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Radial Seating Pattern in Third Places to Enhance the Life Quality of Elderly

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Abstract. Considered as people with both physical and/or mental disabilities, an elderly might find it hard to get into a social involvement. However, being bedridden and disconnected with their social circle is proven to cause more damage to their health, hence declining their quality of life. They need a place to connect and to enjoy both by themselves or by company of others, a *home-like* place which is called a *third place.* This paper seeks to find the *home-like* factor in a third place as a site to help enhancing the quality of life of the elderly. The study was done through *home* and *at-homeness* theory in literature study as well as case study in Hema Resto, Kemang Pratama, Bekasi City, Indonesia with defamiliarization and interviews. The result indicates that the arrangement of radial seating pattern helps them to connect more with people around them, giving them chance to be involved and enhance of elderly's life quality.

1. Introduction

Aging is inevitable. On a cycle of living, everyone who was born to the world would have faced the same growing up stages. Infants would become children, whom eventually would become teenagers before reaching the adulthood. It might be the highest stage for them to explore themselves. People in adulthood are expected to take things on their own as they are considered as grown-ups. However, there is the next stage that people would just take for granted. The stage of ageing adults, the elderly.

An elderly is someone who has exceeded sixty-five years of age. It is divided into three sub-periods, which are a sub-period of transition to old age (65-75 years), an average of old age (75-85 years), and longevity (after 85 years) [1] . Being a part of a society with limitations due to their age, there are some roles that people would think an elderly could not play of because of the characteristics they are bearing. These characteristics are divided into physically and mentally subjects. The physical ones are easier to notice such as decrease of energy, lack of flexibility and lack of strength. While the ones with mental subjects are the tendency to be depressed and lack of adaptability [2]. However, it is revealed that these characteristics would not be an obstacle for them to be a part of a productive society if they are empowered and given chance to explore the importance of their worth.

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As people get older, there is an enormous possibility of decreasing either physical or mental health. It affects their lifestyle as it restricts the amount of activities to be done, hence an ageing person might have less chance to maintain their health. According to World Health Organization [3], health is a state where a person is in a complete state of physical, mental and social well-being, and not merely the absence of disease. The Health and Welfare Canada suggested that health is a dynamic process between communities and individuals, making it in terms with quality of life [3]. In a report by The Special Committee on Aging United State Senate (1971), it was revealed that one of the ways to keep them in a good health is to open the possibility to interact with other people. However, with their limitations, it might be harder for elderlies to have their own meet-ups. They might get discourage by the thoughts of not being accepted by the community as people would consider elderlies as a burden. It also might be simply by the reason of there were none of places that would be friendly to them. Even though, the elderly is believed to have a freedom of choice to have a healthy ageing for themselves [4].

In this case, then how is it important for the elderlies to have a designed surrounding? Is it not enough just to give them the highly professional doctors and nurses? Do they have time to take notes on their surroundings?

As Gehl (1987) [5] explained, an inviting and easily accessible place could encourage people to depart from private to public places. It may give them a chance to participate in an intriguing talk and to engage with new people around them. This could also be applied to the elderlies who would want to spend their times without being afraid of rejection. However, this interaction needs a place to accommodate the activities, so that people can come around and gather in it. This place is called a third place [6].

2. Methods

Oldenburg (1999) described a third place as a runaway place from the first place—house—and second place—working or obligatory place. It could be in a shape of barbershop, library, coffee shop, bookstores, or even a small corner of your office balcony. In a third place, people could gather around making a web interaction, spending their times with someone new or *friends-in-set*. One of a third place's characteristics is the presence of home-like atmosphere. This quality attracts people to come and spend more of their time there, it encourages them to feel comfortable and be themselves [6].

According to Kang (2012) [7], elderlies with more social involvement would be less prone to cognitive failure, physical limitation, depression and eyesight damage. There was also a positive change to the elderly with dementia when they do more of social interaction [8]. These statements were also supported by [9], where he found that the numbers of friends and social involvements play a big part in enhancing the elderly's health.

Our Bodies After 60 (2012) outlines that the effects of aging are not based on how much one has aged but of lifestyle choices. It means that one can have control over their quality of life. A half-hour of getting out of bed and walking six days a week might be a chance of reducing the risk of heart disease by forty percent [10]. The elderlies can go out for walk with their friends or meet someone new along the way. A life with optimism and security of not being alone is a choice for anyone.

There was one of many reports from a *third place* owner to Oldenburg (2001) [11] that explained about how one of his regulars who got diagnosed with dementia and also in last stage of a cancer was having a happier life after spending times in his café. His family sent a thankful message to the owner after he passed away, saying that although his disease had taken him, he was always at peace when going to the *third place* he used to dine in [11].

Special Committee of Aging in United States (SCAUS) (1971) [12] found out that social groups and interaction have become a successful therapy program as a means of helping the elderlies to relate to each other and to be more connected in a society. There was a study done in a mental hospital to find out about the effect of the elderlies' environment on their health. It was then found out that only nine out of eighty-eight patients were still bedfast, while the others have found their new life or passed away.

According to one of the doctors who led the study, the improvement was attributed to *"the spirit of a place",* as they tried to make the hospital as a *home-like* place for them to stay. They tried to use the social circle, music and entertainments to make the elderlies feel welcome even when they were hospitalized [12].

Creditor (1993) implied that simply having the elderlies to be bedridden would bring more functional decline than the recovery itself. He further explained that the change might include declining in muscle strength, vasomotor instability, reduced bone density, diminished pulmonary ventilation, altered sensory continence, appetite, and thirst, and a tendency toward urinary incontinence [13]. Mesko and Anderson (2018) [14] also wrote that immobilization of patients could lead to a muscle breakdown by 2 percent in elderlies. These imply that the elderlies need to have their social circle in order to decrease the amount of being alone and immobilized in their bed. They went by saying that patients should feel comfortable even in the hospitals, making them as a social space with lively and less lonely environment. The effort of changing the perspective of a hospital as a mere house for the ill into a home for the patients was one of the ways to enliven the spirit of a third place.

The theory of home had been circulated long enough between the architects and theorists. A well-known architect defined a home as a place where people take refuge, while a French philosopher went through a more abstract idea that home is actually an extension of one-self, the lived-in spaces formed by one's touches [15]. These statements suggest that a home is a place where people stay and feel like they belong there in safety.

Online dictionary (2018) [16] defines *home-like* as a characteristic of a home. It gives off the feeling of familiarity of a place. However, there are arguments suggesting that *home-like* is not only a term of a place, but rather a character that gives people a lingering feel of a place, making them going back for time after time to the same exact place [17] [18] [19]. Hollis (2016) argued that it was time that people spend that make something as their homes. It is the storehouse of memories, a place made by themselves and become their identity.

Seamon (1979) further explained that this identity was formed through the frequency of someone going back and forth to a specific place. It suggests that this place has become the *center* of one's life as he establishes the feeling of *at-homeness*. This feeling occurs if one keeps lingering in a specific place and forming memories out of it, they could establish the tendency of *places-for-things.* It is a condition where people would be familiar and remember the exact locations or patterns. Only then, the feeling of *at-homeness* could be emitted. It is shown that both Hollis (2016) and Seamon (1979) would agree that time is the key in making a home [20].

The feeling of *at-homeness* could be one of the ways to bring people together into social activities in which everyone could be a part of it, even the elderlies. This feeling indicated that the *home-like* character has been established between the person and the spaces between. Seamon (1979) believed that there are five characters to satisfy the feeling of *at-homeness*, which are rootedness, appropriation, regeneration, at-easeness, and warmth. However, Campbell (2014), Oldenburg (1999) and Gehl (1987) agreed that the feeling of being *home-like* does not come off only from the feeling inside oneself, it is also the product of the built environment.

The study about the composing aspects of *home-like* quality is shown in Table 1, where the discussion was done through literature studies.

Table 1. Composing Aspects of *Home-like*

Theorist	Character of Home	Composing Aspects
Seamon	Rootedness	A repeated experience of objects
	Appropriation	Time
	Regeneration	Territory
		Security
	At-Easeness	Marks
	Warmth	Another individual
		Memory of an object
		A taken care well of place
Campbell	Warmth	Lighting
	Centralized Activity	Placements
	Free to Interact	
Oldenburg	Informality	Decorations
	Taken care of	
Hollis	Freedom	Decorations
		Territory
		Time

Table 1 shows that the interiority of a third place plays an important role in making the quality of *home-like.* Making a place as their home would take times, as indicated from the table, they need to feel safe and familiar to the situations. It is seen that decorations—such as the chosen type of furniture or color—and territory play a great role in making *home-like* experience. These aspects might be helpful in making people in general to feel home.

Campbell (2014) stated in her research about how well-liked a third place in a retirement community has a major link to how the interior is set up. It was shown in the Figure 1, where the study was done by showing the elderlies some photos and asked them which one they would like to spend their time.

It is seen that a more casual set up was preferred by the people in the community retirement. Using the furniture which usually used back at one's home might accelerate the feeling of *center* and *places-for-things* since it might take less time for people to recognize them. The sofas are set to be close to each other, where the elderlies could still have a conversation even when they sit in different tables. It was set into a radial pattern where there was only one focus point between them.

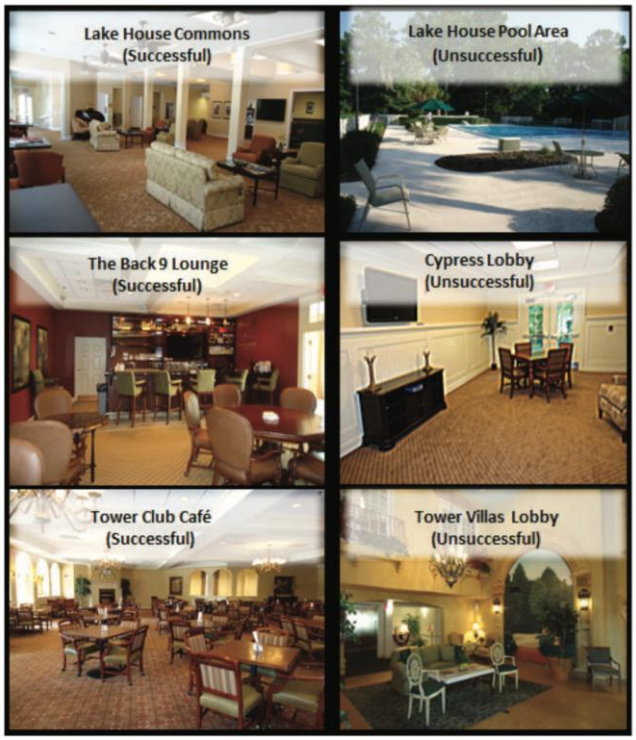


Figure 1 Study of well-liked third place (source: Campbell, 2014)

To take an example of the study in a *home-like third place*, an observation had been done in Hema Resto in Bekasi City. It is a restaurant where people from generations have come to casually eat and spend time with their families. From Figure 2, we can see that Hema Resto is segregated into three parts, where the patio is the first to welcome the regulars, while the inner ones are staged between non-smoking and smoking area. As a restaurant, Hema Resto has generations as their regulars, it is easily accessible since the location is near the main roads. People come and go with casual clothes, indicating that they are having enough freedom to be at the place. As a restaurant, Hema Resto has satisfied the basic characters of a *third place* that Oldenburg (1999) described.

Figure 2 Hema Resto Layout (source: Author's, in Proceeding of IJJSS 2016)



Interviews were conducted to two regulars who like to bring their family and relatives to the Resto. One of them was a stay-home mother and the other was a working one. Both regulars said that the Resto felt secured enough for them since it resembles a house. The layout reminds them of their own houses. Another interview was conducted with the waitress working in the Resto. She said that many regulars like to bring and celebrate their moments in the Resto since it feels like home to them. Not only the layouts, but also the people. They were spending their times in the Resto so much that they began to know each other. It gives them the familiar feeling, giving them the freedom of being one-self—an important point of making *home-like third place* as indicated in the Table 1.

However, a sense of familiarity might drive a critical mind dull, making people oblivious with their surroundings (Presscott-Steed, 2013). People tend to be comfortable with their usual routine, they thought that everything happened because it was supposed to happen that way. Therefore, the study was further done with defamiliarization as one of the way to observe, where the sensitivity of the person needed to be enhanced to get the actual reasons behind what happened between them and the built environment in which the *home-like* atmosphere emitted.

3. Results

Based on the study of elderly and the social interaction, it is revealed that the feeling of contented and welcomed like being at home in a social environment is an important factor for them to improve the quality of their [21] [22] [23]. They need to feel that they are not alone, thus the place should not be confined and constricting [24].

The previous study (Meidiani, 2016) found that the main reason that Hema Resto felt as a *home-like* restaurant was because of the flexible borders it possesses. People who come with their families can easily create their own territory within the restaurant according to their likings. This idea could promote the amount of the interactions between people in the restaurant itself. Based on the interviews, the regulars talked about how they like to spend their time there because it was a *comfy* place to have a chat with their families. The grandparents took their grandchildren to talk about how their school life went or simply meet up with their longtime friends [25].

However, with the physical disabilities, the elderlies do not have the privilege to actually move the borders around. It might be challenging to actually move a chair in a hospital's or a clinic's waiting room just to get close to the TV, maybe the seat near their close friends are taken so they have to sit far from them because they could not move it themselves or it was a built-in chair where they have to sit at the specified place. When this happened, it might discourage them to engage in social activities such

as a simple conversation, playing games or just by simply talking over the soap opera playing on the TV. It discourages them to connect. These are the reasons why the place should keep the routes shorts, easy to find and comprehensible [24].

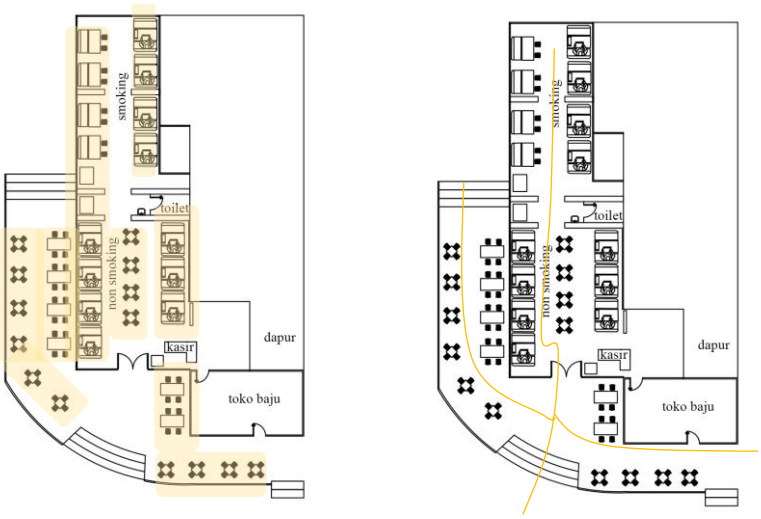


Figure 3 (a) Seating Pattern (b) Accessibility

In Figure 3(a) we could see the seating pattern of Hema Resto. Much like the photograph that Campbell (2014) has shown in Figure 1, the pattern shows a similar placement of the seating pattern. The seating was set up to be radial with every chair facing each other in one focus. With this setting, there is no way that anyone could be left out in the interaction. The tables are set up at their reach so all of the regulars can attend to each other easily. Meanwhile, Figure 3(b) shows how the tables are generally set up. The pattern is seen to be the vertically aligning, allowing everyone to see each other who pass by. Thus, there is no one getting blocked by each other's sight and not in each other's way as they passing by.

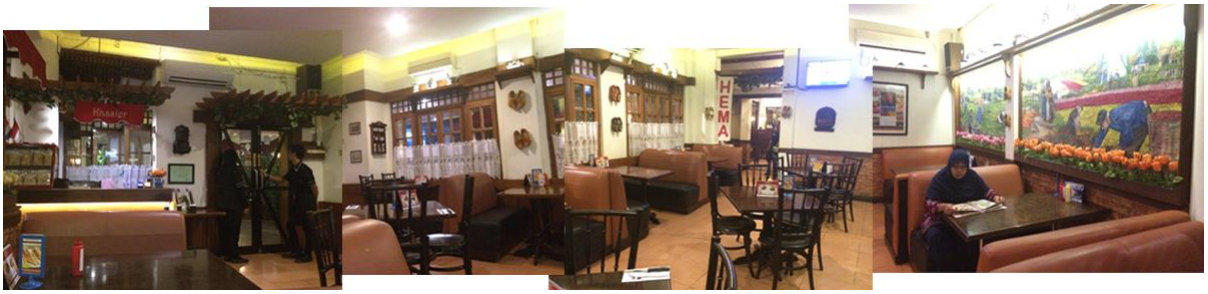


Figure 4 The Seating and Decorations in Hema Resto

Rather than the usual setting of a restaurant, Hema Resto prefer the casual and warm color for the seating as shown in the Figure 4. Having it designed like a sofa at home with natural color, the regulars find it familiar with the types they own at homes. As they find it familiar, they might perform the *places-for-things* in the restaurant, making it their *center* and interact just like being at home with each other. The furniture and decorations were designed to be easily rearranged. If they have a bigger party, then they could just move about the tables and chairs so it would fit to everyone attending.

The arrangement was set not to block the way through all the way to the back. It is easy to move around, the cashier and the waitress and waiter is placed near the front door to keep an eye on the regulars who need of their helps.

The tables stand on around eighty centimeters from the floor, with the width of the surface being a hundred and a sixty centimeters wide seat, the table-set lets people to be loose and enjoy themselves. It was design so that people would not feel too upright in the position. Even though the vertical aligning could lead people to know who was who and peek to each other, the radial pattern of the seating creates a boundary where the interaction could be led in semi-private ways, making people more comfortable with intimate conversations they have. Despite having the wide table, they do lack in having arm rests for the sofas and the chairs so it would be comfortable for the elderlies to remain seated.

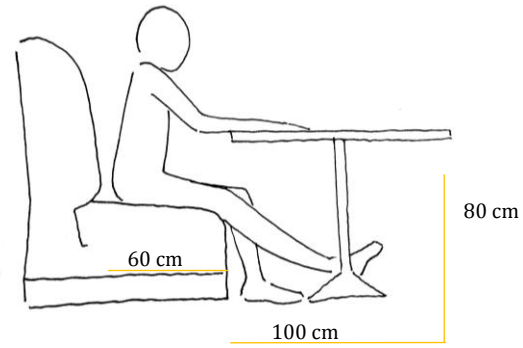


Figure 5 Doodle of the seating and the table

4. Discussion

As the doctors who conducted SCAUS (1971) wanted to let their patients feel at home, Hema Resto also led its regulars to have their own social circle to feel at home by designing the seating pattern as if they attend to each other. Both places value the time that the elderly spends in social interaction, giving an account to *the spirit of place,* making them felt welcome and comfortable with their surroundings both in physical and spatial state.

As explained before, having the elderlies to be bedridden all the time would cause more damage to their health. They need more time spending with their social circle to keep their life quality on check. The elderlies need places where they could stay and enjoy themselves, places aside from their house or their wards—which has become their second place. They need a third place where they can actually feel like they are being home, surrounded by people who might have the same stories, or giving them new stories each new day. It might not help their disease to recover, but it helps them to feel content to connect with other people like the SCAUS study had proven. It helps them to enrich their life, enhance the quality of their elderly life.

It was also stated that to make them wanting to stay longer, the characteristic of *home-like* should be presence in the *third place.* As stated before, an elderly has a tendency to be lacking in adaptability to new environments. A *home-like* atmosphere that gives them the feeling of familiarity would help them to adapt faster and open up more. This feeling of familiarity could be emitted by the chosen of furniture and it is seen that the feeling is not only presence by the decorations but also from how the pattern of the seating was aligned.

An elderly might find it hard to walk swiftly like the younger ones do, so making sure that every pattern accessible and in range is important. Even so, they still need to be supervised as there are times that they need helps from others. The pattern in Hema Resto shows that the alley between each seating proved to be helpful as they can get through without being blocked by each other.

5. Conclusions

Through this study it is found that there is a relation between paying attention to the design of seating pattern with the occurrence of *home-like*. A radial pattern with everyone would have them to face each other might save anyone from being left out. The distance between the seating would not be too far from each other so the elderly would not have to put a lot of effort in getting themselves involved. It creates more chances to interact between people in the pattern-range. Having the radial pattern in vertically alignment also might help people to take notes of who comes and goes, so they would quickly notice a familiar face.

There was a lack of understanding in the case study to the elderly needs in the seat design, such as the absence of arm rest. Since the physical strength of an elderly does not match with the younger ones, they might need to have a closer place to put their arms as they are enjoying themselves. However, it does not eliminate the *home-like* character of the place nor interfere the interaction between the elderlies with their family, friends and relatives. Therefor it is suggested that the elderly should have the chance to spend their time in a concepted *third place*—be it in hospitals, nursing houses, or residential houses—which is carefully designed to let them be in social involvement. It could be in the form of lounge, café, waiting rooms, or verandas. If there are more places for the elderlies to be more socially connected rather than just resting alone in their bed, the places where they feel like home, the places where they can spend their times in, those place—*the third place*—might help them to get their quality of life on check.

6. References

[1] Breaz, M.A. (2015). 'Changes Characteristic to Elderly Persons'. *Agora Psycho-Pragmatica*, Vol. 9, No. 1, pp.203-210.
[2] Beattie, J.W. (1963). 'Elderly Life: Its Characteristics, Needs and Phylosophy'. *The British Journal of General Practice*, Vol. 6(1), pp.20-34.
[3] World Health Organization Regional Office for South-East Asia 2004, *Health of the Elderly of South-East Asia, a Profile 2004*, WHO, New Delhi.
[4] Grant, L.D. (1996). 'Effects on Ageism on Individual and Health Care Providers' Responses to Healthy Ageing'. *Health and Social Work*, viewed March 4 2018, Questia database
[5] Gehl, J. (1987). *Life Between Buildings*. Van Nostrand Reinhold, New York, New York.
[6] Oldenburg, R. (1999). *The Great Good Place*. Da Capo Press, Cambridge. [7] Kang, H. (2012). 'Correlates of social engagement in nursing home residents with dementia'. *Asian Nursing Research*, Vol. 6, Issue 2, pp.75-81.
[8] Kim, C., Wu, B., Tanaka, E., Watanabe, T., Watanabe, K., Chen, W., Ito, S., Okumura, R., Arai, T., & Anme, T. (2016). 'Association between a Change in social interaction and dementia among elderly people'. *Internasional Journal of Gerontology*, Vol. 10, Issue 2, pp.76-80.
[9] Kodzi, I.A., Obeng, G.S., Emina, J., & Chika, E.A. (2010). 'Religious involvement, social engagement, and subjective health status of older residents of informal neighborhoods of Nairobi'. *J Urban Health*, Vol. 88, pp.370-380.
[10] *Our Bodies After 60: how to embrace the great stuff of getting older* 2012, Reader's Digest Association, Canada
[11] Oldenburg, R. (2001). *Celebrating the Third Place*. Marlowe&Company, USA.
[12] The Special Committee on Aging United States 1971, Mental Health Care and The Elderly, SCAUS, Washington.
[13] Creditor, M.C. (1993). 'Hazards of Hospitalization of the Elderly'. *Annals of Internal Medicine*, Vol. 1, No. 118(3), pp.219-23, viewed March 4 2018, PubMed database.
[14] Mesko, B. & Anderson D. (2018). 'Peek Into the Future of Hospitals: Smart Design, Technologies and Our Homes'. viewed January 13 2018, < http://medicalfuturist.com/peek-into-the-future-of-hospitals/>.
[15] Hollis, E. (2016). *How To Make A Home.* Macmillan, London.

[16] *Online dictionary 2018*, Merriam-Webster, USA, viewed March 4 2018, < https://www.merriam-webster.com/dictionary/homelike>.
[17] Campbell, N.M. (2014). 'Designing Retirement Community Third Places: Attributes Impacting How Well Social Spaces are Liked and Used'. *Journal of Interior Design*, Vol. 39, No. 4, pp.1-14. Wiley/Blackwell.
[18] Ravanipour, M. & Hajinejad, F. (2013). 'The Roles of Elderly People from Their Own Perspective'. viewed October 20th 2018, < http://www.ifa-fiv.org/wp-content/uploads/2013/11/Maryam-Ravanipour-0900-Lapis-B.pdf>.
[19] Matsuno, H. (2012). 'Multi-Ethnic Third Place: Community Center in Wilshire Neighborhood of Los Angeles'. *University of Washington, Architecture*. Ann Arbor: ProQuest LLC.
[20] Seamon, D. (1979). *A Geography of the Lifeworld: Movement, Rest and Encounter*. Croom Helm, London.
[21] Warren, M., Ganley, K.J., & Pohl, P.S. (2016). 'The association between social participation and lower extremity muscular strength, balance, and gait speed in US adults'. *Preventive Medicine Report*, Vol. 4, pp.142-147.
[22] Rashedi, V., Gharib, M., & Yazdani, A.A. (2015). 'Social participation and mental health among older adults in iran'. *Iranian Rehabilitation Journal*, Vol. 12, No. 19
[23] Chang, P.J, Wray, L., & Lin, Y. (2014). 'Social relationships, leisure activity, and health in older adults'. *Health Psychology*, Vol. 33, No. 6, pp.516-523. American Psychological Association.
[24] Nickl-Weller, C. & Nickl, H. (2013). *Healing Architecture.* Braun Publishing AG, Germany
[25] Meidiani, N.M. (2016). 'Enliven Urban Life Through Third Place with Homelike Experience (Case Study: Hema Resto Kemang Pratama, Bekasi)', *In Proceedings of Indonesia-Japan Joint Scientific Symposium (IJJSS 2016)*, Chiba, Japan.

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