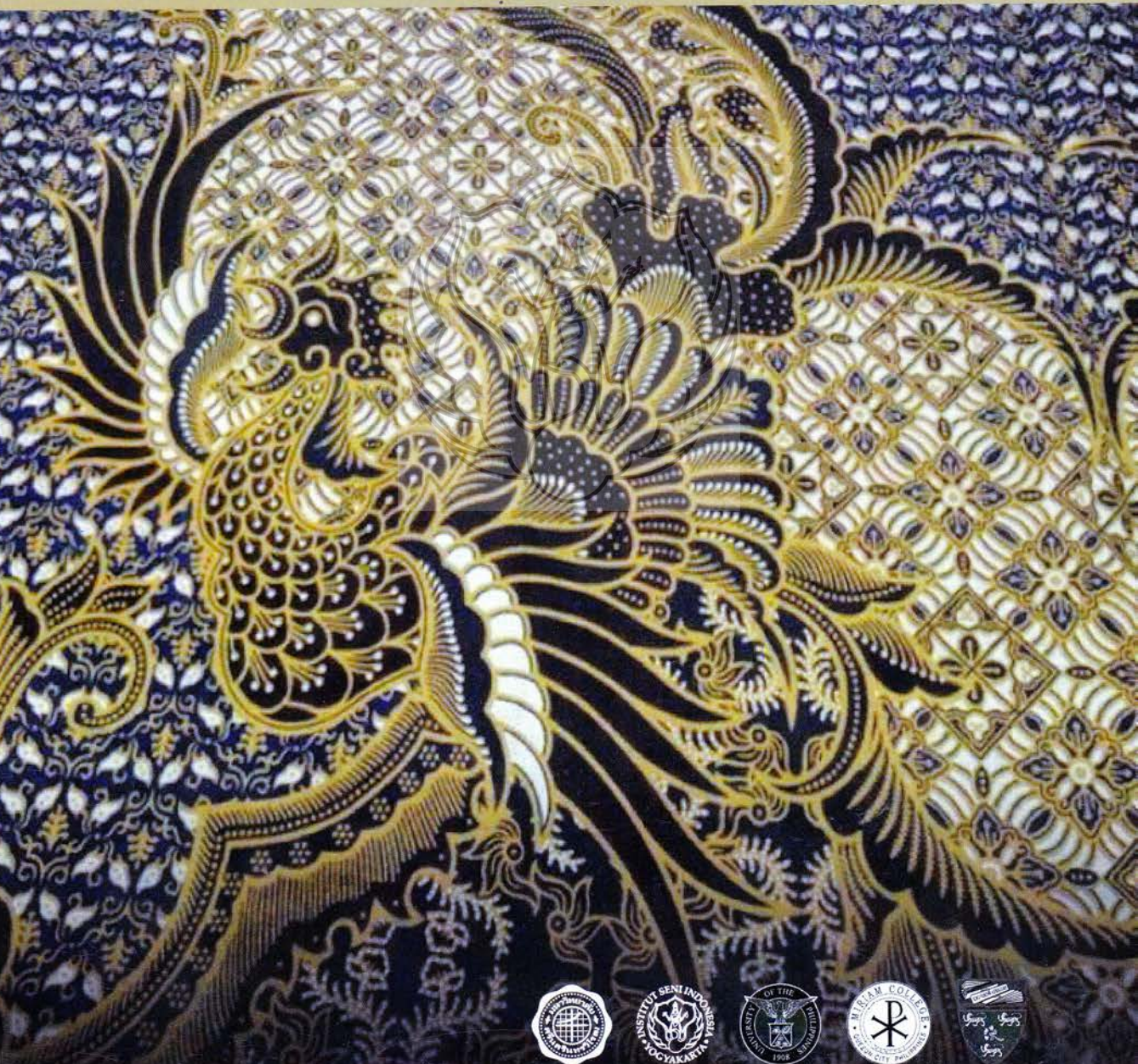


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Visiting Patient Activity at Patient Room in the Perspective of Thai People

(An Interior Design of Patient Room in the Perspective of Thai People)

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Abstract

The purpose of the present study is to determine which aspects of the patient rooms considered important to their inpatients and visitors experience that fit to cultural preference of the users. We sent the questionnaires to 125 people in Bangkok and in its surrounding areas. We asks those respondents to rate the 9 (nine) items that related to the patient's room and visit activities to the patient on a scale from 1 (very unimportant) to 5 (very important). These items are related to the visiting activities for the patients (2 items of questions) and 7 items related to aspects of the patient's room (room / space, a special area, furniture, layout, color, room accessories, and artwork). While the other item is an open question about the most important factor in the patient's interior space. From the overall questionnaires distributed, 92.8% are eligible to be analyzed. The analysis shows that two aspects of the patient's room which have the highest average value is the overall patient room (4.07) and a special area for visitors (4.07). Both are followed by lay out (4.00), color space aspects (3.99), furniture (3.83), and room accessories (3.64). The respondents considered that the art works are not too important compared to the other interior elements so that the average value is in the last rank, namely 3.58. Thus we concluded that in the perspective of Thai society, three main things in relation to the activity of the patient visits are (1) the design of patients' space that not only accommodate patient care activities, but also the activity of social interaction. (2) There is a special area for social interaction between visitors and patients in the patient's room that becomes a crucial

thing. And (3) an efficient layout arrangement that supports these activities without reducing the control patients' privacy needs.

Keywords: Patient room, visits patient activity, Thai perspective.

Introduction

When doctors diagnose a patient who is suffering from an illness, the patient often feels a kind of psychological pressure as the result of diagnosis decision. This condition becomes even worse when the doctor asks the person to undergo the treatment in the inpatient hospital room. Usually these feelings will soon appear, such as anxiety, fear, worry, helplessness, and feeling uncertain (Ortega-Andeane, 1991). At a certain degree, these conditions have the potential to impede the healing and recovery process of the patient's illness. Patients tend to show uncooperative attitude in undergoing the treatment provided by the doctor. Refusing to take medication, rejecting certain therapies, lazy to do the laboratory tests, half-hearted diets, those are the examples of patients who are having the uncooperative attitude. As the result, the process of healing and recovery takes longer than it should.

This phenomenon realizes the health advocacy that there are other factors than medical factors that influence the healing process. These factors are the psychological factors of the patients. In many cases, the dynamics of psychic of the patient proved that it has a significant influence on the healing process she/he lived in. These facts then shift the prevailing understanding in the world of health that

the treatment is an effective orientation and medical treatment technology dragged into the understanding that patients should be in the ultimate treatment orientation.

There are several things that affect the psychological condition of the patient. Besides it because of her illness itself, the environmental conditions, both physical and non-physical environment (social) also significantly affects the patient's psychological condition. If the patient must be hospitalized, then the patient's physical environment is an interior room or space hospitalized patients, while the social environment is the interaction with the patient's medical staff (doctors, nurses, and therapists), non-medical personnel (janitor, food delivery personnel, and administrators), the keeper of the patient (family), and visitors to the patient. The patient spends most of his/her time in the inpatient unit. In the space where a patient undergoing the medical treatment to cure himself and perform various activities in accordance with his physical abilities, such as sleeping, sitting, eating, chatting, watching TV, listening to music, showers, and even defecating. The diversity of these activities show how important the space for the patient's hospitalization.

The old paradigm has consequences neglect of psychological and sociological needs of the

patient to the health facility design including interior design inpatient and waiver of the allocation of space for visitors and staffs. For the patients, to be hospitalized has already had a stressor in itself, in addition to the stress of her/his illness. Therefore, the design of the interior space of hospitalization that can provide the tranquility and comfort for patients is a priority so that patients are assisted in the healing process. The emphasis on the aspect of its function often produce an unpleasant environment, stressful, and detrimental to the quality of care (Ulrich, 1992; Horsburgh, 1995).

The new paradigm that emerged around 1991 raises the collective consciousness that is growing internationally among the managers of health care institutions and professionals in the medical field about the need to create a functional environment that also has the orientation of the patient (patient-centered) or characteristics that are supportive (support) to help the patients to avoid the stress that usually accompanies the disease (Ulrich, 1991). The key factor that encourages the emergence of the consciousness is the scientific findings of the research results that prove the existence of the environmental influences on the health of the patient.

However, research has been mostly done in the western world with different cultural environments and with different conditions in the West as well. Some researches prove that the healing environment has an influence on the psychological state of the patient (Blumberg & Devlin, 2006; Coad & Coad, 2008; Harris, 2000;

McKahn, 1993). There is undeniable that it is a result of the treatment methods that are referred by hospitals that are more than medical treatment methods, which are constantly, refer to the West. Medical research method that is logical and structured with the rigid research methods, meticulous, and precise. Finally, based on the medical research that doctors and other medical personnel run the treatment pattern of their patients. It has no problem so far with the different application of the Western medical treatment method in Indonesia. Those phenomena appear on the implementation of Western research on the physical environment in the hospital inpatient room interior design in Indonesia. The differences between the patients in Western culture and in Indonesia have made an impact which are generated by the interior space into different inpatient as well. Thai culture society must underlie any behavior.

Thai people as users inpatient unit, either the patient, the patient's family, and visitors of patients have different activities with the West because of cultural background, as well as the activity of visiting patients at the hospital. Among the people of Thailand, it is an ordinary activity. If one of the relatives, colleagues, or people who have ties to the community is sick and hospitalized, mostly members of the community came to visit. Usually they visited in groups. Their goal is to encourage the patient as well as showing their sympathy and empathy that the patients feel calm and comfortable even in sick condition (Visithanon,

2014). The impact of the presence of so many visitors at a time in the patient's room led to the emergence of a situation that sometimes it is less convenient, both for patients and for visitors themselves. Visiting hours are on average only 1-2 hours to be very valuable, so that at one time, there are 5-10 people, not including the patient, were in the inpatient unit. The atmosphere became impressed crowded and uncomfortable, especially with regard to circulation and space is limited due to the limited space available. Therefore, the authors argue that this study is important to carry out in order to design the interior space inpatient hospital, which really fit the needs of its users both physiologically, psychologically, socially, and culturally. The purpose of the present study was to determine which aspects of the patient rooms considered important to their inpatients and visitors experience that fit to cultural preference of the users.

Methods

This study uses quantitative methods to measure Thailand public opinion to the patient's room in the hospital. Data collection is done through questionnaires, field observations, and interview. The analysis to the data from the questionnaire using the descriptive statistical methods to provide an overview of respondents' opinion. The result of the space observation and interview became the additional information for the overall study results. The author gave the questionnaire to 125 people in Bangkok and its surrounding area. The questionnaire contains 17 question items. Five items

were related to demographic aspects, such as the name, occupation, ethnic group, age, and gender. The next two questions related to the experience of being treated as a patient there. Then we asked those respondents to rate the nine items related to the patient's room and visit activities to the patient on a scale from 1 (very unimportant) to 5 (very important). These items are related to the visiting patients (2 items of questions) and 7 items related to aspects of the patient's room (room / space, a special area, furniture, layout, color, room accessories, and artwork). While another item is an open question about the most important factor in the patient's interior space. The author also observed at two hospitals in Thailand, namely Paolo Memorial Hospital, Samuth Prakan, and Sirirachariniwit University Medical Center in Ongkharak District, Nakhon Nayok, Thailand. Observation target is the activity of the patient and the visitors for the patient. Besides, the amenities in the room patients were also subjected to be observed. While the interview is an attempt to enrich the understanding of the activities of the Thai people's behavior. The author interviewed Dr. Khwanchai Visithanon, a resource person who understands the behavior and culture of Thai society in relation to the world of health. He is the Director of the Bureau of Strategy DTAM (Department for Development of Thai and Alternative Medicine).

Results

The author gave the questionnaires to 125 people in Bangkok and its surrounding. One hundred and eighteen of them provide a

response by filling out a questionnaire given. But the author annulled 2 among the 118 responses because they do not come from the people of Thailand. Therefore, the total respondents were 116 people. The amount represents 92.8% of the total questionnaires that had been distributed.

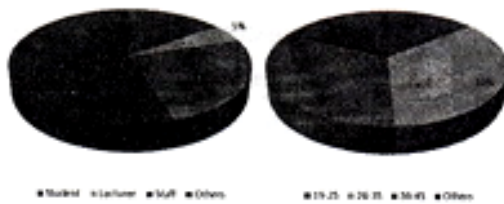


Figure 1. Graphics chart of job and age description

They work in diverse backgrounds, 17 people (15%) students, 29 people (25%) of staff, 6 people (5%) lecturers, and 64 people (55%) remaining outside the 3 professions (see Figure 1 left). From the aspect of age, the majority of respondents aged were 26-35 years, as many as 41 people (35%), then the age range between 36-45 years, which amounted to 38 people (33%), and the age range of 19-35 years as many as 16 people (14%). The rest is a third of the respondents outside the age range, as many as 21 people (18%) (see Figure 1 right).



Figure 2. Graphics chart of experience in hospitalized and visits activity

From the data of sex, the result of 40 people (34%) are men and 76 (66%) are women. The data from the questionnaire were also suggest that as many as 92 respondents (79%) had been treated at the hospital (see Figure 2 left). While the rest, are 24 persons (21%) do not have the experience to be hospitalized. Only 16% (19 people) of them had never visited the patient's activities in the hospital. The majority (84%) or 97 people had visited the patients in a hospital (see Figure 2 right).

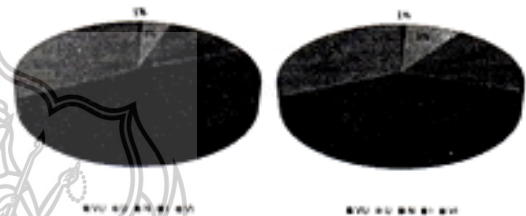


Figure 3. Graphics chart of opinion about patient visit activity

Associated with respondents' views on the activities of the visit, the majority of them (48%) considered it important for patients, even 33% of respondents considered it very important. Only 1% considered it very unimportant and 4% considered it unimportant. Rest of 14% chose to be neutral (see Figure 3 left). While responding the questions about the meaning of their visit activities for visitors themselves, the majority of respondents (38%) considered it important and 32% considered it very important. Only 1% considered it very unimportant and 8% considered it unimportant. Twenty-one percent of the rest were neutral (see Figure 3 right).

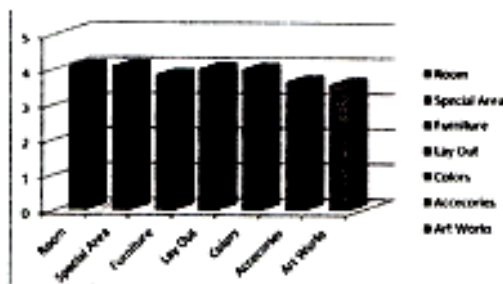


Figure 4. Perspective of seven aspects of patient room, rated from 1 (very unimportant) to 5 (very important)

To 7 elements of the interior space of the patient, the respondents gave the following response. Two elements that have the highest average value is overall patient room (4.07) and a special area visitors (4.07). Both are followed by the lay out (4.00), aspects of the color space (3.99), furniture (3.83), and accessories space (3.64). The respondents considered that the art works are not so important compared to the other interior elements so that the average value is in the last rank, 3.58 (see Figure 4). In answering the open questions about what are the important aspects of the patient's room, many respondents mentioned the following aspects: color space, cleanliness, furniture, and lay out. Patient room should be such as bedrooms in our own house. The atmosphere space also should be designed to create the impression of relax and psychological support for patients and visitors.

Discussion

Respondents have their view that visiting patients is an important activity not only for the patient, but also for the visitors themselves.

This is proved by the results of research that shows as many as 48% plus 33% of respondents said that the activity of the patient's visit is important and very important for the patient. As for visitors, 38% considered it important and 32% thought it as a very important activity.

The visitors, whether is consciously or not, providing the social support to the patients, where the social support has a significant role for patients in recuperating process in the hospital. This is in accordance with the research done by Cohen and Syme (1985), Sarason and Sarason (1985) who found that individuals with high social support had a little stress as compared with the individuals who did not have social support. Both of these studies suggest that the social support contribute to the appearance of a person's stress. While stress itself is an important aspect that affects the patient's recovery process (Ulrich, 1991). Therefore, it is understood that the patient feel the positive benefits to the visit of people who cared about him/her.

The background of the visiting activities to the patient is a concept of care or caring (awareness) of a person against another person's health condition. Care is defined as a serious attention or thought (Hornby, 1987: 127); attention or care is a seriously thinking about something. Miller stated that the concept of caring (concern) varies in different cultures (Kim, et al, 2010: 364). The America (and probably those of other modern Western cultures)

conceptualized caring as something that based on the perception of different intrinsic. These obligations within the majority of Thai people who view this concern concept as something that is voluntary, there is no element of compulsion (Visithanon, 2014).

They also realize that the activity is not only good for the patient but also for the visitors themselves. This is in accordance with the opinion that the culture of Thailand always involve the values associated with the interpersonal relationship. The people of Thailand like to underline an emphasis on the social harmony in daily life (Knutson, 2004).

In conjunction with the activity of the patient visit, the results of the analysis showed that the patient's room has the highest average, which is 4.07, together with the aspects of specific areas. This proves that in the perspective of the respondents, both aspects of the patient's room and a special area have important role in accommodating activities of visiting the patients. It according to the opinion of Ulrich (1991), which states that the patient's room should be designed to accommodate the needs of the patient, including the need for social support from family and visitors. Hence, Ulrich suggests that the patient's room should provide the comfortable space for visitors and families so that they can freely do their maximum social interaction to the patient.

Setting the lay out of the patient's room had a mean value of 4.00. That means that the respondents assess the lay out as an important

thing as the overall space and special areas. In conjunction with the activities of visiting patients, lay out arrangement does have an important role. Ulrich (1991) suggests to prepare the lay out of furniture that is flexible, making it easy to move and arranged with formations that allow visitors, families, and patients to interact and mutually reinforcing. A family zone inclusive of seating and amenities, and perhaps sleeping accommodations, Allows the family to be close to the patient, and therefore able to be actively involved in selected aspects of care (Brown & Gallant, 2006). One thing to note, is that not to emphasis the design space to accommodate the social interaction that would negate the need for patient privacy. Patients need to have control of the environment; including requirements, relating to his/her privacy needs (Ulrich, 1991).

The next aspect of the patient's room is a color space that has an average value of 3.99. Some researches have proven that the color has an influence on a person's psychological condition. Prasetya (2007) says that the color composition of a space that is not in harmony will lead to stress to a person who uses the space. Colours that elicit high levels of pleasure with low levels of arousal are most Likely to induce a state of calm, while Reviews those causing displeasure and high levels of arousal may provoke anxiety (Valdez, 1994).

Cusack, et al, in his research found that the furniture, in this case the seats are comfortable, the most important aspect in the patients opinion. It compared with 7 other aspects,

such as magazines and puzzle books, the plasma screen TV, the paintings on the walls, the views from the windows, the computer, and the potted plants (Cusack, et al, 2010). In contrast to the results of this research are placing the furniture in the middle of the rankings with an average value of 3.83. So also with other aspects such as room accessories (3.64) and art works are considered by the respondent that it is not so important compared with the other interior elements so that the average value is in the last rank, namely 3.58. In research that conducted by Cusack et al, an artwork (painting) is in the middle rank and accessories space (potted plants) to the bottom (Cusack, et al., 2010).

In conclusion, our research found that visiting the patients is an activity which has an important role in social interaction in Thai society, not only for patients as a form of social support for their recovery, but also for the visitors themselves. Commonly says that such

activities are accommodated in the space of patients in the hospital. Three main things in relation to the activity of the patient visits are (1) the patient's overall design space that not only accommodate the patient care activities, but also the social interaction activities. (2) The need of a special area for social interaction between visitors and patients in patient space that becomes crucial, and (3) an efficient layout arrangement that supports visiting patient activities without reducing the control to the patients against their needs for privacy.

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