

***A Synthesis of Researches Conducted by Personnel of
Sirindhorn College of Public Health, Chonburi, Thailand during 2009-2011***

Kamon Arjdee, Sirindhorn College of Public Health, Thailand
Nareerut Pudpong, Sirindhorn College of Public Health, Thailand
Thitima Diawwattanawiwat, Sirindhorn College of Public Health, Thailand
Ratana Kumpiranont, Sirindhorn College of Public Health, Thailand

The Asian Conference on Ethics, Religion and Philosophy 2014
Official Conference Proceedings 2014

0006

Abstract

The purpose of this study was to analyze the situation of researches conducted by personal of Sirindhorn College of Public Health, Chonburi, under Praboromarajchanok Institute, Ministry of Public Health, Thailand and to summarize the knowledge extracted from those researches. This was done by examining the quality of all twenty four research reports completed during 2009-2011. Data were collected through both information and knowledge extract forms. The qualitative information was analyzed by using content analysis, while quantitative information was investigated by using frequency and percentage.

Results showed that most principle investigators were those who worked in Research Unit (29.17%), Most of the works were descriptive studies (62.50%), with internal financial supports more than outsides (66.6%), and with the funding of about 10,000 - 20,000 Baths/study (37.50%) The majority of study populations were public health personal and students (approximately 30%) within the Boromrajchanok Institute. Descriptive statistics were used for most studies, namely percentage (25.98%), most research reports were not published (41.67%). Only some of them (25.00%) were available both internal and external libraries. In addition, only half of the works had been using in accordance with their research purposes. When considering knowledge of the researches, 37.50% was the research about the institute, respectively. For the synthesis of knowledge from research to improve the quality of life of the elderly. The approach to enhance the quality of life. Synthesis of research, as is creating a network backbone to care for and support the elderly, promoting community and has the potential to take care of the elderly with the volunteerism, developing the potential of the family. Community care and support to older people in the community, to develop a better quality of life to improve the health of the elderly both in body and mind and promotes family, community or social network. Part in motivating exercise behavior in the elderly.

The results suggested that Sirindhorn College of Public Health, Chonburi should increase research studies in terms of the experimental designs, the use of more advanced statistics, and the research conducted outsides the institute (such as community research). In addition, the development of a research proposal for external financial supports should also be upgraded. This would lead to more knowledge extraction for actual using in a concrete way.

Keyword: Synthesis of research, knowledge extract, Quality of Life of Older Persons

Background and importance of the problem

Nowadays the elderly population in every country around the world was increasing. Many countries including Thailand had stepped into the elderly society (aging society) by the proportion of the elderly in Thailand had increased dramatically and continuously. Office for National Statistics indicated that Thailand was a provided in aging society since the year 2005, as Thailand had the proportion of the elderly population exceeded 10 percent of the population. By finding that the elderly of 10.4 percent in the uttered year increased to 10.5 and 10.7 percent in the year 2006 and 2007 respectively [1] due to the advancement of medical technology and public health yielded to greater population longevity Moreover, the family planning policy as well as the role of women in society effected most Thai women married later and had fewer children. When fertility rate or birth rate was less, but population longevity was greater, number of elderly people in society of Thailand was likely increasing. It was estimated that in about 20 years (Year 2030) the proportion of the elderly population in Thailand would be up to 25.12 percent, or about 1 in 4 of the total population of the country [2] .

Strengthening and improving the lives of the elderly population which tended more and more. Researchers had studied and developed the quality of life of older people continuously. For example, Arada Thirakiatkamjorn [6] had studied various factors related to the quality of life of the elderly in the municipality of Suthep, Muang district, Chiang Mai province. Results found that elevating the quality of life for the better should focus on the social and economic factors such as education, occupation, income stability, getting custody of their children, and participation in community activities, etc., which were similar to the findings of Wilaiporn Khamwong and colleagues [7] who studied related factors in the elderly in Nonthaburi province found that income and better education to make a better quality of life for the elderly. And suggestions that support for the elderly to participate in social activities such as the transmission of wisdom and experience to future generations would help promote self-esteem of the elderly. Improving the quality of life was important to consider the specific context of the community and participation of those involved, such as education, health status and quality of life in the Deep South of Thailand of Jiraporn Thongdee and colleagues [11] suggested that health promotion and quality of life for the elderly required the participation of all parties. We had to take into account the specific context of the community, particularly cultural, belief or doctrine that most senior people in the community adhered. In addition, success factors of quality of life of the elderly, another key was to create support networks or social activities together in strengthening of interest groups and the elderly. This would allow the work to improve the quality of life and sustainable continuous compounding, for example, Pranom Othakanon and colleagues [12] had developed a network centered on improving the quality of life in elderly model in Muang district, Phitsanulok province to provide a source of health information, knowledge sharing, and improving the quality of life of the elderly in the community thoroughly. These required the cooperation of many sectors, both public and private. As well as the strong involvement of the community with the study of Lakkhana Bhichonchaj and colleagues [13] had supported the concept of community participation that strengthening the urban society should create the community development process with the reinforcement of the knowledge and understanding in the context of the community ,and should build unity among the community to a force participation of the community, community leaders, community mainstays with the public consciousness and the collaboration of the good governance corporate. Hence, the quality life development of the elderly needed an integrated strategy to drive the needs to develop knowledge of the elderly in conjunction with the community development, community organizations, and networks in integrating driven [14].

In order to respond to change situations in the population of a country into the elderly society therefore, there should have explored the knowledge to improve the quality of life in the right line with social context of the city in Chonburi province, which was the main area of this study and practical training of the students of this college. Thus, the research unit of Sirindhorn College of Public Health, Chonburi had compiled researches related to the elderly of the college in the last 3 years (2009-2011) and carried them to the knowledge synthesis of the research process very methodically.

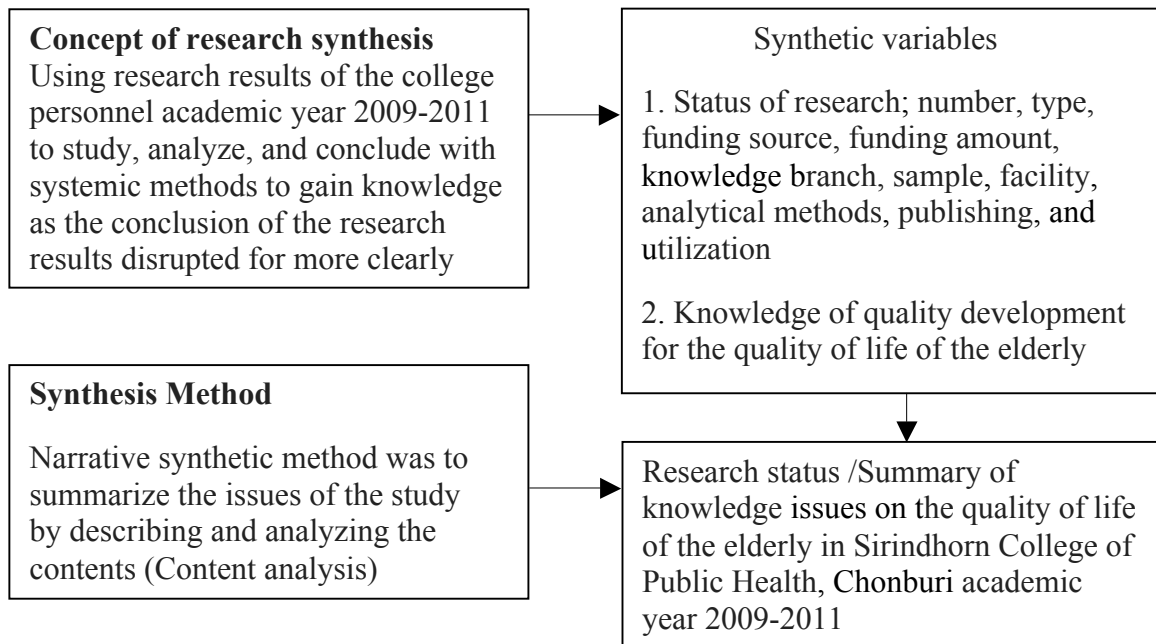
Research objectives

1. To analyze the research status of personnel in Sirindhorn College of Public Health, Chonburi in the following issues; number of research, types of research, funding source, funding amount, sample, research place, analysis method, dissemination, and adoption.
2. To synthesize research of personal in Sirindhorn College of Public Health, Chonburi on the quality of life issue for the elderly.
3. To seek for new knowledge or suggestions which will be useful to study further in supporting the improvement of quality of life for the elderly in Thailand.

Scope of research

1. This research synthesis was a paper research on the paper document research of personnel in Sirindhorn College of Public Health, Chonburi in academic year 2009-2011 (from June 2009 - May 2011).
2. This research synthesis was to synthesize all researches which used private budgets and budgets supported by internal agencies such as Sirindhorn College of Public Health, Chonburi, network of colleges jurisdiction Praboromarajchanok Institute, network of Academic Institutions and Public Health and Medical Technology, Praboromarajchanok Institute, Ministry of Public Health and the researches received research support and funding from external agencies.
3. This research synthesis was to search information from books, documents, texts and abstracts, research databases, the internet programs, web search, including research reports of personnel in the college in academic year 2009-2011 as well as the complete research report, published and distributed for further use by educational institutions and agencies, also retrieved from non-abstract research articles for conference papers through presentations in the academic conferences both nationally and internationally.

Conceptual framework



Synthesis of knowledge from research

Synthesis of knowledge from research on the improving the quality of life in this way was a descriptive outline (Narrative review) to conclude the positive contents about the issues studied by research unit in Sirindhorn College of Public Health, Chonburi had provided a synthesis of knowledge from research in a systematic way as follows.

Instruments used in the synthesis

Data Extraction Form 1 for recording the status of research

Knowledge Extraction Form 2 for recording research data to bring information contents of research synthesis

Synthesis process

Step 1 To search for the research results for a review.

Step 2 to set selection criteria for research results.

Step3 to extract data from the research (Data extraction).

The researchers used data extraction table of status research (Data Extraction Form 1) for recording the status of research which contained information about the number of research, types of research, funding source, funding amount, branch of knowledge, sample, research methods, analysis, dissemination, and adoption. The research results of inclusion criteria and used in the synthesis encompassed 24 stories. Researchers used a table to extract information and knowledge (Knowledge Extraction Form 2) for recording research data to bring information

contents of research on the elderly issues and recorded in the form of a table. As the research of faculty in the college finished within three years passed (Year 2009-2011) was a research study in urban area, whether quantitative or qualitative, determining which of the above. The research results of the college matched the inclusion criteria and used in the synthesis were all 4 items.

1. Development of network partners in the health of the elderly: a case study of Ang Sila district, Chonburi province

2. Potential development of the elderly in the community, Chonburi with HSTR process

3. Quality of life of the elderly in Maung municipality, Muang district, Chonburi province.

4. Factors affecting exercise behaviors of the older in Bansuan municipality, Muang district, Chonburi province

Step 4 synthetic methods (Data synthesis).

Step 5 Summary of report writing, research synthesis, respectively.

Step 6 lectures and summarize the knowledge gained from the synthesis both prior knowledge and new knowledge. Matters related to the quality of life of the elderly.

Study results

1. Status of research as overall, researches of personnel in Sirindhorn College of Public Health, Chonburi, Thailand, academic year 2009-2011 conducted by the principal investigators affiliated to the main research agencies from different classes in descending order from high to low found 7 cases from Research Unit (29.17 percent), 5 cases from certificate program of public health (Dental Public Health) (20.84 percent), 3 cases from Planning and Development (12.50 percent), respectively. As overall researches described the most number of 15 cases (62.50 percent) funded by the agency (Sirindhorn College of Public Health, Chonburi) maximum of 16 cases (66.67 percent) in the overall amount of most funding was 10,000-20,000 THB in 9 cases (37.50 percent), followed by total capital 20,001-30,000 THB in 7 cases (29.17 percent), most samples were health workers in 8 cases (33.34 percent), followed by samples of student in 7 cases (29.17 percent), most of the research operation places were in the college under Praboromarajchanok Institute, Ministry of Health in 9 cases (37.50 percent), followed by the agencies under the Ministry of Health in 7 cases (29.17 percent), using descriptive statistics in 20 cases (25.98 percent) followed by a frequency in 18 cases (23.38 percent), the average and standard deviation in 17 cases (22.08 percent), overall not published most of 10 cases (percentage 41.67), followed by released in the library of the institution /academic libraries /institutions outside in 6 cases (25.00 percent), with or without utilization percentage was equal to 12 percent of the subject and classified by branch of knowledge found the maximum of 9 cases (37.50 percent), teaching and learning research in 8 cases (33.34 percent), community research in 7 cases (29.17 percent), respectively, while the knowledge of clinical research was not found.

2. Results of synthesis of knowledge from research on the development of the quality of life of the elderly

Synthesis results were summarized knowledge on the quality of life of the elderly conducted by personnel in Sirindhorn College of Public Health, Chonburi. The committee of research synthesis had read all four research reports as the subjects systematically, and then conducted meetings to find out common elements as defined. The conclusion of the synthesis of knowledge from research related to the quality of life of the elderly revealed as shown in table 1

Table 1 Results of synthetic of knowledge from research on the development of the quality of life of the elderly in academic year 2009-2011

Subjects	Year	Authors	Background	Methodology	Prior research results	New research results	Suggestions
1. Development of network partners in the health of the elderly: A Case Study of Ang Sila, Chonburi.	2009	Piangporn Kanharee and others	Due to the increase in the amount of seniors, they needed to develop a network of partners to improve the quality of life for the elderly	Finding out the problems of the elderly by using qualitative and quantitative in the research involved in the operations involved, including the local organizations, district hospitals, mainstays, etc.	The backbone network effected and played a significant role in improving the quality of the elderly	Community and local organizations had the potential to care for the elderly by volunteering process	Adoption of research results should encourage community participation in promoting the quality of life of the elderly. Research next time should make sure the partner network and proven leadership in health promotion for the elderly actually available in society. other ethnics such as Malay Muslim
2. Potential development of the elderly in the community, Chonburi province with the HSTR process	2011	Piangporn Kanharee and Ratana Khampiranont	The study focused on the use HSTR (Health personnel, Student, Teacher, Researcher) in health care for the elderly	The study used integrated research emphasized the early childhood aged group (60-68 years).	Family and community strengthening system had the potentials to take care of the elderly. But they lacked of the state service thoroughly	Seniors in the community expected and needed help from the government in all dimensions	Adoption of research results should develop roles and potentials of families and communities to care for the elderly on a better quality of life. Research next time should study measurement and evaluation of communities with corporate rights defender and care for the elderly, welfare

Subjects	Year	Authors	Background	Methodology	Prior research results	New research results	Suggestions
3. Quality of life of the elderly in Bansuan municipality, Chonburi province.	2011	Tharin Sukanant and others	Emphasizing the importance to seek for the knowledge of the quality of life of the elderly in urban areas	Quantitative research, measured quality of life with the WHOQOL_BREF_THAI	Average quality of life in elderly was at the good level and the middle level not different in men and women	The elderly in urban had the quality of life that needed to be improved both in terms of income physical and mental health, and housing, etc.	Adoption of research results should improve the quality of life of seniors in the city from the good level up to the very good level, and from moderate level up to the good or very good level. Research next time should find out a strategy to improve the quality of life in urban areas
4. Factors influenced exercise behavior of the older in Bansuan municipality, Muang district, Chonburi province	2011	Tharin Sukanant and others	Current seniors were ill with NCD diseases and less exercise	Using quantitative method with the MRA (Multiple Regression Analysis) to find out factors affecting physical exercise in the elderly	Factors of demography, society and economy as well as knowledge, attitudes, and motivations affect physical exercise	Motivation was crucial for encouraging the elderly in urban for physical exercise	Adoption of research results should encourage family, community or social network to promote physical activity in the elderly. Research next time should find out the right guidance or motivation. And consistent with the urban context to promote physical activity in the elderly

Discussion of study results

1. Analysis of the research status of all 24 issues of personnel in Sirindhorn College of Public Health, Chonburi, Thailand revealed in the following: number of research, types of research, funding in investment, branch of knowledge, sample, research methods, analysis, dissemination, and adoption. The results showed that Sirindhorn College of Public Health, Chonburi should be developed as an experimental research, using advanced statistical analysis and outside institutions research, such as the research in various communities as well as the budgets requested to outside support too. In order to extract useful knowledge was more concrete.

2. Results part of a synthesis of research issues to improve the quality of life of the elderly in four subjects, found two titles such researches using the joint research methodology combined, two titles using quantitative research and concluded the key summary to improve the quality of life for the elderly.

3. Results of research synthesis development issues, quality of life in four titles found the new knowledge or suggestions which would be useful for further study to support the improvement of quality of life in Thailand as follows.

3.1 Communities and local organizations had the potential to take care of the elderly. However, the development process of caring and quality of life should be a voluntary process, the findings were consistent with the strategy of the National Economic and Social Development Office [14] proposed guidelines for improving the quality of life for the elderly integrated by developing the knowledge of the elderly in conjunction with the development community and networks. It was also consistent with the study of Tasanee Lakkhanabhichonchat and others [13] noted that creating public awareness and work collaboration in the good governance to strengthen the community and society would be ongoing and sustainable development as the center of the network as the source of health information. The exchange of learning and improving the quality of life for the elderly should be in the complete cycle, for example, highly integrated network centered on improving the quality of life in elderly model in Muang Phitsanulok, Thailand [12] and etc.

3.2 Although caring had intensive care of individuals in the family. Thailand also had the most elderly. Expectations and needs help from the public in all aspects of society can be said that Thailand was characterized by the appearance of a large family. And the nature of dependence, whether of their own family or from the government. Long time ago it had seen that most seniors in Thailand were expected to receive caring from family members. Thailand by children of all ages would be taught to be grateful and provide care for elderly parents or in their own families. In addition to taking care of family. Elderly in Thailand were also expected to support various social welfare from the government as well. Especially in terms of education, occupation and income security in particular. This finding was similar to a study in Suthep municipality, Muang district, Chiang Mai province of Arada Thirakiatkamjorn [6] found that the factors of education, occupation, income, caring level taken from relatives, and participation in the community were important factors in the quality of life of the elderly. As well as a study in Muang district,

Nonthaburi province of Vilaiporn Khamwong and colleagues [7] found that income and education would contribute a better quality of life for the elderly.

3.3 Improvement of the quality of life in urban areas should take into account various factors, including factors related fully covered: social factor (such as income), physical and mental health factor, and environmental factor (such as housing) as discussed above (in item 2) that the importance of social factor in improving the quality of life, such as income and education needed support from the government and caring of body and mind of close persons in the family. In addition, a study in Muang district, Nonthaburi province of Vilaiporn Khamwong and colleagues [7] studied a group of elderly people found that promoting self-esteem of the elderly as a health care which constituted the heart of the old may be achieved by supporting the elderly, social events such as the transmission of wisdom and experience to the future generations. This would increase the self-esteem of the elderly. In terms of taking care of the environmental factors Arada Thirakiatkamjorn [6], studied in the urban area of Chiang Mai city given that the quality of life of older people was related to the security of residential environment surroundings, health facilities such as health centers or hospitals nearby residents, also the utilities and facilities which the elderly could access such as electricity supply, roads, water supply, public transportation and so on.

3.4 Motivation was extremely important for health of the elderly. Having good health habits could lead to better health. Thus, good health habits, whether the nutrition, exercise, or even the meditation practicing were all things that would promote health of the elderly. Synthesis result of this research found the incentives were critical to the fitness of the elderly in the regions of Muang Chonburi, consistent with the research of Wanna Anansuksawad [8] found that fostering efficacy and motivation gained from family supports might help promote exercise behavior of older people in the county of Muang district, Samut Sakhon province, which was similar to the findings of Samart Chaitia and Dararat Jamkoet [9], found that strengthening factors to health behavior of older people was the social support in particular emotional support, which Pinnares Kartudom and Montana Hemachat [10] had a trial program to promote healthy behavior among the elderly in the county of Muang district Chanthaburi province to include activities to strengthen their knowledge of self-care, activity, nutrition and exercise focused on the involvement of elders or leaders in the community. Including recreational and stress management found to help encourage healthier behaviors, so the design of health promotion programs filled with a good motivation activity, and consistent with the community context was another approach that improved the quality of life of the elderly, such as the study on health status and quality of life in the Deep South border of Thailand of Jiraporn Thongdee and colleagues [11] suggested that. Health promotion and quality of life for the elderly required the participation of all parties. Especially they had to take into account the specific context of the community, particular cultural, belief or doctrine that most seniors in the community to abide by.

Research suggestions

1. They should encourage community participation in enhancing quality of life for the elderly by volunteering.

2. They should support the development and the potential role of families and communities to provide quality of caring for the elderly, such as promoting families, communities or social networks to help building good health habits of the elderly.

3. They should promote families, communities or social networks to enhance physical activity in the elderly, and to find solutions or proper motivation and consistent with the urban context for promotion of physical activity in the elderly.

Suggestions for research next time.

1. They should make sure the network partners and proven leaderships in health promotion for the elderly actually available in society and other ethnics such as Malay Muslim.

2. They should conduct measurement and evaluation communities with corporate rights defender and caring of social and economic welfare for the elderly. They should adjust them to the problems and needs of the elderly in that community even more.

3. They should seek for strategies to improve the lives of seniors in the city even more.

4. They should seek for the proper guidance or motivation that consistent with the urban context in promoting healthy behaviors such as physical exercise in the elderly and so on.

References

1. Wipan Prajuabmoh et al. 2008. Studies report on project monitoring and evaluation, national elderly plan 2 College of Demography, Chulalongkorn University, Bangkok.
2. Commission for National Economics and Social Development. 2007. Population Projections for Thailand 1990-2030, Bangkok.
3. Bureau of Promotion and Protection of the elderly. 2009. National Plans of the Elders No.2 (BE 2002-2021) revised edition1.
4. The WHOQOL Group, WHOQOL-BREF introduction, administration, scoring and generic version of assessment, field trial version. 1996, WHO: Geneva.
5. Ampa Chaingarm. 1992. Nursing for improvement of the quality of life for the elderly. Journal of Nursing. Volume 10 (July-September).
6. Arada Arada Thirakiatkamjorn 2011. Quality of life in municipality of Suthep, Chiang Mai. Viridian E-Journal, Silpakorn University. Years 4, September-December 2011.
7. Vilaiporn Khamwong et al. 2011. Factors associated with quality of life. Journal of Health Science. (5, 2): July-December.
8. Wanna Anansuksawad, 2006. Factors that influence exercise behavior of older people in the city. Samut Sakhon. Christian University, Bangkok.
9. Samart Chaitia and Dararat Jamkoet. 2012. Behavioral health of the elderly in urban areas. Petchabun Ratchabhat University, (14, 2): page 107-112.
10. Pinnares Kartudom and Montana Hemachai. 2011. Effects of programs to promote healthy behavior among the elderly in the county of Tambon Bang Kacha, Chanthaburi province. Journal of College of Nursing, King Prajadhipok Chanthaburi. (22, 2). (March-August): pages 61-70.

11. Jiraporn Thongdee et al. 2012. Economic health and quality of life of seniors in the province of Southern border. *Journal of Nursing*. (22, 3); September-December.
12. Pranom Othakanon et al. 2007. Creating network quality of life of old people. Faculty of Nursing, Naresuan University. *Journal of Nursing Naresuan University*. (1, 2): July-December.
13. Tasanee Lakkhanabhichonchat et al. 2008. Society management to strengthen the urban society.
14. The Office of the National Economics and Social Development. 2009. Approaches to drive development strategy of integrated elderly. Bangkok.
15. Nongluk Wiratchai. 1999. The meta-analysis. Bangkok: Chulalongkorn University