it is important to select seats that are not excessively deep, as this may pose difficulties for elderly individuals when getting up. The waiting area of the center should strive to create a relaxed and homely atmosphere, as a formal setting may make patients feel uncomfortable and anxious when selecting seating arrangements.

Regarding amenities and infrastructure, it is advisable to provide suitable facilities for patients' relatives, such as private seating areas with access to power outlets for work purposes. Moreover, incorporating shops, such as coffee shops, food and health product stores, as well as drinking water machines, can enhance the convenience and overall experience of service users.

Concerning the environment, careful selection of appropriate trees, whether natural or artificial, can contribute to creating a pleasant atmosphere within the building. Additionally, indoor lighting should be adjusted accordingly to match the external lighting conditions, thus reducing any feelings of insecurity among service users while they wait for their appointments.

By considering these recommendations for the social space, amenities, infrastructure, and environment of community health centers, it is possible to enhance the overall experience and satisfaction of service users, ultimately contributing to a more efficient and patient-centered healthcare environment.

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