NEED ORIENTED WARD DESIGN

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ABSTRACT

Most of the modern hospitals are constructed in the pattern of Rigs. The scale of accommodation of 1982 for the Armed Forces has stipulated that wards will be made in the Rigs pattern. However a revision of the above scale of accommodation has suggested that construction of pavilion wards for JCOs/OR which will simulate the barracks in which they stay may be space saving. A study comprising the preferences of the patients shows that JCOs/OR still like pavilions. However, the trend indicates that Rigs may be the choice of future.

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KEY WORDS: Rigs and pavilions; Scale of accommodation.

Introduction

Let us talk of the present 'wards' before they get their shape, size and even definition transformed. A ward or nursing unit is defined as a grouping of accommodation for patients with service rooms and means of access that enables a team of nurses to care for in-patients under the best conditions [1]. The search for the best conditions has raised multistoreyed mansions with five star labels. They have left behind the old Greek temples of dream therapy and the pre-renaissance monasteries of faith therapy into oblivion.

Two centuries and a score years ago, when a French man designed a pavilion ward, he least thought that it would survive him, it would be adopted by Florence Nightingale to be renamed as Nightingale ward and it would be the design of choice of the largest number of hospitals crossing to the 21st century. These wards have the patients kept on both sides of the centre passage at right angles to the side walls. The early models of this design had certain defects. The nursing station was at one end and the sanitary annexe were on the other end. It gave rise to increased fatigue factor both for the nurse and the patients. It was rectified by shifting both nursing station and sanitary annexe to the middle of the ward. The patients were subjected to glare and the effects of rain as there were no curtains and verandahs. These defects were also corrected by fixing curtains and constructing verandahs. But there were still problems of cross infection, lack of privacy and noise pollution.

These factors paved way for another design patented and constructed by Rigs hospitals at Copenha-

gen which would eventually out date the pavilions [2]. These are cubicles with varying patient capacities from 4 to 8. This construction provides adequate privacy to the patients. Patients can be grouped on different conditions and kept in different cubicles of the same ward. Chances of noise pollution and cross infection may be reduced. But such improvements are on a cash premium. Rigs demand more space for construction and more staff for communication and care. These wards have built-in flexibility to contain unforeseen requirements. These can be easily moulded to accommodate special requirements of certain wards like paediatric, maternity, premature, infectious, geriatric and so on [3].

Hospitals of the Armed Forces

Many of our hospitals were not originally constructed as hospitals. We have inherited jails, sanatoria, barracks, offices and asylums which were converted into hospitals at certain point of time. Most of these old and dilapidated buildings have pavilion type of wards in them. Some of the recent constructions have varying specifications and features swinging between pavilions and Rigs. The scale of accommodation for hospitals (1982) however has stipulated Rigs as the uniform pattern of all wards. Whatever may be the type of the ward, it should function as a second home in maintaining normal functions like eating, sleeping, toilet activities, diversional activities etc, it should be suitable for examination, treatment and ambulation of the patients and it should be a rehabilitatory and restraining place to prepare the patients to return to domestic life. If it is so, and if both the models are acceptable to the medical profession, it is worthwhile to

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find out the choice of the clients through a survey.

The clients chosen were from Army, Navy and Air Force. They were from all the ranks upto officers. They had varying educational and social background. The clientele was spread among 49 service hospitals. 518 of them responded. The study showed that majority of the clients preferred pavilions to Rigs for its visible ease for constant monitoring of the patients by the staff, for its creating a sense of closeness, togetherness and sympathy among the patients and for its smearing an environment to share their feelings.

Tomorrow's Hospitals

Future hospitals and wards will be decided by then existing value systems. This study has telescoped the future through speculative trends. 41% of the respondents supported Rigs for a fundamental and legitimate need of privacy. 86% of the supporters of Rigs raised the issue of privacy. A few others who did not require constant monitoring by the staff and who would not like to share their feelings with co-patients also preferred Rigs. It is interesting to note that the preference of Rigs increased with rising level of education, rank structure and urbanisation. Personnel from Air Force and Navy having education and urban background much more than those of Army preferred Rigs to pavilions. These trends are worth registering as they are fundamentally futuristic. The services, especially the Army will be getting more and more educated people in future. More of the villages will be developed and

some of them will become even smaller towns soon. There is steady movement of people from the rural areas to the urban areas. Therefore their future services are likely to have more educated people with urban background. If we juxtapose the above presumptions with the observed trends in the study, it is relevant to conclude that the future generation may need Rigs rather than pavilions. There is a likelihood that the changing world of impersonal transactions may boost up the demand for privacy as never before.

The first Armed Forces Hospital that has come up in the Rigs pattern based on the scale of accommodation of 1982 is Research and Referral Hospital, Delhi Cantt. It took 30 yrs of gestation and 15 anniversaries of the scale of accommodation before commission. If this is the speed and frequency of construction, many hospitals may not come up; but if the trends are true indicators of the future to come, Rigs are going to stay as the pattern of choice.

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