
Developing the Life Quality of the Elderly in Local and Its Psychological Effect with the Participation of the Community, Muang District, Chaiyaphum Province

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Abstract

This development research aims to study the health conditions and the need for activities to improve the quality of life of the local elderly through community participation in Muang District, Chaiyaphum Province. Improve the quality of life of the local elderly by community participation and assessing their satisfaction with improving the quality of life of the local elderly. The samples were elderly people in the municipal district of Chaiyaphum Province. The research tools were as follows: 1) The questionnaire was divided into three sections: general information, quality of life of the elderly, and satisfaction with participation in the development program. 2) A program to improve the quality of life of the local elderly through community participation, 3) group conversation, and 4) in-depth interviews. Data were analyzed using descriptive statistics and paired t-tests. The results showed that the health conditions of the elderly were in a state of illness with chronic underlying diseases, ranked in 5 orders as follows: high blood pressure, Diabetes, Stomach disease, and degenerative bone disease. The needs of the local native elderly and the elderly require love, warmth, generosity, and concern from their family members. Improving the quality of life of the local elderly by community participation when comparing the quality-of-life scores overall development was at the highest level and a statistically significant increase ($p\text{-value} < 0.001$) (Mean diff = 40.81 95% CI for mean diff 36.03-45.59). Satisfaction with improving the quality of life of the local elderly through community participation was at the highest level and increased significantly ($p\text{-value} < 0.001$) with (Mean diff = 16.38 95% CI for mean diff 13.62-19.1).

Keywords: Developing the Life Quality, Participation of the Community, Elderly in Local.

Problems significance to study

Worldwide the aging population is a global phenomenon. This results from the declining birth rate and the number of people living longer. In the past half-century, the world's population has been aging rapidly. In 2018, the world's population totaled 7,633 million, and 990 million people were over 60 years or accounted for 13% of the total population. This means that our world has been an aging society for many years. According to some estimates by the United Nations, the number of people aged over 60 years in the world will reach 1000 million in early 2019 (Foundation of Thai Gerontology Research and Development Institute B.E. 2561). Developed countries, such as member countries in Europe and North America, have wholly entered an aging society. While some Asian countries, such as Japan, have entered a super-aging society, Thailand is ranked as the second aging society in ASEAN countries after Singapore. In ASEAN countries, the countries with the highest elderly population. The top 3 are Indonesia (21.19 million), Thailand (10.73 million), and Vietnam (9.61 million), respectively (Office of the Permanent Secretary, Ministry of Social Development and Human Security B.E. 2559).

When the proportion of the elderly is greater than 20% in B.E. 2563, Thailand becomes a super-aged society (Super Aged Society). Then in B.E. 2578, the birth rate trend according to the fertility of Thai women even indicates that it continues to decline, and the average life expectancy of the Thai population will increase in a straight-line trend; over the next 50 years. The average life expectancy at birth for men increases to 75 years and for women to 80 years. Providing an environment conducive to health promotion for the elderly is therefore crucial by emphasizing the potential of the elderly in self-reliance, family, and community emphasis on continuous health care system, health promotion, disease prevention, and health screening when Thailand enters an aging society. This reveals the trend of illnesses in the population that will occur in the future because older people are more likely to be sick than younger people. The older people are, the riskier their chance of getting sick. Elderly diseases tend to be chronic diseases that require long-term care, such as diabetes, dementia, paralysis, and bone and teeth diseases. These diseases require ongoing treatment, thus increasing the burden of care for Thai society (Thai Health B.E.2560).

In the elderly, it is necessary to focus on proper health care to improve their quality of life. In caring for the elderly health, one must concentrate on ensuring that the elderly is healthy enough and can take care of themselves. This includes daily activities without burdening family members or relatives (Keleher & Murphy, 2004). According to research studies involving the elderly, it was found that most of them studied the risk factors or factors that should be prevented for success in the life of the elderly. The current trend is to improve the quality of life of the elderly by using the community or the source where they live as a development base (Hsu et al., 2010). In addition, the Ministry of Public Health formulated a 20-year national strategic plan (B.E.) 2559-2579). The objective of taking care of the elderly (active and healthy aging) is that the elderly can take care of themselves, have the potential for self-reliance, live daily life, and have a good quality of life. One strategic plan is to encourage elderly people to participate in society with measures to develop health and social services, emphasizing that there are clubs for the elderly in every subdistrict in various forms. There is a center for quality development life and career promotion for the elderly that encourages them to participate in health promotion and be able to take care of their health (National Health Development Plan Steering Committee Issue 12 B. E. 2560).

Chaiyaphum Province has a population of 1,127,423 people, ranked 16th in the country and 9th in Northeastern Thailand. It was found that the number of elderly people is increasing from the statistics of the elderly population in B.E. 2544. There were 134,925 elderly people, and in B.E. 2559, 174,335 people accounted for 25% of the total elderly population in the province. Therefore, it is necessary to prepare them effectively before they enter old age. The health data survey of the population in Muang District, Chaiyaphum Province, found that the number of elderly people and chronic illnesses increased in B.E. 2560 Muang District. There are 11, 782 elderly people with chronic diseases who receive services at sub-district health-promoting hospitals in the area of Muang District, as follows: 1, 146 with diabetes, 1, 281 with hypertension, 67 with stroke, and 3 with cancer (Chaiyaphum Provincial Public Health Office B.E.2560). Based on the literature review mentioned above, there are quite a few studies on the quality of life of older adults in Thailand. However, some issues have not been studied and are important points that should be studied continuously to study the quality-of-life development of the local elderly in the context of elderly people who regularly live by using the concept of community participation. For the elderly to have a good quality of life, according to Schalock's theory, the results obtained from this study were more aware of the health status and the need for activities to improve the quality of life of the local elderly through community participation. The satisfaction assessment results showed that building a good relationship between the community and the local elders to elderly families and the community has guidelines for caring for the elderly to have a good quality of life and be able to lead a healthy life. It includes agencies related to community or local development that can apply the results of this study to be adapted as guidelines for improving the quality of life of the elderly continuously and sustainably.

Research Objectives

1. To study the health conditions and need for activities to improve the quality of life of the elderly locally with community participation in Mueang District, Chaiyaphum Province.

2. Improving the quality of life of the local elderly population through community participation.
3. To assess satisfaction with improving the quality of life of the local elderly.

Research Hypothesis

1. The quality-of-life improvement scores for the local elderly were higher than before the experiment with participation from the community, Municipal District, Chaiyaphum Province.
2. A Comparison of mean satisfaction with quality-of-life development of the local elderly by community participation in Mueang District, Chaiyaphum Province, was higher after the intervention than before.

Research conduct

Type of research/research design - it is development research

This research model will develop social innovation among the elderly and new knowledge, including developing a new way of living regarding physical and mental health, participation in social activities, and solving problems. It is necessary to develop the research model to enable the elderly to continue to live a quality life on their own as outlined in Schalock's model (Schalock, L.R., 2004) into 6 components:

- 1) Emotional state
- 2) Interpersonal relationships
- 3) Social integration
- 4) Good living conditions
- 5) Good physical condition, and
- 6) Self-determination based on the community participation process according to the concept of Cohen (Cohen & Uphoff; N. T., 1980) and health promotion activities for the elderly (Pender et al., 2011) classified into 6 aspects as follows:

- 1) Nutrition
- 2) Exercise
- 3) Stress Management
- 4) Interpersonal relationships
- 5) Health Responsibility
- 6) Spiritual development

Sample group rights assurance

Human Research Ethics Certification from Chaiyaphum Rajabhat approved this research project. No. HE 65-1-010/2565 on July 20, B.E. 2565. The researcher and team clarified. The objectives of the research project, research methodology,. The subject data will be kept confidential based on potential risks or discomfort. An overview was presented to the participants, and they signed a consent forms.

Research implementation

Research implementation was carried out from July to December B.E. 2565 according to the 4 phases of research and development:

Phase 1: Study of health conditions and the need for activities to improve the quality of life of the elderly in the local area through community participation.

Qualitative data were collected. The researchers used summaries of health conditions and the need to improve the quality of life of the local elderly and assessed the possibility of adoption, improvement, and correction according to the recommendations. This was carried out during July-August B.E. 2565 at Ban Tad Ton City Hall, Moo 1, for 1h and 50 min.

Phase 2: Quality of life development for the local elderly uses a community participatory learning process (Cohen and Uphoff; N. T., 1980). To understand the problems in developing activities to improve the quality of life of the elderly in the local area, according to Pender's elderly health promotion activities concept combined with the results of the implementation in Phase 1. We conducted experiments during August - September B.E. 2565 at Ban Tat Ton City Hall, Moo 1, for 2h and 50 min.

Data Collection

The researcher and ten elderly leaders conducted the study using the community participatory meeting technique. (A-I-C) (Parichart Walaisatean B.E.) 2543). This was combined with the findings from the analysis of health conditions and the need for activities to improve the quality of life of the elderly in Phase 1. It was developed as an activity to improve the quality of life of the local elderly based on findings and content analysis.

Phase 3: This is a program to improve the quality of life of local elderly people by participating in the community developed in Phase 2. Villages were selected using the snowball technique to obtain the Ban Tad Ton, Moo 1, and Na Fai subdistricts. It is the chosen community to be representatives of other sub-districts in Muang District, Chaiyaphum Province/Conducted during the months of September-October B.E. 2565 for 8 weeks 13 hours together with eight activities as follows:

- 1) Health assessment of the elderly
- 2) Stimulate knowledge and understanding of self-care for the elderly.
- 3) Exercise with an emphasis on the participation of the elderly.
- 4) Nutrition stimulants.
- 5) Activities to stimulate stress management.
- 6) Interpersonal relationships
- 7) Spiritual development.
- 8) During home visits in the program, researchers take epidemic prevention measures (Covid -19) for all activities.

Data Collection Method

The researcher used a model to improve the quality of life of local elderly people, applied to the sample group at Ban Tat Ton elderly people, Moo 1, Na Fai Sub-District, Mueang District, Chaiyaphum Province, totaling 60 people for eight weeks.

Phase 4: Evaluation of Research

A satisfaction questionnaire was used for participating in the quality of life development program for local elderly people. by community participation.

Data Collection

After implementing the quality-of-life development program for the local elderly, a sample group of 60 elderly people answered a satisfaction questionnaire. To encourage the elderly to think critically and understand the development of their quality of life for 10 minutes at the Ban Tad Ton town hall.

Data Analysis. In this study, we used a paired t-test to compare the satisfaction data of the local elderly before and after using the program to improve their quality of life.

Population and Sample Group

1) Populations are elderly individuals aged 60–89 years, both males and females, who live in Muang District, Chaiyaphum Province, have no hearing, speech, or vision abnormalities, and can understand and communicate in Thai. Participants must be able to read and write and answer questionnaires, the elderly population of 19 sub-districts and 227 villages for 11,589 people (Chaiyaphum Provincial Public Health Office B.E. 2559).

A sample Group of 60 individuals was obtained from a random sample using the principle of probability. This was chosen by random sampling, considering the population to be equally likely to be selected. Using simple random sampling to draw the lottery and not returning from 19 sub-districts, 227 villages in Muang District,

Chaiyaphum Province, were selected. The sample size was derived from a power analysis using a readily made G-power test program. The researcher determined the influence value of the sample size from past research (Sontaya Sawas. 2561). They studied the quality-of-life development for the elderly in Ban Rong Meng, Nong Yang Sub-District, San Sai District, Chiang Mai Province, and have a similar characteristic of the sample, which is elderly with an effect size $st .47$. The alpha value is at $.05$. Using a test power of $.90$ get a total sample size 50.3 people and increase the sample size further increased to 20%. According to Frison and Procock (1992), the researcher increased the sample group to 60 cases to avoid losing the sample group or not having the sample group complete the questionnaire.

2) Populations are elderly leaders who are responsible for taking care of the local elderly, totaling 180 people. The sample consisted of 13 people, including ten elderly leaders, two community leaders, and one local government official responsible for the elderly. The selection sample group involved in the development of the quality of life of the elderly were local people who live in the area of Muang District, Chaiyaphum Province. A purposive sampling method was used according to the specified criteria that must live in Muang District, Chaiyaphum Province, be able to communicate with the Thai language, and be able to read and write.

The research tool

There are 3 sets as follows:

Set 1. Research tools included the group discussion approach and in-depth interview methods.

Research tools are group discussions and content about improving the quality of life of the local elderly opinion that improves the quality of life of the local elderly. This study was based on Pender's concept (Pender et al., 2011).

Set 2. The research tool was a questionnaire consisting of 2 sections as follows: Section 1. General information on a total of 12 items consists of:

- 1) Gender
- 2) Ages
- 3) Religion
- 4) Civil status
- 5) Education level
- 6) Occupation
- 7) Average monthly income
- 8) Health conditions
- 9) Congenital disease
- 10) Regular medications
- 11) Caregiver for the well-being of the elderly.
- 12) Frequency of participation in the activities of the elderly.

Section 2

Questionnaire on the quality of elderly life the researcher developed the quality-of-life questionnaire of the local elderly from the studies of (Auranit Sangtongsuk B.E. 2563). Nearly 53 items according to the theoretical concept of Schalock (Schalock, 2004). Answers are estimators rated on a 5-level scale which is most agree, much, moderate, low, and not agree at all. The quality-of-life score was determined with an average score, and the results were interpreted as follows: having the highest quality of life average score at 4.51-5.00, most at 3.51-4.50, moderate at 2.51-3.50, low at 1.51-2.50, and lowest at 1.00-1.50 (Best, J. W., 1981).

Set 3

Evaluation of Research Tools.

It is a satisfaction questionnaire for participating in the quality-of-life development program of local elderly people through community involvement. It was developed according to the quality-of-life development criteria and consisted of three aspects:

- 1) Health assessment
- 2) Training to gain knowledge
- 3) Practical skills, quality of life development of local elderly people, and question types are multiple choice.

The estimation scale has 5 levels, which are the maximum level of satisfaction: most, moderate, low, and lowest. Determine the satisfaction score with an average score, and interpret the results as follows:

The maximum satisfaction average rate is between 4.51-5.00

Much is between 3.51-4.50

Moderate is between 2.51-3.50

The low is between 1.51-2.50

The lowest is between 1.00-1.50 (Best, J. W.,1981).

Quality of research tools

Find content validity index (IOC) is at 0.89, and the validity was determined by applying the questionnaire to 30 elderly people who were similar to the sample in Na Seaw Sub-District found that the Alpha coefficient of (Cronbach, Lee. J.,1996) is at 0.91.

Data analysis: Using descriptive statistics and an analysis of the development of the local elderly's quality of life by comparing community participation before and after using the quality-of-life development activities using a paired t-test.

Research Results

1. Health conditions and the need for activities to improve the quality of life of the local elderly found that the health conditions of elderly people, mainly in a state of illnesses with chronic underlying diseases, are ranked in five issues as follows: high blood pressure, diabetes, stomach disease, and degenerative bone disease. The needs of the local elderly include love and warmth among family members. They need generous support from relatives and health support to continuously stimulate public health personnel's advice. Improving the quality of life of the local elderly uses a community participatory learning process. The elderly need to exchange knowledge through participation in the community and visiting the elderly at home. Implementation was planned based on community participation. Having the community participate in the development of the quality of life of the elderly according to the plan and continuously assessing performance.

Table 1. Comparison of quality of life scores of local elderly people by community participation of Mueang District, Chaiyaphum Province, before and after improving the quality of life of the local elderly by using Paired t- test (n= 60)

Results	Before Development		After Development		Mean differences (95%CI)	t	p-value
	Mean	SD	Mean	SD			
1.Good physical conditions.	48.41	7.07	54.81	5.82	6.40 (4.84-7.95)	8.234	<0.001
2.Good living conditions.	38.28	7.37	49.48	6.47	11.20 (9.13-13.26)	10.877	<0.001
3.About self-determination.	28.80	5.08	36.91	3.65	8.11 (6.82-9.40)	12.603	<0.001
4. Good emotional conditions.	32.98	4.09	36.46	4.04	3.48 (2.29-4.66)	5.878	<0.001

5.Social integration.	32.0	5.30	38.91	5.33	6.91 (5.40-8.42)	9.151	<0.001
6.Interpersonal relationship.	20.68	3.56	25.38	2.17	4.70 (3.73-5.66)	9.86	<0.001
Total average	201.16 (M=3.41)	22.45 (SD=.6 7)	241.98 (M=4.5 5)	16.47 (SD=.7 2)	40.81 (36.03- 45.59)	17.089	<0.001

*p<.05

2. Results of improving the quality of local elderly people's lives by community participation.

Comparing the quality-of-life scores of local elderly overviews before and after development found that it was at the highest level after development increased significantly statistically (p-value<0.001) (Mean diff =40.81 95% CI for mean diff 36.03-45.59). Classified by aspect, it was found that Good physical quality of life scores after development increased significantly statistically (p-value<0.001) (Mean diff =6.40 95%CI for mean diff 4.84-7.95). Well-being quality of life score after development increased significantly statistically (p-value<0.001) (Mean diff =11.20 95%CI for mean diff 9.13-13.26). Self-determination quality of life score After development increased significantly statistically (p-value<0.001) (Mean diff = 8.11 95%CI for mean diff 6.82-9.40). Good emotional conditions of life score after development increased significantly statistically (p-value<0.001) (Mean diff = 3.48 95%CI for mean diff 2.29-4.66). Quality of life scores for social integration after development increased significantly statistically (p-value<0.001) (Mean diff = 6.91 95%CI for mean diff 5.40-8.42). Quality of life scores on interpersonal relationships after development increased significantly statistically (p-value<0.001) (Mean diff =4.70 95%CI for mean diff 3.73-5.66) (**Table 1**).

Table 2. Comparison of the satisfaction of improving the quality of life of the local elderly by community participation of Mueang District, Chaiyaphum Province, before and after improving the quality of life of the local elderly by using Paired t- test (n= 60)

Results	Before Development		After Development		Mean differences (95%CI)	t	p-value
	Mean	SD	Mean	SD			
1. Health assessment.	10.08	2.35	14.38	1.34	4.30 (3.62-4.97)	12.719	<0.001
2.Training to gain knowledge.	19.53	4.01	24.66	1.81	5.13 (4.11-6.15)	5.606	<0.001
3.Practical skills.	36.31	7.79	43.26	4.10	6.95 (5.30-8.59)	3.558	<0.001
Total average	82.31 (M=3. 32)	4.67 (SD=.5 7)	65.93 (M=4.6 6)	12.47 (SD=.7 4)	16.38 (13.62-19.13)	11.900	<0.001

*p<.05

3. Satisfaction assessment results of the quality-of-life development for the local elderly by community participation with a satisfaction questionnaire for participating in the program.

When comparing the satisfaction scores for improving the quality of life before and after development found that the satisfaction scores after the development were at the highest level and significantly increased (p-value<0.001) (Mean diff =16.38 95%CI for mean diff 13.62-19.13). When categorized by aspect, it was found that the satisfaction scores on quality-of-life development of the local elderly health assessment after development increased significantly statistically (p-value<0.001) (Mean diff =4.30 95%CI for mean diff 3.62-4.97). Satisfaction scores on improving the quality of life of the local elderly knowledge training after development increased significantly statistically (p-value<0.001) (Mean diff =5.13 95%CI for mean diff 4.11-6.15). Satisfaction scores after development increased significantly statistically (p-value<0.001) (Mean diff =6.95 95%CI for mean diff 5.30-8.59) (**Table 2**).

Discussion

In this study, the development of the quality of life of the elderly in the locality was assessed using community participation in all four phases. We also analyzed the health conditions and the need for activities to improve the quality of life of the local elderly through community participation. It is a shared experience of the elderly sample group with brainstorming. It can help stimulate further development for the elderly to create concrete concepts consistent with their actual experiences, including Participatory Learning Exchange with the community, consistent with the study (Sontaya Sawas B.E. 2561). Further in this study, the authors conducted a study on the development of the quality of life of the elderly in Ban Rong Meng, Nong Yang Sub-District, San Sai District, Chiang Mai Province. It was found that the elderly who participated in the activity gave the most important to self-development in intelligence and were in line with the study by (Santikan Pinyong B.E. 2564). The problems and needs of the elderly and their caregivers in community welfare management. Case study of the Lamyai Sub-district, Don Tum District, Nakhon Pathom Province. It was found that most of the elderly in the community had health problems at a high level. Therefore, activities to improve the quality of life of the elderly in the community were gathered to create activities to enhance knowledge and practice skills continuously. Therefore, the sample group had the highest opinion on the issues studied. Specifically, satisfaction with community leaders' work was at its highest level. This may be because it encourages the elderly to be interested in exchanging knowledge with people in the community.

Further, wanting to share knowledge with other people in the community leads to understanding, acceptance, and living happily, which is consistent with the study by (Mingkwon Kongcharuen and Gumpanat Booriboon 2562). Research studies on developing a school model for the elderly, using the community as a base, found that developing aging schools in Thailand. Through good interactions between the elderly school and the people in society, the curriculum is managed by the elderly who have experience in caring for the elderly themselves. This helps the elderly make the most of their experience. They are improving the quality of life of the local elderly by participating in the community and implementing the program of activities to improve. There are eight activities in which the experiment was conducted with a sample group of 60 elderly people in the Muang District. The results of the trial can be summarized as follows:

After the development, it was found that the overall quality of life scores after the development increased significantly. Classified by aspect, it was found that good physical quality of life scores, well-being quality of life scores, self-determination quality of life scores, and emotional quality of life scores, after development, significantly increased. This is consistent with the study by (Yupin Supkeaw B.E. 2559). This study demonstrated the development of quality of life for the elderly with the gerontology school curriculum of the Center of Excellence in Health Promotion for the Elderly, Boromarajonani College of Nursing, Nakhon Si Thammarat. Furthermore, educational activities were carried out independently. This is an activity that the elderly must reflect on, making it possible for the elderly to exchange learning help. As a result, the elderly have a good quality of life. This is consistent with the study of (Masarin Sakulpak and Karantar Boonchuoitanasit; B.E. 2560). The authors studied the health components based on the concept of Active Aging, consistent with the studies of (Wilai Tapasi, Prapaiwan Danpradit, and Sinuon Ratanawijit B.E. 2560). The model of health care service management for the elderly by community participation was studied in Wang Taku Sub-District, Nakhon Pathom Province, and it was found that community participation is a result of community involvement. It includes family, community, and government organizations to unite the power of the people for the benefit of the development or problem-solving of the community. These results align with those of (Patcharaporn Patana B.E. 2562). The study demonstrated the quality of life of the elderly in the elderly care learning center and found that the quality of life of the elderly after participating in health promotion activities had an overall impact on life and was better than before with a significant effect. This may be because family members can participate directly in planning and solving problems for the elderly in the community. Activities to improve the quality of life are necessary, making the elderly healthy for the whole body, mind, and spiritual. Which is consistent with the strategy of the 2nd National Elderly Development Plan (2002–2021) Supporting the creation of awareness for people in society to be

aware of the elderly that is beneficial to society as a whole and realize the importance of preparing for the elderly to have a good quality of life.

Assessment of satisfaction scores found an improved quality of life in the local elderly health assessment with training and overall practice skills after development, with significant results. These outcomes are consistent with those of (Pennapa Mahamad B.E. 2561). In the study, a model of healthcare service management for the bedridden elderly group with community participation in Su-ngai Kolok Sub-District, Narathiwat Province, satisfaction assessment on the healthcare service model for the bedridden elderly group is satisfied with the model. Overall, the high level of development may be due to the model of health care services for the elderly concentrating on helping them receive health care to improve their quality of life in the future.

Suggestions for applying the research results research findings

- 1) They are improving the quality of life of the local elderly by engaging the community in AIC group meetings. The elderly had a concept of sharing the experiences of all group participants. This has resulted in an understanding of health conditions. The needs of elderly themselves have the decision to participate in all activities to improve their quality of life, which can be used in other local contexts.
- 2) Benefit from more in-depth analysis of the implications of the findings. Related agencies able to bring information on health conditions of the elderly with chronic diseases. Elderly people need love and warmth from family members and need health promotion advice from public health personnel continuously can be used to plan and formulate a policy to improve the quality of life of the local elderly.

Suggestions for future research

There should be long-term research on activity patterns to improve the quality of life of the local elderly through community participation in home-infected and bedridden patients.

Identify any potential drawbacks of the proposed solution and explain how it can be extended to the future research.

Possible flaws are: Taking lessons from families that take good care of the elderly

The recommendation is Indicators of good family care for the elderly should be categorized. which consists of

- 1) Selection of primary caregivers who are ready to care
- 2) holistic care for the elderly
- 3) caring for the elderly in a caring manner with love and gratitude
- 4) a good technique of care is continuous medication personal hygiene care and food supply
- 5) residential care
- 6) assignment of trust to a hired caregiver
- 7) receiving care and support from the government

The proposed solution will be implemented and the potential cost implications of such a program.

By considering the ethical implications are as follows:

- 1) There should be a volunteer caregiver system within the community
- 2) Volunteers should be trained to have knowledge and understanding, including basic skills in caring for the elderly and doing home visits.
- 3) There should be support for the elderly to participate in activities. and encourage the use of potential for maximum benefit through senior citizens club
- 4) There should be a body of knowledge that focuses on the elderly as the center. and focus on making the elderly valuable

New Knowledge from research

New knowledge from research includes: 1) social innovation of the elderly in developing a new way of life in terms of physical health, mental health, participation in social activities 2) get a self-sustaining pattern self-determination to participate in all activities with a good quality of life

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