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GUIDELINES FOR DEVELOPING QUALITY OF LIFE FOR THE ELDERLY: A COMMUNITY-BASED APPROACH

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ABSTRACT

This research aimed to study and develop guidelines to improve the quality of the lives of the elderly in the Posa Subdistrict of the Angthong Province in Thailand. The study was divided into three steps: step one was to evaluate the quality of life and to survey the needs of the elderly, step two was to study the prototype of a life quality plan for the elderly, and step three was to establish guideline development for the quality of life of the elderly using community-based participatory research and the AIC technique. The study participants consisted of 171 elderly people in the Posa Subdistrict, seven administrators and 15 members of the elderly center prototype in Phang Nga Province, and 14 elderly people, a mayor, a vice- mayor, two city council members, and four public health volunteers in the Posa Subdistrict. The study was conducted using frequencies, percentage and inductive analysis for data analysis. The study concluded the following as guidelines to develop quality of life for the elderly: (1) in the physical domain, the community should provide training for the elderly and their caregivers in the field of health care; (2) in the psychological domain, the promotion of the values of the elderly and family-based care for the elderly should be encouraged; (3) in the social relationships domain, the community should establish a center for the elderly, to encourage and support them to participate in social activities; and (4) in the environmental domain, the establishment of volunteer caretakers for the elderly in the village should be initiated, and a care surveillance unit to provide safety and convenience for elderly should be set up. This research offers some recommendations and that family and community-based care has the potential to develop quality of life among the elderly in the psychological domain, which is a fundamentally better quality of life in other aspects of the elderly.

Keywords: Quality of life; elderly; community-based participatory research

1. INTRODUCTION

Thailand has become ageing society; in 2020, the number of elderly people was 11,627,130 representing 17.6 percent of the total population (Department of Older Persons, 2021). As a consequence of these changes in the population structure, the economic or social development of the country will be affected and a higher number of the aged population would live alone (Thongcharoen, 2015). The strategic plan of the Thai Ministry of Social Development and Human Security 2017-2021 prioritizes the elderly and has the following aims: (1) to encourage the elderly to be ready for ageing and with a high quality of life; (2) to develop long-term care for the elderly; (3) to promote and expand job opportunities for the elderly; and (4) to set up the standards of the Health Centre and Welfare to develop their quality of life and essential skills for the elderly (Ministry of Social Development and Human Security, 2016a). Additionally, the health strategies of the Second National Plan on the Elderly 2002-2021 in Thailand are to entitle the elderly to access basic preventive health care, to promote the peaceful coexistence of the elderly, to support the potential of the elderly, and to provide them with a safe environment (Office of the Prime Minister, 2002).

Most of the studies were related to the quality of life of the elderly and covered the following two areas: (1) health-related quality of life (physical, mental, and social well-being) of the elderly; and (2) the optimization of opportunities for good health, participation and security. For example, the encouragement of the elderly, the disabled and others that requires care, as well as continuing to take an active part in the various aspects of social, economic, spiritual, cultural, and civic life. In understanding these two areas of study, a number of suggestions have proposed the idea that the community should create conditions for comprehensive and multidisciplinary care by taking into account the environment of the elderly. Moreover, the community should find ways to involve the elderly in physical activity and volunteer groups should be set up to take care of the elderly who cannot help themselves. At a government level, the retirement age should be increased by a few years to increase the financial stability of the elderly. The government could provide a fund to finance those elderly people who have either no pension or no savings to live on. Apart from this, the government should initiate health-based management for the elderly in each municipality so that all elderly people should be taken care of, regardless of who they are. If the above suggestions are to be believed, aspects that may be beneficial to the elderly, such as the involvement and participation from the community are missing. (Zhang, 2007; Bunphadong, 2010; Khuha and Thamanawat, 2009; Pearodwong, 2011; Hanse et al., (2012); Ministry of Social Development and Human Security, 2016b; Sunthornthada, 2010). The researchers believe that this is the key factor that ensures that any project initiated for the quality of life of the elderly must be sustainable. Therefore, the researchers chose the community-based participatory research as tool to conduct this study.

The chosen community in this study was in the Posa sub-district. It is a local governmental unit in the Muang district in the Angthong province in Thailand. Out of the total population of 3,530,537 people were registered as senior citizens, representing 15.2 percent (Municipality Posa, 2016). From the interview with the mayor and the vice-mayor of the Posa Subdistrict, health and economic problems seem to be major problems among the elderly in the community. Some elderly people are moderately healthy, some have severe health conditions, and some face health problems causing them to be unable to work for a living. However, the family still remains the major institution supporting the elderly in the community, but the current economic crisis has affected the ability of families in supporting the elderly, especially their health care costs. However, the stated problems could be solved and their quality of life would be improved with effective contributions to the senior center in Posa.

Such is the situation and the state of the problems of the Posa elderly community and their needs. In order to respond to the policy and strategy of the State, and thus enhancing the quality of life of the elderly and strengthening the sustainable development of the community, this research aimed to study and develop the guidelines to improve the quality of life of elderly people in the Posa sub-district in the Angthong province, Thailand, by applying community-based action research techniques.

2. LITERATURE REVIEW

The researchers have considered three concepts, consisting of the concept of quality of life, the theory of ageing and a community-based approach, as follows:

2.1 The concept of quality of life

Quality of life can be interpreted in different ways, depending on the needs of society, and social values (Farquhar, 1995). The meaning of quality of life as the general well-being of individuals and societies consists of four domains: the physical domain, the psychological domain, the social relationship domain, and the environmental domain, according to the World Health Organization (Department of Mental Health, 2013).

1. The physical domain is the recognition of an individual's physical condition affecting their daily lives, such as the awareness of the integrity of the body, and the feeling of comfort. In addition, this domain includes the perception of the ability to deal with physical pain types of drugs or other medical treatments. The perception of work ability is also involved as one part in this domain. To clarify, it is the awareness of independence without relying on others.

2. The psychological domain is the perception of one's own mental state, such as the perception of the positive self-perceived, self-image, self-esteem, thought, memory, concentration, judgment and the ability to manage their various stories, and deal with sadness or anxiety.

3. The social relationships domain is the perception of their relationships with others, the perception of being assisted by others in society, or to receive recognition that they are the helpers of others in society.

4. The environmental domain is the perception of the environment affecting one's lifestyle, including the perception that a person lives independently with security and stability. Besides, the perception of being in a good physical environment includes living in convenient transportation, easily accessing health and social services, and participating in many kinds of recreation.

The WHOQOL-BREF was developed by the World Health Organization (WHO) and published in 1996 to assess the quality of life of elderly people. The questions stemmed from multiple statements about quality of life, health and well-being from people with and without diseases, and health professionals. It consists of 100 questions on the individual's perceptions of their health and well-being over the previous two weeks. In this research WHOQOL-BREF-THAI with 26 questions which has been approved by the WHO was used. The responses to the questions are on a five-point Likert scale, with 1 representing "disagree" or "not at all" and 5 representing "completely agree" or "extremely", using the Evaluative Results of Life Quality of the Elderly as shown in Table 1 (Butler and Ciarrochi, 2007; Department of Mental Health, 2013: Lapid et al., 2011).

Table 1: The Evaluative Results of Life Quality of The Elderly

Domain	Poor life quality	Medium life quality	Good life quality
1. Physical	7-16	17-26	27-35
2. Psychological	6-14	15-22	23-30
3. Social Relationship	3-7	8-11	12-15
4. Environmental	8-18	19-29	30-40
Quality of life	26-60	61-95	96-130

2.2 Theories of ageing

Ageing theories have been mentioned by many scholars, but there is no theory that can clearly and completely explain all of the dimensions of the ageing complex. (Meiner and Kazer, 2011) The ageing theory is commonly used to describe the transformation of ageing as a biological and a psychosocial theory. The theory that could explain the behavior of the elderly clearly is the psychosocial theory on human growth and development until the final stages of life. It explains social change, acting on intelligence, memory, emotions and psychological processes to adapt to the changes that occur throughout the ageing process. It is also believed that there is interaction between humans, the mind and the environment (Wallace, 2008; Jitramontree, 2015), with examples of these theories, as follows:

Activity theory states that social events are the key components of being happy and successful with regard to ageing. The relationship between the activities and self-concept is pinpointed. When social interaction changes, the ageing process will more forward. The concept of this ageing theory proposes that it is possible to age successfully, if older adults stay active and maintain social interactions. It takes the view that the ageing process may be delayed and quality of life may be enhanced. The concept of activity theory is widely accepted, because of a positive perception towards taking part in such activities.

Continuity theory is a substitute of development theory. Wallace (2008) mentioned that personality and behavior patterns are not changed by age. People try to maintain everything as much as possible. They retain their personality and use some mechanisms to adapt, which are known as coping strategies to help them to feel secure throughout their lifetime. For the elderly, to become happy and successful, it depends on their ability to maintain past behavioral patterns. Hence, evaluating the former behaviors of the elderly is useful to help them to cope with current and future stress. Continuity theory has been recognized because of its rationality in terms of accepting the primacy of the individual identities of the elderly. Furthermore, maintaining the same behavioral patterns encourages people to adapt well when confronting with the ageing period.

Erikson's psychosocial developmental theory explains that human life is a continuum of steps. Erikson (1959) mentioned that each individual needs to pass each step and overcome all encountered obstacles to reach further steps. In this theory, there are eight steps a person has to face. Step Eight is the ageing

period of those aged about 60 years and up, who live in either integrity and despair. This can be a period of discouragement or wisdom. They might accept whatever happens in their lives and recall previous memories. If they were successful previously, they would trust themselves and others. They would be proud to share their stories and experiences with their children. Conversely, if the elderly faced failure and disappointment in the past, they may feel discouraged, hopeless, frustrated and could not live happily in society. For the elderly who are mentally strong, they can cope well with the illness and accept death. They should look for the meaning of life and foster a sense of dignity. This will help the elderly to accept inevitable changes, namely the loss of loved ones and changes in social status. Ignoring age-based changes may result in anger, confusion, and depression, which may lead to feelings of hopelessness.

Peck's concept (Wallace, 2008; Jitramontree, 2015) expands on the concepts of Erikson (1959). This concept is more specific than creating a sense of pride; the elderly should create a sense of self-satisfaction as people, not a social role. He proposes that the happiness of the elderly can be found if they stop worrying about changes in their physical limitations caused by ageing. Overlooking past failures and concentrating on previous success can lead to the happiness.

2.3 A community-based approach

A community-based approach is a way of working in partnership that encourages communities to participate in the process of reviewing, decision-making and sharing responsibility to implement all activities of the group objectives and mutual benefits. The Community-Based requires the cooperation of several organizations from both public and private which all activities should help each other (United Nations High Commissioner for Refugees, 2008; O'Brien and Whitaker, 2011).

The key principles of community-based research are as follows: (1) recognizing community as a unit of identity: the concept of community as an aspect of collective and individual identity is central to community-based research. Community-based approaches to research is an attempt to identify and to work with existing communities of identity, and/or to strengthen the sense of community through collective engagement; (2) building on strengths and resources within the community: community- based research seeks to identify and build on strengths, resources, and relationships that exist within communities of identity to address their communal health concerns; (3) facilitating collaborative partnerships in all phases of the research: community-based research involves a collaborative partnership with all parties; (4) fostering co-learning and capacity building among all partners; (5) integrating and achieving a balance between knowledge generation and intervention for the mutual benefit of all partners; (6) employing a cyclical and iterative process to develop and maintain community/research partnerships; (7) emphasizing the relevance of community-defined problems by addressing health from both positive and ecological perspectives: community-based research addresses the concept of health from a positive model that focuses on physical, mental, and social well-being; (8) disseminating results to all partners and involving them in the wider dissemination of results; and (9) involving a long-term process and commitment to sustainability (Israel et al., 1998).

The key characteristics and components of successful community-based participatory research (CBPR) are as follows: (1) it requires a partnership comprised of committed community members, organizational representatives, and academic researchers; (2) it begins with the identification and exploration of community needs, priorities, and assets; (3) it includes the multidirectional exchange of information and learning; (4) it requires openness and trust among partners; (5) it must promote power sharing among partners; (6) it ensures that the products of research are shared by partnership members; (7) it has the potential to increase individual and community capacity; and (8) it supports sustainability, dissemination, and/or the development of next steps (Rhodes et al., 2010).

3. METHODOLOGY

The community-based participatory research was applied in this study using the Appreciation-Influence-Control (AIC) technique to develop guidelines for the quality of life among the elderly in the Posa Community. The process of data collection was divided into three steps:

Step 1: Collecting basic data,

Step 2: Studying the prototype of a life quality plan for the elderly,

Step 3: Establishing the guidelines to develop the quality of life for the elderly in the Posa Community.

The details are explained below:

Appreciation: To understand the real situation or principles of knowledge, two steps were taken: (1) to collect basic data in order to study the context of the Posa community, then evaluation on the life quality of the elderly at the Posa Community was made, and the needs survey of the elderly at the certain sites was taken using two questionnaires responded to by elderly samples living in the Posa Community; (2) to further study

the learning the successful factors to form the prototype to be used as guidelines for the elderly at the Elderly Center at Matukhunaram Temple by conducting a focus group discussion, and observations. The related documents also studied both inside the country and in foreign countries.

After that, workshops were organized for the participants to share the findings from these studies. In these workshops, the participants could provide additional views and suggestions in two steps:

Influence: Solution design - the aim of this step was to create a developed approach to specifying guidelines to improve a community plan.

Control: Practical Solution - this process allowed the participants to propose a plan and evaluate its feasibility.

The research procedures for developing quality of life among the elderly in the Posa Subdistrict on the participants, data collection, instruments and data analysis are shown in Table 2.

Table 2: The Summaries of Research Procedures on Developing Quality of Life for the Elderly in the Posa Subdistrict

Steps	Procedures: CBPR using AIC techniques	Data collection and instruments	Data analysis
Step 1: Collection of basic data 1) To evaluate the life quality of the elderly 2) To survey the needs of the elderly.	Appreciation: To understand the real situation or principles of knowledge	Adopting the questionnaire from World Health Organization (WHOQOL-BREF-THAI) with a sample of 171 elderly in the Posa community selected through simple random sampling	Frequencies and Percentage
Step 2: To study the prototype life quality plan for the elderly		(1) To set up a prototype plan by studying documents from both inside the country and foreign countries (2) Focus group discussion with 7 administrators and 15 members of the elderly center prototype in Phang Nga Province	Inductive analysis: Analytic Induction
Step 3: To establish the guidelines development for the quality of life of the elderly in the Posa Subdistrict	Influence: Solution design Control: Practical Solution The participants provided views and suggestions to create a developed approach and specify the guidelines to improve a community plan and evaluate its feasibility	The workshops were organized to share the findings from those studies. The participants were 14 elderly people, a mayor, a vice-mayor, two city council members, four public health volunteers in the Posa Subdistrict to establish the guidelines to develop the quality of life for the elderly in the Posa Subdistrict	Inductive analysis: Typological analysis which using the concept of quality of life proposed by World Health Organization

3.1 Research instruments and instrument validation

The researcher adopted World Health Organization's (WHOQOL-BREF-THAI) as Research Instrument, as described in Literature Review (Department of Mental Health, 2013). A questionnaire was used to survey the needs of elderly in the Posa Subdistrict in line with the guidelines issued by National Health Security Office for the local area under the supervision of the Community Health System Research and Development Institute (2015). The questionnaire was designed using a checklist and the respondents could give more than one answer. The questionnaire was examined by three experts to find the index of item-objective congruence (IOC). The IOC was 0.60-1.00. It then was distributed to 30 elderly who were not the sample. The obtained data was to ensure the reliability and the result was as follows: (i) social support was 0.66; (ii) health care service was 0.83; (iii) the safe environment was 0.60; (iv) money savings and income were 0.67, and the alpha coefficient of the whole life support system was 0.85.

In the qualitative section, the data was assessed for trustworthiness, credibility, and confirmed ability by triangulation. Data triangulation was derived from different groups of people, such as the mayor, the vice mayor, the elderly, and the Alderman Village Health Volunteers (VHV). Besides, all of the triangulation data was derived from various methods, such as interviews, observations, documents and websites to understand the emerged phenomena profoundly. The guideline was evaluated and tested by using member checking to enhance trustworthiness (member checking, also known as participant or respondent validation, is a technique for exploring the credibility of results). Then data or results are returned to the participants in order to check for accuracy. It is often mentioned as one in a list of validation techniques (Naiyapatana, 2008; Patton, 2002).

3.2 Ethics for the protection of the rights of the elderly

Ethical consideration: this research was approved by the Institutional Review Board (IRB) of Srinakharinwirot University in consistence with the ethical principles for research in humans as proposed in the Declaration of Helsinki, this study was approved with exception. The intentions of the researchers in this study were to conduct this research in a straight-forward manner. Before starting this research, the researchers

made the objectives clear to the all parties involved in terms of the intent of this research and asking for their consent to carry out this research frankly and sincerely without publicizing any data to outsiders.

4. RESULTS

The research results were divided into four parts: (1) the quality-of-life assessment of the elderly in the Posa Subdistrict; (2) the needs of the elderly in the Posa Subdistrict; (3) the success factors of the elderly center prototype; and (4) the guidelines for developing the quality of life of the elderly in the Posa Community.

Part 1: Results of the quality-of-life assessment of the elderly in the Posa Subdistrict

To evaluate the level of the quality of life, this research employed a Thai version of the questionnaire from World Health Organization (WHOQOL-BREF-THAI) and distributed to 171 samples, who were elderly people in the Posa Subdistrict in Angthong province, as shown in Table 3.

Table 3: The Evaluative Results of the Life Quality of the Elderly in the Posa Subdistrict

(n=171)

Domain	Poor life quality	Medium life quality	Good life quality
1. Physical Domain	14 (8.2)	130 (76.0)	27 (15.8)
2. Psychological Domain	-	127 (74.3)	44 (25.7)
3. Social Domain	31 (18.1)	123 (71.9)	17 (9.9)
4. Environmental Domain	-	54 (31.6)	117 (68.4)
Quality of life	-	135 (78.9)	36 (21.1)

The results showed that the quality of life of 171 elderly people in the Posa Subdistrict was mostly at a moderate level at 78.9%, followed by a good quality of life which was 21.2%. To consider each aspect, physical domain, psychological domain and social relationship domain, the quality of life of the elderly was at the moderate level, which was 76.0%, 74.3%, and 71.9% respectively, while the quality of life in the environmental domain was at a good level at 68.4%.

Part 2: Results of the needs of the elderly in the Posa Subdistrict

Table 4: The Needs of the Elderly in the Posa Community

Needs for quality of life	Needs	
	No.	%
1. Social support		
Recreational activities for the elderly	100	61.3
Social Activities/Knowledge Exchange/Folk Wisdom transferred by the elderly	86	52.8
Home visiting	136	83.4
Conducting seminars for the elderly on their problems	116	71.2
Database system for the elderly	93	57.1
2. Health care service		
2.1 Health promotion activities		
Health activities	86	50.3
A monthly and annual health check	160	93.6
Conducting health knowledge seminars for the elderly	135	78.9
Stroke protection	146	85.4
Visiting sick elderly people	135	78.9
Disability protection	129	75.4
Folk wisdom in health care	148	86.5
2.2 Providing service for health and spirit rehabilitation		
Caring for the disabled and bed-ridden patients	143	83.6
Caring for terminal patients	71	45.8
Encouraging the youth to visit the elderly	91	.587
3. Safe environment		
Adjusting in-house safety	128	82.6
Adjusting safe environment in the community	132	85.2
4. Money saving and income		
Promoting income-earning/occupational training	83	58.0
Encouraging saving deposits	120	83.9

The results in Table 4 showed that a survey of the needs of 171 elderly in the Posa Subdistrict revealed that the needs of four systems, which was higher than 80% of the elderly requested were as follows: (1) social support system, which was home visits; (2) health care services, which included a monthly and annual health check, stroke protection, the use of folk wisdom in health care, and caring for the disabled and bed-ridden patient; (3) safe environment, which included adjusting safe environment in the community and in- house; and (4) money saving and income, which was encouraging saving deposits.

Part 3: Results of the success factors of the elderly center prototype

By applying this approach to study, the related documents both inside the country and outside the country used these two steps: (1) to study the prototype plan documents related both inside the country and from foreign countries; and (2) to apply focus group discussion with 7 administrators and 15 members of the elderly center prototype, Phang Nga Province. The results revealed that key factors included: (1) the cooperation of the community members, who perceived the importance of the center and its advantages that all members in the community would obtain; and (2) the cooperation of the members along with the leader's vision of participating in activities encourages the elderly to perceive the advantages of the center the elder members and the community would benefit eventually. The key factors that contributed to the quality of the elderly center prototype were as follows:

Management: The system should be well-managed, by following the principle of the PDCA cycle: (1) plan: to define clear policies and plans by defining a common vision, creating a common understanding of the principles and setting goals to improve the quality of life of the elderly; (2) do: to implement the community participatory process; (3) check: to examine or monitor the performance once a month and evaluate the performance by gathering the feedbacks from all parties; and (4) act: to implement all feedbacks to develop the operation of the elderly center prototype.

"The Center, the award is a collaboration of all members. We have a voluntary board of committees, they have the meetings to plan for an annual program, and of course the monthly meetings are also provided with a party by the host, and helping organize activities. At the time of the visit, there was a collaboration to prepare activities to welcome. Time has come to visit the work is done. At the end of each activity, there will be meetings to evaluate and improve the work. The chairman of the center and the board will listen and value the opinions of all members." (Member 1)

"Administration of the Center is divided into three groups: each group will be under the chairman and the vice chairman in, namely administration group, academic group and services group; and each group will be clearly separate functions. There are finance section and the accounting section, be responsible for the clear distribution of expenses to members." (Member 4)

Man: The success factors consisted of the following: (1) visionary leaders should have the potential, as well as dedication, to lead the members to take part in organized activities to achieve the purpose of the center; (2) committee or working groups should have a passion and willingness to help enhance the quality of life of the elderly; and (3) a system of human management and a clear management system should be set elaborately to find the right persons with integration to carry out the responsibilities.

"Our leader is Mr. Veera; he is a sacrifice, a lot of energy, working very hard. We all love him" (Member 2)

"The fact that Mr. Veera used to work at the executive level, which made it possible to network with other agencies, keeps the Center moving." (Member 3)

"All center's board of committees have devoted to sacrificing their willingness to work together with a sense of brotherhood. Sometimes, even there are misunderstandings or mistakes, they are ready to forgive and help each other for our brothers." (Member 1)

Mediation: Network partners in the community were important factors to improve the quality of life of the elderly. They were the local, public and community sectors, which required the cooperation of all parties.

Local sector: The local administrators and practitioners of the elderly were mayor, vice mayors, village headmen, headmen, and community leaders. They played a coordinating role in building up the programs to improve the quality of life of the elderly, especially social welfare, such as living allowance, home environmental improvement, supporting for travel, physical rehabilitation equipment, career development, and income for the elderly and their caregivers. Other social support involved the establishment of the Center for Geriatric Care, Elderly Health Rehabilitation Center, and the budget for agencies or organizations to improve the quality of life of the elderly.

Health sector: The health sector was the Chief District Health Promoting Hospitals. The staff of the hospital, who were responsible for the elderly, medicine practitioners in the community hospitals such as physiotherapists and psychiatrists, would play a coordinating role in the long-term care system in the sub-district area. Providing the elderly with access to essential services, the involved staff embarked on home visits and coordinated with other health services. The community and the family were empowered to take care of older people who were dependent on them.

Community sector: The community consists of the chairman or representatives in the senior club, Village Health Volunteers/Volunteers aged care home, and community leaders, including temples and schools. The role of the elderly club played a role in gathering elderly members in the parish, developing the quality of life planned for elderly people, and coordinating with the sub-department and administrators in the community. Moreover, the roles of volunteers were to care for the elderly at home in the absence of caregivers, self-help, or proper treatment. This sector could be responsible to reach the needs of the elderly thoroughly and consistently. Encouraging visitation also provided useful knowledge about the proper care to the elderly, and their family members. One staff member should provide care for five elderly people for two consecutive days per week.

"What we do is for all of us. In the morning, we come to dance together, we are not lonely, the body is better." (Member 5)

"When we have visitors, we help each other's in preparing food, activities and presentation. We learn from them and they came to learn from us." (Member 6)

"The Center has been supported from the University of Agriculture Kamphaeng Saen with the collaboration of the Thai Health Promotion Fund (NESDB) to create a variety of exercises: Providing mental health knowledge; prevention of dementia of the members' records are kept." (Member 4).

"The Department of Physical Education has promoted the exercise of the elderly an encourages the gathering of recreational activities. This is consistent with the concept of the center already." (Member 1)

Money: The district council, which was a unit of the local government organization, should withhold funding support to improve the quality of life of the elderly. In addition, some income would come from the increasing job opportunities for the elderly.

"The income of a center comes from the local government, but the main income of the center is from the members. Donations from individuals, organizations, vocational centers of the center, such as making wreaths, mushroom cloths." (Member 6)

Part 4: Guidelines for developing the quality of life of the elderly in the Posa Subdistrict

At this stage the researchers would like to share the findings of step 1 and step 2 with the Posa community. The workshop participants would be asked to share their points to develop an approach and specify guidelines to improve a community plan. The results are categorized using inductive and typological analysis based on the concept of quality of life, proposed by World Health Organization, including the physical domain, the psychological domain, the social relationship domain and the environmental domain. The involved persons are divided into three categories namely elderly, family/caretaker, community/administration organization, as shown in Table 5.

Table 5: Guidelines for Developing Quality of Life for the Elderly in the Posa Community

Quality of life	Guidelines for developing quality of life for the elderly		
	Elderly	**Family/Care taker**	**Community/Administration organization**
Physical domain	(1) Do regular exercises (2) Do personal care (3) Do behavior adjustment to easily digestible food, calcium, low calories, less flavor etc. (4) Perform daily activities with less dependence on others	(1) Take good care for the elderly (2) Take good care for the food of the elderly	(1) Provide life quality instructions for personal care of the elderly (2) Conduct workshop on health care for the elderly for the family members of the elderly related to health care, food nutrition, and diet for the ages (3) Arrange body exercises for the elderly such as yoga, Tai Chi, oaton, aerobics, and Thai folk dance etc. (4) Coordinate with Public Health or Health Center or Mobile Health units to (4.1) Provide medical aid to sick elderly and bedridden elderly (4.2) Provide medical service for decease screen at least once a year on blood pressure, diabetic, hyperlipidemia, etc. and other

Table 5: Guidelines for Developing Quality of Life for the Elderly in the Posa Community (Continued)

Quality of life	Guidelines for developing quality of life for the elderly		
	Elderly	**Family/Care taker**	**Community/Administration organization**
Physical domain			medical services such as Physical Therapy Services, Suggested Service, and Knowledge on Health Care. (4.3) Set up a Mobile Health Unit for 24 Hours Emergency (5) Provide transportation for those who would like to see doctor in town or attend various functions and meetings conducted by Public Administration.
Psycho-logical domain	(1) Help the elderly feel free of worries and tension. (2) Make them perceive their own values. (3) Make them feel their worth and goodness	(1) Express respect to them (2) Provide the means and care for making them feel self-worth (3) Provide care-taking program on the basis of understanding and good relationships (4) Provide companionship so that they will not feel lonely. (5) Find appropriate ways to treat them properly	(1) Encourage family members of the elderly to see the significance of taking care of their elderly parents. (2) Promote family values that give rise to a spirit of gratitude, love and concern for the elderly. (3) Conduct activities that bring the members into the community, especially the elderly, for example, pouring water onto elderly family members of the family, merit making etc. (4) Encourage the elderly to participate in personally meaningful and socially valued occupations, (5) Hold regular practices in religious performances, such as almsgiving, prayer rites, and preaching sermons to help them feel self-worth. (6) Hold regular recreational activities for the elderly, for instance, annual excursions, cultural performances, singing contests, etc. to lessen their worries and tension. (7) Set up a permanent fund or savings fund for the elderly or a health fund to assist the elderly in their time of need. (8) Promote careers for the elderly using folk wisdom as tool, for example basket weaving, food processing, traditional massage and herbal products. (9) Find the dealer to outlet goods so that the products can be sold and the elderly can have their own income (10) Set up a subvention fund for the elderly and families who cannot afford a funeral
Social domain	(1) Promote social activities such as field trips, visiting relatives and social gatherings to keep the elderly from being isolated. (2) Encourage the elderly to participate in social services.	(1) Form a group of volunteers to promote social activities for the elderly. (2) Persuade and motivate the elderly to be involved in social activities	(1) Set up a center to support the elderly to meet and exchange views and information to conduct social activities for them. (2) Encourage the elderly to have a social role as counselors in relation to folk wisdom, traditional practices, and cultural performances to the youth. (3) Appoint elders who are experienced and wise to sit in the educational board of the subdistrict to help maintain good practices for the village. (4) Allow some elders to be part of old age committees so that they can voice their opinions and make suggestions in drafting plans for the elderly.
Environment domain	(1) Encourage the elderly to spend their leisure time keeping their house clean and in order. (2) Support them in growing chemical-free vegetables for their food.	(1) Arrange a clean and safe environment both in the house and in the village. (2) Provide measures for the safety for life and properties. (3) Take care of the well-being of the elderly.	(1) Provide physical facilities for the elderly. (2) Create 24 emergency units to assist the elderly. (3) Set up a group of volunteers to visit and assist the elderly twice a year. (4) Conduct hygienic and environmental activities that help maintain a clean community, free from pollutions. (5) Provide public services that give access to safety and convenience for the elderly, for example, walkways, toilets, and transportation.

5. DISCUSSION

This research aimed to study and develop guidelines for quality-of-life improvement of the elderly in the Posa Subdistrict. The findings indicated that the basis for developing quality of life among the elderly depended on promoting the values of the elderly in which the family was the foundation for caring for the elderly. It can be achieved by raising awareness of the gratitude and affection of their children or family members. In addition, the elderly should be encouraged and given a social role to play, for instance, a consultant in community project development, a leader in religious ceremonies, cultural and traditional practices, a guardian of local knowledge and an experienced sharer with the youth in order to build up self-esteem and

recognition of the elderly in community. Besides, the culture of a community also contributed to the success of the project. It not only encourages the members of community to pay due respect to the elderly, but to care for them as well. Moreover, because of the attractive culture of this community it draws attraction to the outsiders to visit and home-stay in the community, creating revenue in the community as well as unifying it. That concept coincided with the Japanese Ibasho Theory, which recommended that an involvement in the society should be taken into account for the elderly. Also, proper care and facilities, as well as the respect of the youth were the key elements to enhance the quality of life of the elderly. The Ibasho therefore emphasizes raising of an awareness of the elderly as they are still the part of society and the experience of the elderly is still highly valued as it leads to the prosperity of the nation (Jirapinyo, 2017). In addition, Khuha (2009) had made a study on the development guidelines the life quality of the elderly in Kanchanaburi Province and found that to improve the quality of life for the elderly, the spiritual activities for the elderly is an important factor. Listening to a monk reciting a prayer or giving a sermon could contribute to the spiritual health and peaceful mind of the elderly. This corresponds to the study of Hanse et al. (2012) on the participation of the elderly in life-long learning and the change in social policies and social welfare under the Project of HEAR ME, a strategic project on the basis of elderly competency network and the needs of ages indicates that action learning is the proper approach to activate the elderly to participate in the social activities conducted in the community.

Besides the aspect of value promotion, social relationships are another important factor that deserves the attention of community leaders. Community leaders should establish a senior club to create a social network for the elderly to provide various kinds of activities and the elderly could participate in activities to promote their mental stability. Some examples of the recreational activities were dharma practice, sermons for the elderly, the day of religious sacrifice, and how to relax and manage their stress. Therefore, it can be concluded that participation of the elderly in the social activities could improve their quality of life rather than non-participation. This finding coincided with the study of Wallace: "The organized activities to promote physical health, mental health and social well-being, could lead to happiness in the community, while it seemed worse for life without activities" (Wallace, 2008). It is in line with the concept of charity, that the characteristics of the activities for the elderly can be said that the elderly can have a good view in four aspects: (1) to make the elderly valuable as a capital. Human beings are important in social and family care; (2) to increase the elderly value as instrumental value; (3) to make elderly people have an economic value; and (4) to ensure that elderly people are valuable in benefiting the society. In correspondence with the study above, Sunthornthada (2010) suggested the following; (1) these organized activities will make the elderly feel their worth; (2) as a consequence the elderly would feel that they are able to do something useful in the community that they live in; (3) they feel they are productive in terms of economics; and (4) in continue doing so their worth can be sustained and their psychological mind becomes healthy.

The last factor that contributes to the success of the center to promote the quality of life of the elderly is a cooperative social network. The center needs to build tough coordination among three parties: community head, health care centers and the public sector. These findings coincided with a study of the Community Health System Research and Development Institute (2015) and the work of Kongkham (2017), which revealed the factors helping to secure the success of the system for elderly care in community in the long run is to build tough coordination among the concerned parties namely: community heads, the public sector, health care centers, sub-district administration organizations and, religious institutes. They needed to work collaboratively to establish a common framework and guidelines for elderly health care. The distributed roles have to be shared among the parties concerned. The first role should be that of health care center in disseminating information for the basic care for the elderly. The center also needs to act as a mouthpiece for the elderly. The community head should create a volunteer group to investigate the needs of the elderly. The subdistrict administration organization is responsible for playing a supportive role in developing elderly health care programs. The organization should also support funds and persuaded the elderly to participate in recreational programs. Furthermore, the religious institute offers an active role to the elderly to take part in any religious rites conducted in the community.

6. CONCLUSION

This study on the guidelines for life quality development of the elderly specified the following:

(1) In the physical domain, the community should provide the training for the elderly and their caregivers in the field of health care, by organizing activities such as fitness, yoga and physical exercise in collaboration with health centers or public health;

(2) In the psychological domain, the promotion of values of the elderly and family-based care for the elderly should be encouraged by organizing activities that help build and strengthen warmth and concern in the family, including mental security;

(3) In the social relationships domain, the community should establish a center for the elderly and encourage and support them to participate in social activities with the provision of an active role in the community; and

(4) In the environmental domain, the establishment of volunteer caretakers for the elderly in the village should be initiated, and a care surveillance unit should be established to provide safety and convenience for the elderly.

Among all of these aspects the psychological domain is fundamental for better quality of life among the elderly and should be prioritized before all other aspects in these guidelines.

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