



Prototype of an Elderly Day Care Business in the New Normal: a Case Study in Bangkok, Thailand

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Abstract

The closure of elderly day care during the COVID-19 quarantine period left most elders feeling lonely, stressed, and depressed. However, people needed to adjust to avoid the spread of illness and continue living normally. This study aimed to investigate the fundamental requirements of elderly day care businesses and build an appropriate business model for elderly day care within the framework of the new normal in Bangkok, Thailand. This study takes one year to complete. The data was gathered through observation, in-depth interviews, and focus groups. The research tools are semi-structure interview form. The research was divided into three phases: New Normal Research, Initial Business Prototype, and Evaluation of the Prototype. The research participants were divided into three groups: the general public, totaling 20 people; the private sector, totaling 20 people; and the expert group, totaling 7 people. The overall number of significant stakeholders is 47. The study's findings indicated the following essential requirements for elderly day care services: Health care and infection prevention, physical health promotion to withstand various virus strains, mindful caregivers providing accurate and comprehensive nursing, social interaction opportunities for the elderly, emotional support for the elderly, and a comfortable and accommodating environment for the elderly. The appropriate business model for elderly day care in the context of the new normal comprised of seven components. Dimension 1: Aging society; Dimension 2: Strict infection prevention measures; Dimension 3: Health care innovation and Elderly supports; Dimension 4: Strong physical health; Dimension 5: Positive mental well-being; Dimension 6: Next generation smart caregiver; and Dimension 7: Pleasant and accommodating facilities. It is recommended that government agencies adopt this model to establish pilot elderly day care centers in provinces with a large elderly population.

Keywords: Elderly day care, Aging, Health promotion, Thailand, COVID-19

What was Known

- Thailand is an aging society, with the aged accounting for 18.94% of the overall population.
- In 2019, humanity faced the COVID-19 (Coronavirus Disease 2019) pandemic. Thailand's elderly day care suffered the same issue, but no research was conducted to determine how they survived.
- Humans needed to adjust to limit the spread of illness while continuing to live normally.

What's New and Next

- The business model should consider seven dimensions: aging society, strict infection prevention measures, healthcare innovation, strong physical health, positive mental well-being, smart caregivers, and pleasant facilities.
- The researcher should implement this prototype to develop elderly day care prototype, particularly in economically challenged provinces where children and family members must work outside the province, or in provinces with a large elderly population.

Introduction

In the current global situation, it is estimated that in the 21st century, the world is experiencing an ageing society, where the population aged 60 and over exceeds 10% of the total population. As of the year 2022, Thailand had a total population of 66,090,475 people, with 12,519,926 elderly individuals, accounting for 18.94% of the total population. Most of the elderly population resided in Bangkok (approximately 1.18 million people), followed by Nakhon Ratchasima, and Chiang Mai, respectively.^{1,2}

As elderly individuals possessed a wealth of experience, knowledge, and abilities, they had once contributed significantly to the economy as a workforce. However, as they enter old age, they may experience physical and mental decline, be afflicted by various illnesses, feel loneliness, and encountered mental health issues.^{3, 5} Moreover, some may face neglect from their families, leading to isolation and a deteriorating quality of life.

Besides, there were changes in family structures to single-family households. The elderly living alone was predicted to continue. This shift in cultural standards resulted in new family

arrangements in which children lived with their spouses and were separated from their parents. They do, however, visit and spend time with their parents when they have spare time.⁶ Consequently, this had led to the emergence of businesses such as elderly day care and nursing homes, both government-run and private, with a total of 830 facilities nationwide, aiming to provide care and accommodation for the elderly.⁷

The difference between the two types of businesses lies in their respective services. Elderly day care provided care for the elderly while allowing them to continue residing with their families as usual. The objective of developing elderly day care was to assist patients with limitations in performing daily activities when at home or in the community, thus reducing the caregiving burden on family members. On the other hand, nursing homes offered long-term care for elderly individuals who require continuous supervision and assistance with daily activities but do not need hospitalization. Nursing homes provided round-the-clock care, including nursing skills, for individuals who cannot stay at home due to health reasons.^{8, 9}

However, in the year 2019, the world faced the COVID-19 pandemic, which resulted in infections in up to 200 million people globally and claimed the lives of up to 4 million people.⁹ In Thailand, a total of 91,779 elderly individuals were infected with COVID-19 (from the year 2020 until August 27, 2021).¹⁰ Research has found that the elderly have a significantly higher risk of mortality compared to other age groups ($P = 0.025$). A study conducted in Australia revealed that out of 886 COVID-19-related deaths, 665 were residents of nursing homes.¹¹

The high mortality rate may be attributed to caregivers having insufficient knowledge, training, and resources to effectively manage and care for individuals during a pandemic. This included shortages of protective equipment, as well as inadequate staffing levels to meet the demand. Additionally, caregivers were required to have close contact with elderly individuals for tasks such as dressing, bathing, feeding, and even assisting with toileting and cleaning, increasing their risk of infection and serving as potential carriers of the disease to other elderly individuals.^{12, 13}

Humans therefore needed to adapt to prevent the spread of infection and continue living as normally as possible within the framework of the new normal. This included practices such as social distancing, accelerating the transition from offline to online channels, and utilizing technology to facilitate communication.¹⁴

The Centers for Disease Control and Prevention (CDC) and the Social Care Institute for Excellence (SCIE) recommended guidelines for caring for the elderly in day care centers amidst the COVID-19 pandemic, necessitating temporary closures.^{15, 17} Additionally, minimizing close contact with the elderly was advised, along with facilitating virtual activities such as virtual meal clubs and evening social groups, and maintaining regular communication with the elderly. Essential face-to-face activities should only occur when the situation permits or when the spread of infection is minimized.^{16, 17}

However, research findings indicated that staying at home during the pandemic led to loneliness, stress, depression, and exacerbation of existing conditions among the elderly.^{18, 19} Furthermore, it had been found that the elderly desire to meet with friends at day care centers as usual²⁰. Additionally, caregivers, whether hired, volunteers, or family members, often experienced significant sacrifices, stress, exhaustion, and psychological distress²¹. Moreover, caregivers may lack knowledge and understanding in elderly care^{3, 5}, especially when facing the COVID-19 situation, which further burdens families as they must care for the elderly throughout the day²⁰. Moreover, there are no studies in Thailand that examine the survival of elderly day care businesses amidst the COVID-19 pandemic.

The researchers, therefore, prioritized studying the basic needs for elderly day care services to develop a prototype of a day care center in Thailand tailored to support the care of both the elderly and their caregivers, as well as families. This initiative aimed to enhance knowledge in elderly care by integrating technology to align with the new normal lifestyle. This research can serve as a model for developing or improving elderly day care businesses and provide additional avenues for caring for the elderly and their caregivers in the event of future infectious disease outbreaks.

Materials and Methods

1. Data collection method and research tools

This research has been approved according to the Declaration of Helsinki by the Ethical Review Committee for Human Research, SDU-RDI-SHS 2023-063. This research was a Research and Development (R&D) project aimed at developing a prototype through collaborative research. This study takes one year to complete (1 October 2022 – 31 October 2023). It utilized the principles of design thinking, which involved gathering ideas from various stakeholders. The research tools (semi-structured interview form) were reviewed by two experts (expert in healthcare and expert in biostatistics). After collecting the data, the researcher employed content

analysis, analytic induction, and abduction reasoning to analyze the data. The research project was conducted in three phases, as follows:

1. **Phase 1 New Normal Research:** This phase involved studying the general needs for providing elderly day care services based on the "new normal" lifestyle. It included understanding the target group by conducting field surveys to explore the emerging lifestyle within the community and identify any characteristics related to the elderly. Moreover, the research team selected representatives from the community to in-depth interview regarding the basic needs for providing day care services for the elderly. This included identifying problems and their root causes, along with suggestions from the community.

2. **Phase 2 Initial Business Prototype:** This phase conducted field surveys of elderly day care in the 9 districts of Bangkok and in-depth interviewed representatives of management and staff at these centers. Additionally, focus group were held to find collaborative solutions. Subsequently, the research team summarized the issues and drafted a prototype business model.

3. **Phase 3 Evaluation of the Prototype:** In this phase, the prototype was assessed by experts via in-depth interview. The prototype undergone testing to examine its suitability and feasibility, as well as to evaluate it according to the needs and preferences of stakeholders. The research team then refined the prototype to make it more comprehensive and aligned with the requirements of the stakeholders.

2. Sample size and sampling technique

Participants collected by purposive sampling at Bangkok because most of the elderly population resided in Bangkok¹. Because of the characteristics of qualitative research, the sample size chosen must provide sufficient information^{22, 25} until saturation is achieved, or no new themes or patterns emerge.^{26, 29} The research participants were divided into three groups:

The sample in stage 1 was the general public (volunteers, community leaders, and residents near elderly day care centers), totaling 20 people.

The sample in stage 2 was the private sector (business owners and employees in elderly day care centers throughout Bangkok), totaling 20 people.

The sample in stage 3 was the expert group (academics, government officials, and qualified individuals involved in elderly day care businesses), totaling 7 people

The overall number of significant stakeholders was 47.

3. Inclusion and exclusion criteria

The inclusion and exclusion criteria were as table 1.

Table 1 The inclusion and exclusion criteria

Research participants group	Inclusion criteria	Exclusion criteria
The general public (except elderly)	<ul style="list-style-type: none"> - The sample must be over 18 years of age but less than 60 years of age. - The sample resided in Bangkok. 	<ul style="list-style-type: none"> - The sample that was physically and/or mentally unfit. - Sample group that cannot comprehend, listen, speak, read, or write in the Thai language.
The general public (for elderly)	<ul style="list-style-type: none"> - The sample must be over 60 years of age. - The sample resided in Bangkok. 	
The private sector	<ul style="list-style-type: none"> - The sample must be over 18 years of age - The sample work in the elderly day care more than 6 months³⁰ 	<ul style="list-style-type: none"> - Sample group that is physically and/or mentally unfit. - Sample group that cannot comprehend, listen, speak, read, or write in the Thai language. - The sample was not work in subjects such as management or elderly care
The expert group	<ul style="list-style-type: none"> - The sample must be over 18 years of age - The sample work in the organization more than 6 months³⁰ - Sample group graduated at least undergraduate degree in subjects such as healthcare, infectious disease control, mental health care, or senior care. 	<ul style="list-style-type: none"> - Sample group that is physically and/or mentally unfit. - Sample group that cannot comprehend, listen, speak, read, or write in the Thai language.

Results

1. Socio-demographic data of the respondents

Data were collected from 47 key persons at 10 elderly day care centers in Bangkok. The socio-demographic data are in Table 2.

Table 2 Socio-demographic data

Socio-demographic data	The general public (n=20)	The private sector (n=20)	The expert group (n=7)
Age (years)			
41-50	6 (30.0%)	14 (70.0%)	1 (14.3%)
51-60	4 (20.0%)	6 (30.0%)	6 (85.7%)
61-70	7 (35.0%)		
71-80	3 (15.0%)		
Gender			
Male	12 (60.0%)	5 (15.0%)	3 (42.9%)
Female	8 (40.0%)	15 (75.0%)	4 (57.1%)
Income (bath per month)			
0-10,000	10 (50.0%)		
10,001-20,000	8 (40.0%)		
20,001-30,000	1 (5.0%)	4 (20.0%)	1 (14.2%)
30,001-40,000	1 (5.0%)	8 (40.0%)	3 (42.9%)
40,001-50,000		8 (40.0%)	3 (42.9%)

2. The general needs for providing elderly day care services based on the "new normal" lifestyle

The research team selected representatives from the community to interview regarding the basic needs for elderly day care services. They also gathered feedback and suggestions from the public. As a result, the research team was able to summarize the following key points:

2.1 Health care and infection prevention

The research findings revealed that most people have increased their health care behaviors, including wearing masks, frequently washing hands and maintaining cleanliness regularly. This indicated a heightened awareness of infection prevention compared to the past. The public expressed a desire for elderly day care to be diligent in maintaining hygiene and free from infection. The participants' quotes are as follows:

"After COVID, I had to be much more cautious." (P1)

"Older people tended to stay home and didn't dare to go out. They wore masks and frequently washed their hands." (P2)

Some participants suggested regular cleaning and disinfection of service areas, as well as regular COVID-19 virus testing for center staff. They also recommended strict screening measures for service recipients. The participants' quotes are as follows:

"I wanted the safety center to seriously prevent infections, not just take temperatures or send ATK results." (P3)

2.2 Physical health promotion to withstand various virus strains

The research findings indicated that most community members had become more attentive to their health, especially after the outbreak of the COVID-19 virus. However, there was still a lack of knowledge regarding proper healthcare and nutrition, particularly among adults and the elderly. The participants' quotes are as follows:

"Since the outbreak of the COVID-19, many older people got sick often. Many started to pay more attention to their health." (P4)

"Many people still didn't know how to take care of themselves or what they should eat to stay healthy." (P5)

The public also expressed a need for elderly day care to promote physical fitness to cope with various strains of viruses. Community representatives suggested the following initiatives: providing training on healthcare and proper Nutrition for the elderly, organizing basic health check-up activities, and offering personalized physical rehabilitation services. The participants' quotes are as follows:

"I wanted activities to be organized to provide knowledge about health care and proper nutrition during COVID-19 by expert doctors." (P6)

"I wanted to have annual health check-ups." (P7)

"There should have been physical therapy." (P8)

2.3 Mindful caregivers providing accurate and comprehensive nursing

The research findings revealed that there was a growing demand for caregivers in the labor market. Most people were interested in the caregiver profession. However, the hiring cost was relatively high. Importantly, the hired caregivers often lack empathy, and the community expressed a desire for caregivers to be more attentive to the elderly and provide proper nursing care. Community representatives suggested that elderly day care businesses

implemented effective training processes to ensure caregivers prioritize the well-being of the elderly. The participants' quotes are as follows:

"We hired a caregiver to look after him, but they were occasionally inattentive, and their care was not always satisfactory." (P9)

"The expenses were high, ranging from 24,000 to 40,000 baht. Yet, they didn't take good care of my parents." (P10)

2.4 Social interaction opportunities for the elderly

The research findings indicated that within the community, there had been a reduction in group activities following the COVID-19 infection control policy. The participants' quotes are as follows:

"During this period, activities weren't often organized because there was a risk of infection." (P11)

"My aunt wouldn't dare go out of the house except to visit the doctor." (P12)

The community expressed a desire to foster social relationships for the elderly. Community representatives suggested organizing activities to promote social interaction for the elderly, including providing spaces for elderly activities, recreational activities, low-impact dancing and exercise activities, and participation in religious activities. The participants' quotes are as follows:

"Older people wanted to sing, play musical instruments, engage in handicrafts, paint, or any form of art that exercised the brain, as well as relaxation activities. But someone didn't like certain activities but preferred chanting or worshipping." (P13)

"I wished the center had activities focusing on relaxation." (P14)

2.5 Emotional support for the elderly

The research findings revealed that most people in the community had experienced witnessing elderly individuals being neglected and not receiving attention from their grandchildren, leading the elderly to feel lonely, sad, and isolated. Some elderly individuals encountered mental health problems such as dementia and psychiatric disorders, requiring intensive care and significant physical and emotional effort from caregivers. This resulted in many family members feeling exhausted from caring for their own family members, deteriorating family relationships. The participants' quotes are as follows:

"Caring for my father, who had Alzheimer's disease, required full-time attention and dedication. Sometimes, exhaustion would strain family relationships." (P15)

"There were many elderly singles. Reconnecting with old friends was difficult, and they didn't know how to start a conversation." (P16)

The community expressed a need for psychological support for the elderly. Community representatives suggested designing activities to provide psychological support, such as providing counseling sessions with psychologists and organizing activities where grandchildren and elderly individuals can interact

The participants' quotes are as follows:

"I wished there had been a psychiatrist available" (P17)

"I wished there had been activities to cultivate positive thinking and having children or grandchildren visit." (P18)

2.6 Comfortable and accommodating environment for the elderly

The research findings revealed that some communities still lack infrastructure that is conducive to the lives of the elderly, such as sidewalks, ramps, and inadequate connectivity, making it unsuitable for real-world use. Moreover, buildings and living accommodations are often designed without considering the needs of the elderly increasing the risk of falls for the elderly. As a result, there is a current trend towards using health technology with the elderly. The participants' quotes are as follows:

"The old bathroom wasn't very clean and wasn't suitable for the elderly." (P19)

The community expressed a need for an environment conducive to the elderly. Community representatives suggested providing a conducive and accommodating environment by designing venues and atmosphere to be welcoming and warm, providing convenient pathways for the elderly with mobility issues, and utilizing technology for monitoring the health of the elderly. The participants' quotes are as follows:

"I bought a smartwatch to use." (P20)

"I didn't like plastic tables and plain white walls and floors." (P21)

"I wished there had been restaurants and coffee shops." (P22)

"There should have been relaxing places." (P23)

"I wished there had been equipment capable of recording health data and displaying results through an application." (P24)

3. Prototype of elderly day care business based on the "new normal" lifestyle

The prototype of elderly day care business was divided into 7 dimensions with 4 perspectives (see figure 1):

3.1 Dimension 1: Aging society

This dimension is the focus for developing the prototype suitable for social environment for the elderly, including the following:

1. Emphasized designing activities to fully support the social aspect of elderly individuals. Provided a variety of optional activities tailored to their preferences.
2. Have diverse staff members to support activities.
3. Established an ageing club.

The participants' quotes are as follows:

"There should have been staff from various professional fields." (P35)

"There should have been activities that arose from the needs of the elderly." (P36 and P37)

3.2 Perspective 1: Build trust with customer and people in the community.

3.2.1 Dimension 2: Strict infection prevention measures: Stringent measures were implemented to prevent infection and curb the spread of the virus, ensuring the safety of the elderly, family members, staff, and community members. The participants' quotes are as follows:

"The place, tables, chairs, and equipment had to be cleaned." (P25)

"There should have been proper ventilation in the building." (P26)

"Staff and visitors were required to wear face masks while receiving services." (P46)

"If they still refused to wear face mask, they were not allowed to participate in activities." (P27)

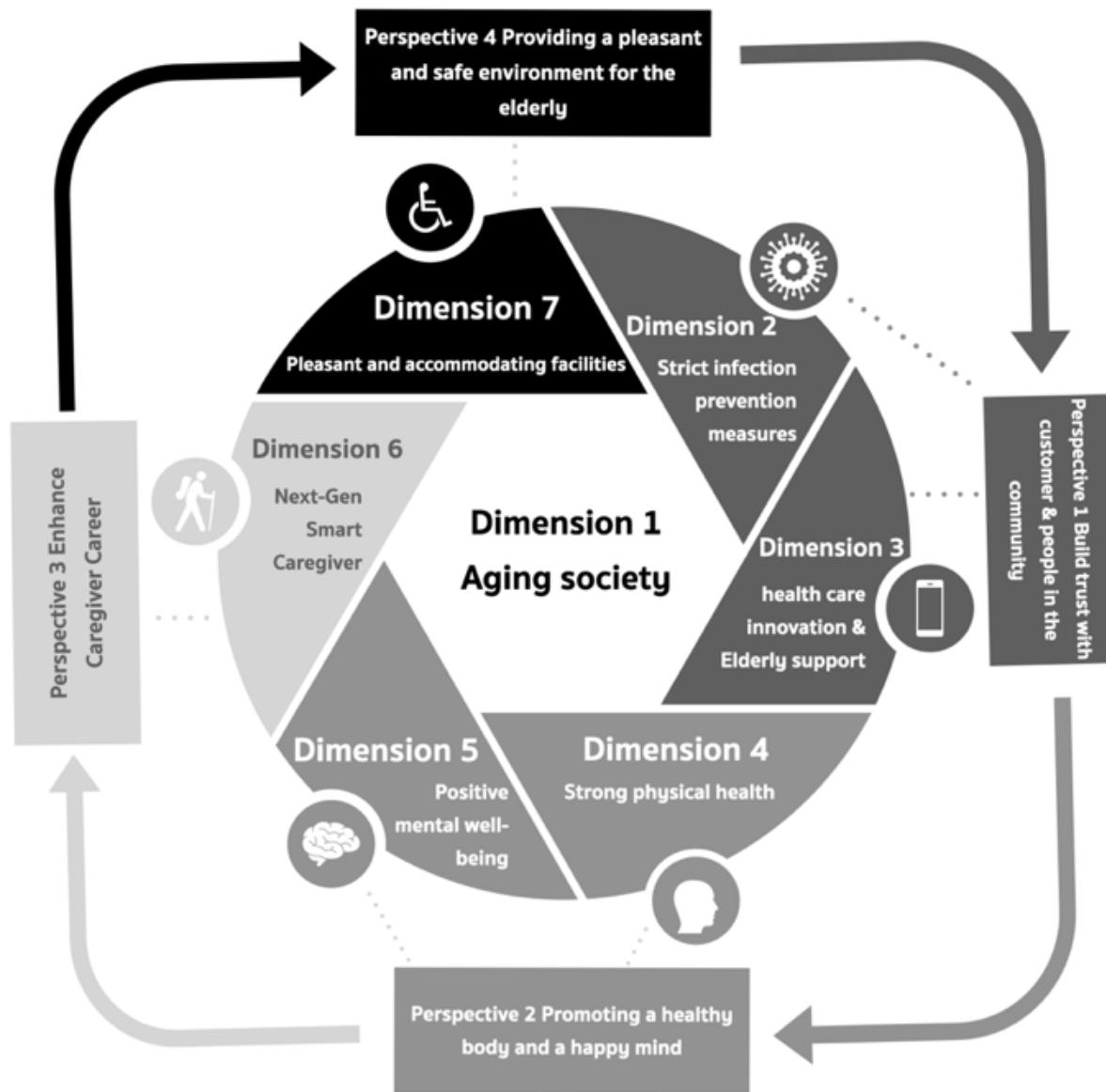


Figure 1 The prototype of elderly day care business based on the "new normal" lifestyle

3.2.2 Dimension 3: Health care innovation and Elderly support: Health technology was utilized, such as blood pressure monitors, fingertip glucose meters, wheelchairs, and walking aids. These technologies were essential for monitoring the conditions of the elderly who were sick or had chronic illnesses. Additionally, there should have been a network surveillance system, including volunteer groups, welfare services, police, elderly care centers, and hospitals. The participants' quotes are as follows:

"I wished the center had installed CCTV cameras for monitoring and utilized devices to provide health data of my mother." (P41)

"I wished the center had recorded data linked to doctors for disease analysis." (P42)

"In Thailand, there was limited technology available for the elderly, and most of them didn't understand or couldn't use it." (P43)

"The center should have had transportation services and caregivers to accompany the elderly to and from the hospital." (P44)

"Currently, there was still a lack of support from government agencies." (P47)

3.3 Perspective 2: Promoting a healthy body and a happy mind

3.3.1 Dimension 4: Strong physical health: Physical health promotion activities were carried out as follows; training sessions on health care and dietary consumption; nutritional guidance tailored for the elderly health check-up services and personalized physical rehabilitation programs; recreational activities, including dancing and low-intensity exercises. The participants' quotes are as follows:

"In providing education, there should have been personnel from various fields." (P28)

"Programs for meal services and suitable nutritional quantities for each individual were proposed." (P29)

"There should have been promotion of rehabilitation and physical therapy." (P30)

"It might have been beneficial to add services after recovering from COVID-19." (P31)

3.3.2 Dimension 5: Positive mental well-being: For example, activities aimed at fostering social interaction among the elderly should include designated spaces where they can engage in various activities, participate in religious events, and partake in activities promoting mental well-being. Additionally, the establishment of clinics dedicated to the mental health care of the elderly should be considered. The exemplars of participants' quotes are as follows:

"There might have been programs to promote mental alertness and memory development." (P38)

(P39)

"Caring with love and affection was the trusted way to care for the elderly."

3.4 Perspective 3: Enhance Caregiver Career

Dimension 6: Next generation smart caregiver: All sectors, including the government, private sector, and educational institutions, were involved in collaboration:

The government provided welfare and financial support for caregivers by establishing funds. It sought ways to improve the continuous home care system to enhance the caregivers' quality of life.

The private sector developed platforms for hiring caregivers on both short-term and long-term bases. They implemented behavior evaluations through scoring systems.

Educational institutions revised the curriculum to produce caregivers who are more attentive (Next-G Smart Caregiver) and implemented a quality assurance system linked to real users, aiming at human resource development. The exemplars of participants' quotes are as follows:

"Caregivers had to be attentive and knowledgeable." (P32)

"The home caregivers were foreign workers who lacked knowledge and spoke poorly". (P45)

"They should have been trained in elderly care to ensure proper and systematic caregiving." (P33)

"For interested relatives, it was important to have some nursing skills." (P34)

3.5 Perspective 4: Providing a pleasant and safe environment for the elderly

Dimension 7: Pleasant and accommodating facilities: Taking care of the living environment and providing amenities for the elderly, such as: designing a comfortable environment with shaded areas, gardens, and resting spaces for elderly individuals to relax, socialize, and enjoy meals; creating a cozy atmosphere reminiscent of a warm home; and ensuring facilities are conducive to activities for the elderly while also prioritizing safety, including pathways and bathrooms.

The exemplars of participants' quotes are as follows:

"It should included lush gardens, relaxation areas, and spaces for socializing and engaging in activities." (P40)

Discussion

The research findings revealed that following the outbreak of COVID-19, the behavior of people in the community underwent changes, leading to what we refer to as the "new normal" lifestyle. Furthermore, most individuals in the community expressed general basic needs for the provision of elderly day care centers. These needs were identified across six aspects as follows:

1. The public demanded that elderly day care implemented stringent health and infection prevention measures, in line with Chaiyarat's research findings³¹ and Maneein's research.³² However, the study found that many businesses did not rigorously adhere to outbreak prevention measures, leading to public distrust in sending elderly individuals to utilize their services.
2. The public wanted elderly day care owners to provide training on healthcare and nutrition for the elderly in the COVID-19 pandemic and to organize basic physical health check-up activities and personalized physical rehabilitation services, in line with Roma's research and Wechprasith's research which findings that elderly individuals lack health knowledge.^{33, 34}
3. The public wanted caregivers to provide attentive and knowledgeable care. This aligns with Wongfoo's research, which found that the elderly desire elderly care centers to prioritize human resources, with caregivers delivering quality and impressive services, and meeting standardized criteria before providing care and assistance to the elderly.⁸
4. The public wanted elderly day care owners to design activities that foster social interaction among the elderly. Research found that the public felt that current activities organized by elderly day care weas not desirable and did not align with their interests. The elderly wished to participate in activities of their own choosing, in line with Latekeh's (2021) research.³⁵
5. The public wanted business owners to help promote the mental health and suggested that they design activities aimed at providing emotional support to the elderly. They seek special love and attention from their family, in line with the findings of Panyapong's research³⁶. The spread of the COVID-19 virus in 2019 changed the dynamics of family relationships, aligning with the Department of Mental Health.³⁷
6. The public wanted business owners to design interior environments within elderly day care that was comfortable and conducive to the well-being of the elderly. Additionally, they suggested incorporating technology to monitor the health status of the elderly. This aligns with the research conducted by Tappasan.³⁸

The researchers developed a prototype for an elderly care center business model suitable for the new lifestyle, considering various laws and regulations of the government, the capabilities of the private sector, the needs of the public, and other relevant factors. The study found that the innovative prototype supporting the elderly society was structured around seven dimensions as follows:

1. Making aging society, which is considered the core for conducting the elderly society, by emphasizing activities that foster interaction to strengthen the bond within families. For instance, in Japan, outdoor playgrounds and the second floor were provided for children to play.³⁹ This approach aligned with the public's demand and aligned with the policies of the Department of Medical Services, which emphasized creating happiness for everyone in the family.⁴⁰ In addition, we can make aging club, aligning with the research findings of Latekeh.³⁵
2. To ensure the safety of the elderly, family members, staff, and the community, elderly care centers should provide high-quality healthcare services free from infection, along with strict measures to prevent the spread of diseases. This aligns with the research models of Yang and Jamaludina.^{41, 42}
3. Business owners should have incorporated technology into elderly healthcare and support systems. For example, Japan utilize a robot called "PALRO" to engage in conversations and play brain-stimulating games.⁴³ This aligns with the public's demand to leverage technology to monitor the health conditions of the elderly. Furthermore, it aligns with government-led initiatives like the Smart Home for the Elderly project.⁴⁴
4. The elderly care center should have focused on promoting physical health activities. This includes educating them on home-based elderly care, teaching them how to use glucose monitoring devices. This aligns with the research conducted by Saibuatong.⁴⁵ Providing general health check-ups and personalized physical rehabilitation services, along with recreational activities. This is in line with the study conducted by the Elderly Care Center in Indonesia⁴⁶ and Burapha University.⁴⁷
5. Entrepreneurs in the elderly day care should focus on nurturing mental and emotional well-being to promote happiness. For example, establishing mental health clinics specifically tailored for the elderly and implementing programs aimed at preventing cognitive problems, memory issues, and easily changeable emotions in the elderly aligning with the mental health policies of the Department of Mental Health.⁴⁸

6. Training and developing caregivers to be knowledgeable about diseases and appropriately caring for the health of the elderly was promoted through collaboration from all sectors, including the government, private sector, and educational institutions. This approach was in line with the research by Wongfoo⁸ and aligned with Japan's model.^{49, 51} However, in Thailand, there was a shortage of organizations caring for the elderly and a lack of policies supporting the development of elderly care centers aligned with the findings of Sasad.⁵²

7. The elderly day care center should have facilities designed for the elderly, such as smooth walkways with ramp connections and necessary handrails for the elderly. Additionally, the center should maintain cleanliness, good ventilation, and a cozy atmosphere, with shaded gardens and resting areas resembling a warm home environment, aligning with the research by Tappasan (2020)³⁹ and elderly day care centers in Japan.⁴⁰

This research has some limitations. Specifically, the outcomes were based on individual stories and opinions. Participants' information may contain prejudice or errors, which should be noted. Narratives' subjective nature may introduce personal viewpoints, individual experiences, and possibly factual errors. Despite these limits, the study was able to include a wide spectrum of opinions from many sectors, including government, business sector, and community. The incorporation of diverse perspectives allowed for a more thorough knowledge of the difficulties confronting elderly day care centers. By evaluating diverse angles, the study provided insights into the numerous variables and problems that each business faces.

Policy recommendations for government application of the research findings include:

1. The government should implement clear measures to monitor and regulate the quality of elderly care centers and caregivers.
2. Individuals trained in various training centers must pass standardized competency tests before entering the profession.
3. The government should develop policies to promote or support the establishment of elderly care centers across Thailand.

It is recommended that government agencies adopt this model to establish pilot daycare centers for the elderly in the provinces, where family members often work away from home, or in provinces with a large elderly population. These centers could serve as examples for interested entrepreneurs to visit and study, providing a framework for developing community-based daycare centers for the elderly in their own areas

Conclusion

In conclusion, this research project aimed to investigate the fundamental requirements of elderly day care businesses and develop an appropriate business prototype within the framework of the new normal. The prototype of the elderly day care business was developed across seven dimensions with four perspectives.

The focus was on creating a socially engaging environment for the elderly. Strict infection prevention measures were implemented to ensure the safety. Healthcare innovation and elderly support were emphasized, with the utilization of health technologies and the establishment of a network surveillance system for comprehensive monitoring and care.

Promoting physical health and mental well-being among the elderly was prioritized through tailored health promotion activities and programs aimed at fostering positive mental well-being. Additionally, collaboration between the government, private sector, and educational institutions to improve caregiver quality and support systems was crucial.

Lastly, creating a pleasant and safe environment for the elderly was a key aspect, with facilities designed to accommodate their needs while ensuring safety and comfort.

Ethical Approval Statement

This research has been reviewed and approved according to the Declaration of Helsinki by Ethical Review Committee for Human Research and Science, Humanities and Social Sciences, Research and Development Institutes, Suan Dusit University, SDU-RDI-SHS 2023-063.

Author Contributions

NN designed the study and the intervention tool, conducted the study, analyze the findings, designed the protocol, and wrote the manuscript, with guidance from MT. Author and all correspondences read and approved the manuscript prior to submission for publication.

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Conflicts of Interest

There are no conflicts of interest.

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