

Factors Affecting the Quality of Life of the Elderly in the Eastern Provinces

Kitiwong Sasuad, Rajabhat Rajanagarindra University, Thailand

The Asian Conference on the Social Sciences 2016
Official Conference Proceedings

Abstract

This research was aimed at studying fundamental factors, mental factors, and needs factors that are related to the quality of life of the elderly in the eastern provinces, in order to propose a model of elderly care. This research used a mixed methods approach of quantitative and qualitative research. The sample for the quantitative research was 400 seniors whose ages were 60 or above, and it was obtained by simple random sampling. The tool used for data collection was a set of questionnaires. The statistics used for data analysis were percentage, mean, and standard deviation. The sample for the qualitative research was 27 elderly people, obtained by purposive sampling. The tool used for data collection was a focus group. The collected data was analyzed using content analysis. It was found that the fundamental factors, mental factors, and needs factors of the elderly were interrelated and inseparable. Consequently, if the elderly had problems with their mental health, they also had physical health problems, and vice versa. The elderly whose quality of life was good came from loving families. The appropriate model for elderly care was that members of their families should be their main caregivers. The government and private agencies should actively participate in elderly care, placing stress on their well-being in all aspects, namely: physical, emotional, social, and spiritual aspects.

Keywords: factors affecting the quality of life, the elderly, caregivers

iafor

The International Academic Forum

www.iafor.org

Introduction

The problem of elderly care has gradually become a serious one, since the number of elderly has increased every year. At present, there are about 10 million elderly people in Thailand, and in the next fifteen years (A.D. 2040), the number of elderly will be 20.5 million (The Office of National Economics and Social Development Board, 2014). Most of the elderly do not have enough income, since they have only small amounts of savings and their major source of income is the financial support of their sons and daughters. The Thai government has realized that elderly care is a problem, and has issued a number of laws regarding public welfare and health services for the elderly. However, government agencies and related people have not efficiently and thoroughly given these services to the elderly. Additionally, the laws concerning the elderly are not being actively enforced. Consequently, the essential services for the elderly are not enough, not timely, and do not respond well to their needs (Siriboon, 2000).

The elderly are the “intellectual treasure” of their society, since their experiences and wisdom are very valuable (Aneksook & Sangkachat, 2003). Most of them have done many useful things. Therefore, they deserve a good quality of life in the last phase of their lives.

There are a number of academicians giving definitions of the “quality of life.” For example, A. Campbell et al., said that “quality of life” means life satisfaction, happiness, well-being (Campbell et al., 1976). Another group of academicians said that “quality of life” means the perception, in various aspects of life, that the individual has been responded to regarding their physical, psychological, and social needs, which are essential factors that enable them to live happily, healthfully, have enough income, and attain support from their families and friends (Ferrel et al., 1995).

In the past, the elderly lived within their communities harmoniously and happily together with younger generations. The old and young could jointly participate in many social activities, where the elderly could transfer their experiences and wisdom to the younger generations. Consequently, they were not lonely and had self-dignity and self-respect. In other words, the elderly could happily adapt themselves and feel useful to their communities.

According to the elderly act B.E. 2546, the focus point should be on the elderly’s health. The main goal of such policies is quality of life attained through preparation in the aspects of personal development for the elderly, organizational development, management, social welfare, and follow-up procedures. However, welfare from the government sector is only a small part of the services needed by the elderly. The true need of the elderly is to live with their families in warm, loving atmospheres, in which they can do activities together with their offspring. Love, respect, and gratefulness to the elderly from their family members, and psychological support from their neighbors, are major factors affecting the elderly’s quality of life.

Therefore, family plays a very important role in elderly care. If a family is a loving one, in which its members harmoniously live together, its elderly will have good mental and physical health. However, the family institution, which used to carry valuable social capital and had close connections to the clan system, which enabled

the elderly to have effective roles in their families, especially the role of socialization of the younger generation to preserve culture and values, nowadays has become weaker and weaker. A number of the elderly, especially the aged people living in rural areas, whose children go to work in Bangkok or in other big cities and industrial

areas, have to live alone or live in poverty with their children's offspring. The quality of life of these elderly is very poor, since the breadwinners of their families have to live separately from them for economic reasons and, unfortunately, a number of their children cannot send money back home, since their wages or salaries are very low.

Apart from government policies, which can promote the elderly's quality of life, personal factors also have influences on the elderly's way of life. The elderly who have a spouse are not lonely. They have security in their lives, and have good perception of their better quality of life (Robert & Krouse, 1988, as cited in Kumarnchan, 2000). In other words, the elderly who live among their children in loving families will have good quality of life (Friendman, 1986, as cited in Bhodhithawil, 2000). On the other hand, the elderly whose educational backgrounds are low will have poorer quality of life. Additionally, income, gender, age, and career are also factors affecting the elderly's quality of life (Orem., 1958, as cited in Thueman, 2004).

Emotional and mental characteristics of the elderly are other factors affecting the elderly's quality of life, because they are the true feelings of people, which indicate their real needs, their true thoughts (Ungkinun, 2002). As a whole, the elderly have 4 aspects of needs, namely: physical, mental, social, and economic needs (Yodpetch, 2009).

The model used for elderly care also affects the elderly's quality of life. The model in accordance with government policy emphasizes income assurance, increased employment, decreased dependence, development of a health care system, and the promotion of participation in elderly care by the community, in which everyone actively plays a part in the elderly's quality of life development.

The present researcher and his co-researcher have studied related literature and found that there are many factors affecting the quality of life of the elderly. Consequently, the researcher and his co-researcher wanted to study more about these factors, especially those related to the quality of life of the elderly living in the eastern part of Thailand, in which socio-economic development has rapidly changed the way of life of the people. By doing this, the researcher and his co-researcher positively expected to find that these elderly would be better taken care of, and that the Thai society, as a whole, would therefore have an appropriate model for elderly care in the long run.

Purposes of the study

1. To study the level of fundamental factors affecting the elderly's quality of life, including mental characteristics, and needs factors of the elderly.
2. To study the level of the quality of life of the elderly living in the eastern provinces of Thailand in 4 aspects, namely: physical health, mental health, social, and spiritual aspects.

3. To study the model for elderly care, including the elderly's quality of life development, in the eastern provinces.

Frameworks for the study

The content framework

1. Fundamental factors i.e. physical health conditions, economic status, social status, family relationships, and the capabilities of the elderly's caregivers.
2. Mental characteristics of the elderly, namely: attitude towards activity participation, the realization of self-dignity, motivation for activity participation, mental health, and the perception of self-capability.
3. Needs factors of the elderly, namely: physical, emotional, social, and spiritual needs, including needs for housing, intellectual and experiential development, and appropriate health services in the community.
4. Model for elderly care, emphasizing elderly participation, community participation, and methods of elderly care.

The population framework

The population of this research were the elderly living in the eastern provinces, whose ages were above 60 years old.

The timing framework

Study occurred during October 2014-September 2015

Research methodologies

The study of factors affecting the quality of life of the elderly in the eastern provinces used mixed methodologies of quantitative research and qualitative research. The tool used for quantitative data collection was a questionnaire, and the tools used for qualitative data collection were in-depth interviews and focus groups. The statistics used for quantitative data analysis were percentage, mean, and standard deviation, and the qualitative data was analyzed using content analysis.

Population and sampling group

Population. The population were male and female elderly people whose ages were above 60 years old, living in the eastern provinces of Thailand, comprised of Chonburi, Chachoengsao, Rayong, Chantaburi, and Trad.

Sample group. The sample group for quantitative data collection was obtained by using a Taro Yamane table. The error margin was at the $\pm .005$ level of significance. The size of the population sample was first fixed at 400. Then, the researchers used purposive random sampling according to the ratio between the sample size and the size of the populations in Chonburi, Chachoengsao, Rayong, Chantaburi, and Trad.

Table 1. The sizes of the populations and the sample groups of the elderly in the eastern provinces		
Province	Population	Sampling group
Chantaburi	76,000	67
Chonburi	143,300	127
Trad	34,500	31
Rayong	85,000	75
Chachoengsao	112,200	100
Total	451,000	400

Source: The Office of the National Socio-economic Development Board B.E. 2557

The sample group for qualitative data collection was comprised of 27 elderly people obtained by purposive sampling.

The tools used for data collection

The tool used for quantitative data collection was a set of questionnaires. The content of the questionnaires was comprised of 5 sections as follows:

Section 1 was a questionnaire that inquired about personal data on gender, age, the number of family members, physical health conditions, economic status, social status, family relationships, and the capability of the elderly caregivers.

Section 2 was a questionnaire that inquired about mental characteristics data about the elderly, and comprised of attitude towards activity participation, and mental health.

Section 3 was a questionnaire that inquired about needs factors of the elderly, comprised of physical, psychological, social, economic, intellectual and experiential development, and community health service needs.

Section 4 was a questionnaire that inquired about opinions regarding the elderly care model, comprised of: the model of elderly participation, and the methods of elderly care.

Section 5 was a questionnaire that inquired about elderly satisfaction in the physical health, mental health, social relationships, and spiritual aspects.

The questionnaires' validity and reliability tests

The researcher created and organized the questionnaires' validity tests through inquiry and consultation with experts, and after that corrected them for the purpose of asking about precision or issue validity. Then the researcher distributed the questionnaires to 30 people in the sample group to test reliability and to calculate the reliability value, by using Cronbach's Alpha method, and used acceptance criteria above the 0.70 level to indicate that the questionnaires had enough reliability.

The study results

The personal data of the elderly in the eastern provinces revealed that 62.3% of the elderly were female, 55.3% were 70-79 years old, 62.3% had a spouse, 39.5% earned 3,001-5,000 baht per month, 57.5% had a primary education background, 36.5% had heart disease, 37% had diabetes, 54.5% of their families were comprised of 4-5 members, of which 54.8% were small traders.

Fundamental factors of the elderly

The elderly tried to keep themselves healthy. They thought that good health means getting no illnesses. They wanted to be strong-even though they were not the same as before. They hoped that they could do their normal daily activities for a long time and would not have to depend on other people

Mental characteristics of the elderly

The elderly had good attitudes towards activities organized by government agencies, private sectors, and communities. They unanimously said that the activities were very useful for their physical and mental health. Moreover, the activities enabled them to spend their time usefully, and helped them to live well in their communities.

The elderly also unanimously said that good mental health means to have a happy mind which can adapt appropriately with the environment. The person who has good mental health will not be an introvert or have psychosis or neurosis, and they can live happily in their communities. The researchers found from this study that most of the elderly have quite good mental health, since they can live happily with other people in their communities.

Needs factors of the elderly

The elderly said, in the same way, that their basic needs were good health, good nutrition, enough rest, appropriate exercise, accident protection, appropriate daily routines, and good medications, including good advice from doctors.

Pertaining to intellect and experience development, the elderly said that they were willing to transfer their knowledge, or local wisdom obtained from their long experiences, to everyone in their communities, especially the young generation, in order that they could appropriately further apply or develop those experiences and knowledge, along with their own lifestyles and the ways of life of other people in their communities. There were many ways used to transfer knowledge or local wisdom, e.g., oral narration, demonstration, and written narration, etc.

The elderly care model

The current elderly care model used in the eastern provinces of Thailand was that most of the elderly lived with their children and grandchildren, and their offspring were their main caregivers. The elderly still worked and did their routine activities,

since they were quite strong. However, they had to depend on their children in some ways e.g. bringing them to hospital, drug store, and temple, etc.

Most of the elderly actively participated in various activities organized by government agencies, private sectors, and their communities. They strongly believed that participation in the activities encouraged them to be healthy and happy. Consequently, they were truly satisfied in those activities.

The elderly's quality of life level

The elderly unanimously said that good quality of life existed in a loving family in which the family members love each other, help each other, and harmoniously live and do activities together, without quarrels. Moreover, loving family members closely take care of their elderly and respond to their needs as best as possible, especially their need for good nutrition, and for respect and understanding, etc.

Recommendations for application of the research findings

1. Related people, especially caregivers should pay more attention to relationships within the elderly's families. Moreover, there should be an appropriate curriculum on proper elderly care in order to train elderly caregivers and related persons more effectively than they are trained currently.
2. Related people or caregivers should effectively respond to the elderly's needs and encourage the elderly to actively participate in activities which are useful for their physical and mental health.
3. Related people or caregivers should provide appropriate housing, environments, and activities which promote the elderly's quality of life
4. Related people or caregivers should help the elderly to do some hobbies or sideline jobs, in order that they could earn extra income and enhance their self-esteem and quality of life.

Results Discussion

The level of combined fundamental factors of the elderly

This study found that the level of combined fundamental factors of the elderly in the eastern provinces of Thailand, as a whole, was moderate. When considering each factor individually, the researchers found that economic status and social status greatly affected life satisfaction for the elderly. The researchers also found that elderly people whose educational backgrounds were at high levels could take care of themselves better than those whose educational backgrounds were at lower levels. Apart from that, the elderly whose members of their families loved and warmly took care them had more life satisfaction than those who lived alone. These findings were congruent with the research results of Raksawang (2002), who studied elderly care in a community in Bangkok. Her study indicated that elderly people who were appropriately taken care of by the community and members of their families were healthy, happy, and had good quality of life. Additionally, these finding were also congruent with the research results of Theerakiatkamjorn (2009), which confirmed that those elderly whose offspring appropriately took care of them had high quality of life.

The level of mental factors of the elderly

The level of combined mental factors of the elderly in the eastern provinces, as a whole, was moderate. Elderly people realized that good mental health brought about good physical health, and vice versa. These findings were congruent with the study results of Peplau and Taylor (1997), which confirmed that the elderly whose physical health were good would be happy and had good mental health, had no illness and could help themselves as best as possible. The researchers' findings were also congruent with the study results of Cobb (1976), which indicated that problems regarding physical health in elderly people would bring about their stress, anxiety, work inefficiency, as well as mental and emotional disturbances.

The level of needs factors of the elderly

The level of combined needs factors of the elderly in the eastern provinces, as a whole, was high. When considering each factor individually, the researcher found that the elderly needed appropriate environments, which allowed them to do daily activities conveniently. Apart from that, they needed appropriate elderly care, especially in the aspects of nutrition, medication, exercise, and participation in activities. Pertaining to these mentioned aspects, caregivers were important people whose roles greatly affected the quality of life of the elderly. In other words, if caregivers take care of the elderly with loving kindness, the elderly will be very happy and have a good quality of life. These findings were congruent with those of Campbell (1976), who explained that good quality of life meant happiness, satisfaction, and good hope for their circumstances. They were also congruent with the ideas of Dalky and Rourke (1973), who defined that good quality of life meant good well-being happiness, satisfaction about: health, daily activities, including a realization of self-dignity and capabilities.

The appropriate model for elderly care

The appropriate model for elderly care in the eastern provinces is that members of the elderly's families should be their main caregivers. The government, private sector and, especially, communities should actively participate in elderly care, placing stress on their well-being in all aspects, namely: physical, emotional, social, and spiritual aspects. This model is congruent with the model presented by Yodpetch et al. (2004) and Sriwanichakorn et al. (2013), which emphasized elderly care provided by families and communities of elderly people.

Another suggestion for the appropriate model of elderly care was that there should be long-term planning for saving money among elderly people, which would allow them to live comfortably in the last phases of their lives. This suggestion is congruent with the research recommendation of Plangrit (2004), which stated that long-term financial preparation for the elderly, by making savings deposits to an elderly fund, would allow them to be economically sufficient and to actively participate in the activities of their families and communities.

Recommendations for further study

1. This research investigated factors affecting the quality of life of the elderly in the eastern provinces of Thailand. There should be other studies investigating these mentioned factors in other parts of Thailand which have different contexts.

2. There should be studies on the attitudes towards the elderly of various generations, especially the young ones, in order to help apply the study results for proper elderly care. This could bring about a happy outcome for all related people and the community as a whole.

References

Theerakiatkamjorn, A. (2009). *The Quality of Life of the Elderly in the Suthep Sub-district Municipal Area, Mueang District, Chiangmai Province*. (Unpublished Master's thesis). Chiangmai: Chiangmai University.

Faksawong, C. (2002). *Self Care of the Elderly in Community: A case Study of the Elderly in Rama VI Bridge Community, Bangsue District, Bangkok*. (Unpublished Master's thesis). Bangkok: Chulalongkorn University.

The Office of National Socio-economic Development Board. (2014) *Directions of 12th National Socio-economic Development Plan*. Retrieved from <http://www.nesdb.go.th/Default.aspx?tabid=535>

Siriboon, S. (2000). *The Response to Problems and Needs of the Elderly: A Case Study of the Establishment of the Elderly Social Center*. Bangkok: Population Science College, Chulalongkorn University.

Kumarchan, W. (2000). *The Quality of Life of the Elderly in the upper-southern Part*. (Unpublished Master's thesis). Bangkok: Mahidol University.

Thueman, S. (2004). *Factors of the quality of life of the Elderly in Yarn Yao Sub-district, Sukhothai Province*. Bangkok: Mahidol University.

Ungkinun, N. (2002). *The Quality of Life of the Elderly in the Elderly Club, Bangkoknor District*. (Unpublished Master's thesis). Bangkok: Rajabhat Dhonburi University.

Yodpetch, S. (2009). *The Model of Good Elderly Care of Thai Families and Communities in Rural Areas*. Bangkok: Research Institute and Thai Elderly Development Foundation.

Contact email : kitiwong-8@hotmail.com