

Research on the Design Strategy of Elderly Care Buildings

Integrated Medical and Elderly Care Type

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Abstract

As the global population aging process accelerates, China's aging problem is becoming more and more prominent. According to the World Social Report 2023: "No One Left Behind in an Ageing Society," released by the United Nations, population aging is a global trend. The number of people aged 65 and over is expected to double globally by mid-century". Older people account for 30% of the population, called severe aging; this is 50%, incomparably large. According to the global population of 8 billion, older people will exceed 4 billion, producing considerable changes to the world's productivity methods. At the same time, old age will be a massive challenge in later life. Severe aging is coming, and it will significantly impact China's production methods, economic status, social order, social culture, policy planning, and economic development. However, for the present and future of China's elderly service industry, the biggest problem in the future is the insufficient total supply and the unreasonable existing structure.

In the context of economic development and the expansion of national policies, the strong willingness of older people to improve their quality of life and their increased demand for medical care and rehabilitation have brought certain pressure and challenges to social institutions for the elderly and medical service providers, and even the government. Whether home care, community care, or institutional care, older adults hope to receive continuous and comprehensive medical care services and to lead a healthy life actively while maintaining their sense of subjectivity and personal dignity. This serious severe aging can be reasonably solved or will significantly impact China's national economy, the nation's essential life, and the social order's stability. The study concluded that spatial elements significantly influence the design of elderly buildings;

the choice of retirement model can improve customer satisfaction, and the choice of the medical model plays a vital role in improving the architectural design strategy for the elderly.

Keywords: combined medical and health care type; elderly building; design strategy

Research objectives

1.1 Problem statement of the study

Severe population aging has become the most serious challenge for all countries. According to the international standard of "*population aging and its socio-economic consequences*," a country or region enters an aging society if the population aged 60 and above accounts for more than 10% of the total population and the population aged 65 and above accounts for more than 7% of the total population. 20% of the total population aged 65 enters the stage of severe aging, and now Many countries have already reached the stage of serious aging, and some other countries have far exceeded 20%. This is a serious phenomenon that the global human race needs to face.

With the high global economic level, the rapid development of science and technology, and the continuous improvement of medical care, the average life expectancy of the world's population has been significantly longer than in the last century. While the number of newborns has fallen off a cliff because of the excessive pressure of the younger generation and the pursuit of personal subjective liberalism, there are more and more late-marriage and non-marriage people), and the double-layer causes have led to a significant and rapid increase in the proportion of the aging population. However, as the proportion of the elderly population increases, it also challenges economic development, service security, living standard, social stability, and many other aspects of society. As an inevitable product of the human social development stage, the world will face the social challenges of "population aging."

In a meeting to discuss the effectiveness of aging work since the 18th Party

Congress, the National Health Commission stated that by the end of 2021, the country's elderly population—those 60 and older—would total 267 million, or 18.9% of the total population; the elderly population—those 65 and older—would total more than 200 million, or 14.2% of the total population. According to projections, there will be more than 300 million older people in the 14th Five-Year Plan period, or more than 20% of the entire population, and they will have reached the stage of moderate aging. More than 400 million elderly individuals will be above 60 by 2035, making up more than 30% of the entire population and beginning the stage of heavy aging. As a result, it is clear that "population aging" is a hot topic in China. The rapid acceleration of population aging will also suggest that "aging" will emerge as a significant concern in Chinese society in the twenty-first century. China's aging population is distinguished from industrialized nations by the rapid rise of empty nesting and deactivation, and "aging before wealth" and "declining before old age" has emerged as the critical hallmarks of China's retirement market.

Now that China's economic level and medical technology have developed rapidly, the demand for elderly services has changed and has gradually shifted from "self-sufficient elderly care" to "community elderly care" and "service institutions. However, traditional home care and elderly care institutions can only achieve the basic requirements of older people. The environment and services are not able to do to the satisfaction of the elderly, and even less able to meet the urgent needs of the elderly for emergency medical care and daily health care. Therefore, if the elderly service system and professional medical institutions are combined, it is to meet the needs of the elderly for daily care and medical care simultaneously to realize the good life of "old people have medical care" and "old people have fun."

It can be assumed that the "combined medical and nursing care" model adds medical services like disease diagnosis and treatment, rehabilitation of major diseases, and hospice care based on good living care and the current aging severe trend in China, as well as the frequent, easy, and sudden occurrence of geriatric diseases and the increased demand for medical and nursing care from the ill, disabled, and semi-disabled elderly people. The "combined medical and nursing care" model also solves the

problem of inconvenient access to medical care in traditional elderly institutions and the lack of nursing staff in traditional medical institutions under the current traditional elderly care model of "separation of medical care" is assumed to add medical service functions such as disease diagnosis and treatment, major disease rehabilitation, hospice care, etc.

The elderly population has a high disease rate, complex types, and long cycles, and they hope to get sufficient medical protection while aging, i.e., treating diseases and convalescing without diseases. "Combination of medical and nursing" elderly service model can help improve the traditional nursing institutions' functional deficiencies. More humane services can improve satisfaction, more market potential, and business prospects also get a positive role in promoting the original independent, self-contained system of professional medical institutions and nursing institutions, cross-border cooperation, and mutual integration to meet the physiological needs of the elderly, psychological guidance and other life services. Treating and caring for elderly diseases and medical and emotional care will also complement it. This will become a reasonable and new service model for the elderly in China, which aligns with the current social situation.

Therefore, it is urgent and necessary to operate the "Medical Care Integration" model, which will dominate the service mode of China's future elderly institutions and become a necessary development trend. It will promote the development of new models of aging that integrate the health concept into the elderly service and strengthen the role of medical support in the elderly service to realize the social ideal of a "healthy China and happy elderly."

Objectives of the study

Firstly, we analyze the current situation of domestic senior care facilities and medical institutions, explain the reasons for implementing the combined medical and nursing care service model in senior care buildings, and discuss the service contents of "medical" and "nursing" in the combined medical and nursing care, to analyze the standard models and ways of implementing the combined medical and nursing care. In addition, we will analyze the standard models and implementation methods of medical and nursing care integration and the characteristics of nursing care buildings under the

"medical and nursing care integration."

Secondly, according to the different proportions of "medical" and "health" needs of the elderly in different age groups, we analyze the needs of the elderly in the lower age group, the middle age group, and the senior age group, and based on the data analysis of "geriatric diseases" of the Chinese population, we propose the focus of "medical" and "health" in the "health care integration." Based on the data analysis of "geriatric diseases" of our population, we propose the focus of "medical" in "medical care integration." At the same time, we propose the criteria of "medical" and "treatment" in the state of old age with the new concept of medicine. Based on the analysis of the data of "geriatric diseases" of Chinese people, we propose the concern of "medical" in the "medical care" combination and also provide insights on the criteria of "medical" and "treatment" in the old-age care condition with the new medical concept.

Finally, based on the healing nature of "combined medical and health care" and the comprehensive sustainability of combined medical and health care services, we consider the relevant contents of the architectural design of the elderly under the "combined medical and health care" model, design the questionnaire based on this, complete the questionnaire research work, organize the data, and use SPSS to conduct empirical analysis. The relevant data are analyzed empirically by SPSS to verify the hypothesis further.

Conclusion

(1) Pay close attention to changing the concept of government departments' responsibility for the elderly

The Party Central Committee and the State Council have always valued integrating specialized medical facilities and senior care services industries. All levels of

government adhere to the Central Committee's major decisions, prioritize the integration of the medical and healthcare industries, continuously improve the system of laws governing this integration, and strengthen the services provided by this integration. The issue of aging is a social one, so in addition to the Health and Welfare Commission, the Ministry of Civil Affairs, the Ministry of Finance, the Ministry of Human Resources and Social Security, the Health Insurance Bureau, the Office for the Aging, and other government departments should assume the corresponding obligations to provide financial support and integrated planning for the vitality of the elderly.

The development of combined medical and nursing care services is crucial to addressing the issue of the enormous demand for care services brought on by aging. The entire society should give it a high priority. Additionally, government agencies must acknowledge the trend toward varied and multi-level aged care needs, foster societal agreement on "good aging," and improve social conditions to promote combined medical and nursing care services.

(2) Strengthen propaganda and change the traditional concept of old age

The aging population has increased the urgent demand for medical care and rehabilitation services among the elderly. However, at this stage, the awareness and understanding of the combined medical and nursing care services among the elderly is still low, and there is a rejection mentality towards the combined medical and nursing care institutions. In this field research, it was found that the elderly in Changchun City do not know much about collaborative medical and nursing care, especially the elderly in rural areas, and some of them even said they had never heard of the combined medical and nursing care model.

Therefore, it is necessary to strengthen the publicity of combined medical care services and improve the understanding and acceptance of the combined medical care model among the elderly to change their traditional concept of old age gradually. Generally, it takes a long time and process for the elderly to accept new things. The concept of combined medical care can be conveyed to the elderly through TV, WeChat,

bulletin boards, and by assigning the staff of combined medical care institutions to go to the community for propaganda to understand the benefits of combined medical care services.

The staff of the medical and health care institutions can go to the community to provide free medical checkups and conduct lectures on health care and other knowledge so that the elderly can realize the superiority of medical and health care services compared to traditional, independently operated pension and medical services, and make them understand the importance of healthy aging. Through various means of publicity to increase awareness of Aging in place for seniors served jointly by nursing care and specialized medical facilities, in order to change the concept of the elderly, make them recognize and accept the combined medical and nursing care institutions, and create a better external environment for the promotion of combined medical and nursing care services.

(3) Strengthen education and change the concept of aging for young people

The intergenerational economic relationship between children and the elderly is a significant factor influencing the choice of elderly services, and this study also found a significant relationship between children's ability and willingness to pay and the elderly's willingness to demand combined medical and nursing care services. Therefore, children should respect the elderly's willingness to choose elderly care and support the elderly's elderly care funds. On the one hand, one should strengthen the education of young people, promote a culture of love and respect for the elderly, and advocate intergenerational mutual respect. On the other hand, one should strengthen the positive propaganda of the integrated elderly care service institutions and change the concept of the elderly among young people, who should not think that it is a "disgraceful thing" for the elderly to stay in the institutions. When the elderly have the idea of staying in a combined healthcare institution, young people should give support and encouragement, respecting the choice and needs of the elderly.

In addition, the most important thing is that young people should provide financial security for the elderly to receive combined medical and healthcare services to reduce the economic pressure on the elderly so that the elderly can choose a better mode of retirement to meet the needs of elderly services and medical services and create good support conditions for the development of combined medical and health care services.

5.2.4 Improving the Ability of elderly individuals to Age in Place

(1) Enhance the purchasing power of medical and healthcare services for the elderly

The financial ability of elderly people decreases significantly after they withdraw from the work field. As they age, Integrated medical facilities and elderly care services gradually become an immediate need for every elderly person and, simultaneously, a burden for the elderly. Therefore, in order to promote healthy aging, in addition to increasing the number of combined medical and nursing care services from the supply side, it is most important not to neglect to take measures to ensure that the elderly have access to the combined medical and nursing care services they need from the demand side.

The government should play a key role by introducing relevant policies and giving corresponding price concessions or subsidies to the elderly in particular need, the poor and sick, and people with disabilities who urgently need to be admitted to the combined medical and nursing care institutions, To improve the purchasing power of the combined medical and nursing care services for the elderly, in order to turn the demand of the elderly for combined medical and nursing care services into effective demand, thus achieving the balance of supply and demand of combined medical and nursing care services and promoting the development of combined medical and nursing care services—the development of the combined medical and nursing care model.

(2) Moderate inclusion of nursing care costs in health insurance to reduce the burden on the elderly

Elderly people who cannot take care of themselves and semi-self-care and the chronically ill require long-term living care and medical care services, and thus their elderly care costs are high and generally unaffordable for the elderly and their children. Therefore, the compensation mechanism of the health insurance system should be optimized more, and the cost of nursing care should be appropriately included in the scope of health insurance to reduce the cost burden of the elderly and their families. During the field research of this study, some elderly people said that the cost of nursing care is an enormous burden to them. If the cost of nursing care can be included in health insurance, then the combined medical and nursing care services will be top-rated among elderly people, and the demand will increase a lot. Therefore, it is necessary to optimize the compensation mechanism of the health insurance system.

First of all, we should focus on increasing the reimbursement ratio of outpatient services in medical and nursing institutions and home community medical and nursing services, abolishing the starting line for outpatient services, expanding the coverage of treatment, and including common chronic diseases and other elderly diseases in the scope of outpatient reimbursement; secondly, the compensation policy should be moderately tilted to the residents' medical insurance, and the medical insurance treatment should be determined according to the economic status and support ability of the elderly, and the reimbursement of medical care expenses for special elderly groups, such as the Incapacity elderly and the underprivileged elderly. The reimbursement ratio for medical care expenses of special elderly groups, such as the disabled elderly and the low-income elderly, has been moderately adjusted upward.

(1) Continue to promote the construction of a multi-level long-term care insurance system.

A social insurance program known as long-term care insurance offers disabled people services and financial help for their medical treatment. The long-term care insurance system should continue to do a good job of providing care services for the elderly, exploring diversified funding models, securing a good demand for long-term care services for the elderly, and including items such as medical rehabilitation and care

in the scope of coverage because it plays a significant role in reducing the burden of care costs for the elderly who are disabled. Continue to advance and promote the development of the long-term care system based on the pilot project, including the elderly in the coverage of long-term care insurance and those participating in employee and urban residence insurance.

Include the daily and medical care costs of the insured elderly who receive combined medical care services at home and in medical facilities in the reimbursement scope of long-term care insurance. The qualified medical and nursing care combination institutions shall be added as the designated units of long-term care, and the competent medical insurance department shall improve the audit and inspection of the medical and nursing care combination institutions. The long-term care insurance system is a vital tool for lowering the cost of nursing care for the elderly, which significantly lowers their financial burden and raises demand for services. A blend of specialized medical facilities and senior care services.

5.2.5 Play the role of the pluralistic social subject

(1) Give full play to the leading role of the government

It is the right policy direction for government departments to attach great importance to integrating medical care and health care, to promote it solidly, and to integrate it into the national strategy. In the future, government departments still need to continue to improve and Promote the integration of specialized medical facilities and senior care.

First, to strengthen the legislative work and improve the laws and regulations of the Portfolio of health care services. Legislation first ensures the implementation of the Portfolio of medical and health care work to ensure the perfect Portfolio of medical and health care services construction. Second, increase financial investment to promote the establishment of general medical and nursing care service institutions, focusing on meeting the needs of the poor and sick elderly, the disabled elderly, and the elderly with disabilities and other elderly medical needs.

Third, strengthen planning, provide comprehensive guidance on the layout and setting of combined medical and nursing institutions, and realize the effective connection of medical and nursing resources. Fourth, improve the relevant supporting system, strengthen the standardization of rehabilitation centers and nursing centers, and enhance the supervision and management of the service quality of medical and nursing institutions. Fifth, guide and encourage social forces to enter the Combination of professional medical facilities and elderly care, increase supportive policies, implement preferential systems, and provide a market environment of equal competition for private capital to build Integrated professional medical institutions and elderly care facilities.

(2) Explore the establishment of a social force participation mechanism

Welfare pluralism believes that promoting social welfare should play a synergistic role of multiple subjects. Therefore, in the Development of joint medical institutions and elderly care services, besides the government playing a leading role, the extensive participation of social capital is also indispensable. Social forces should also Active participation in the co-building of combined medical and nursing institutions to provide more diversified combined. Provide professional medical care and elderly care services for the elderly, which is of great significance and role in improving combined medical and nursing services.

Therefore, we should actively explore establishing a development mechanism for social forces to participate in combined medical and nursing care services and mobilize the Proactivity and participation of civil society forces. First, the government should relax the threshold for the market to enter the Professional medical institutions and elderly care services industry, simplify the application process of socially run medical and nursing care institutions, optimize the approval environment, and implement one-stop application services.

Second, the government should increase support for socially run medical and nursing institutions, implement preferential policies, optimize investment and financing policies, reduce the burden of taxes and fees, and strengthen the security of land supply.

Third, the government should explore various models of socially run medical and nursing care facilities, including rehabilitation hospital + nursing home model, large nursing care complex model, Internet nursing care model, residence nursing care model, and small-scale, multi-functional community embedded model. However, it should be noted that there are also risks and challenges for social capital to enter the medical and nursing care combination, so it is necessary to strengthen the overall planning and top-level design of socially run medical and nursing care combination institutions, to eventually form a situation where multiple forces can jointly participate in the development of medical and nursing care combination services.

5.6 Design Strategies for the adaptive transformation of Treatment and rehabilitation space

With the rapid development of China's society and economy, various nursing homes under various models of nursing care are different. Nursing home facilities' space function and auxiliary space area are gradually increasing. The demand for rehabilitation space for individual care of the elderly is also gradually increasing, and the new model of "combined medical and nursing care" nursing home building for high-quality and refined rehabilitation service needs has emerged.

This type of nursing home is based on the unit size of a family-type home. The composition of the space is constantly being improved. The spatial form is closer to that of a house, giving the elderly physiological care and the warm feeling of home.

The basic principle of rehabilitation space is single rooming and individual care, giving the elderly as much privacy and comfort as possible—constructing new auxiliary rehabilitation spaces. The spatialization of single rooms in living rooms, the small scale of social units, and the creation of spaces for various social exchanges are reflected as basic elements in the renovation design. In particular, the spatialization of living space has become increasingly evident in newly constructed elderly buildings in recent years.

In most cases, when an older person abandons their home and enters a nursing home, they enter a more isolated state of life. The diversity and choice of the elderly

person's life are taken away and replaced by a range of specific products and living environments explicitly designed for them. The unit becomes a sanctuary for the elderly. Realize that something must be done to keep the lives of older people alive so that the older person's slice of life, personal competence, sense of security, or social connections do not slip away from their lives.

The composition of the treatment space is relatively simple. It includes a registration and fee area, consultation and examination area, laboratory area for auxiliary diagnosis, and infusion hall, which mainly serves foreign people, and the space function should be arranged with the flow of foreign elderly people's consultation. The nurse's station should be set near the infusion hall to facilitate the nursing staff to serve the elderly.

In health examination rooms, bathrooms, and other spaces that require elderly nudity or partial nudity, the air conditioning system should meet temperature control requirements. Most elderly people are more afraid of cold because of the decline of qi and blood. Improve the control in the mechanical ventilation system, reduce the air supply speed as much as possible, avoid excessive or noticeable indoor airflow, and allow flexible control.

The physical rehabilitation space is guided by a dedicated rehabilitation therapist who helps the elderly with special equipment. The special equipment needs to be used in different environments, such as ventilation, lighting, and radiation protection, so it requires a good understanding of the equipment's process.

Physical rehabilitation can also be divided into physical and mental therapy and external complementary therapy. Physical and mental therapy is to stabilize and delight the elderly under the guidance of professionals in calming breathing, stretching muscles and bones, balancing training, and promoting the secretion of dopamine in the body, which is the most beneficial activity for the human body and can effectively strengthen the resistance of the elderly. In contrast, external complementary therapies such as electrotherapy and light therapy is a more radical therapy based on the principle of stimulating the body through external electricity, light, and heat to obtain therapeutic

effects.

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