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Lifestyles of Older Persons Requiring Health Services: Ethnography of Mutual Help for Long Term Care

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***Abstract*—** *The shift of age structure toward an "aging society" has become apparent, thus requiring related agencies to provide more essential healthcare services, welfare, occupation and income as well as additional assistance. Once lifestyles of elderly persons requiring healthcare services also change, the services available are subjected to alter accordingly. The objective of this study was to analyze lifestyle scenarios of elderly persons requiring healthcare services under their own community, social, cultural contexts. The study was conducted in a sub district in Northern region, Thailand from December 2017 to 2018. This study was based on the critical ethnographic approach. The informants comprised elderly persons or their caregivers and relevant agencies 54 persons in total. Data were collected by participatory observation, in-depth interview, and group discussion. The collected data were reiterated by triangulation. We underwent content analysis, typological analysis and time line analysis. The findings revealed 15 lifestyle scenarios requiring healthcare services were found, which could be developed into three respects: in-home service, assistance and the use of services. The findings of the present study have led to the design of healthcare service for the elderly persons should cover three attributes: in-home services, assistance and the use of the service. The current findings may be used to design health services in policy-making level, authorities and community.*

***Keywords*—** *Older persons, in-home health services, assistance concerning, the use of health services.*

I. INTRODUCTION

The current global population of elderly persons during 2017-2050 is expected to double due to greater longevity. This is likely that the elderly persons account for one- fifth of the global populations, thus becoming the aged society. Nevertheless, individual countries may encounter ageism in different time, depending on their environment, medical advancement and education. In Thailand, potential effects of "the aging society" are exhibited as a higher ratio of dependent elderly populations and a lower ratio of young populations. (Institute for Population and Social Research Mahidol University, Thai Health, 2017). This is the case of those born during 1963 – 1983. In addition, this situation may carry a burden on country to provide the elderly persons with health services, welfare, occupation, income and other emergency help as well as on family to support this group. Particularly, the elderly persons are perhaps vulnerable to income imbalance, insecurity, unsecured dwelling and unfriendly community environment. Indeed, they require not only health services from the authorities, community and family but promotion of their leadership so that they can help themselves, family and society. If those challenges and risk of the elderly persons were managed effectively, they would in turn assist their living society.(Bunthan et al., 2018) Recently, to address these issues, most of the policies and strategies have relied on the single approach such as the integration of medical care team providing in-home service and healthcare service in a community. However, the requirement of the elderly persons and their family may be beyond the conventional availability, which is unlikely to be managed by their family.

II. OBJECTIVES

This study was therefore to analyze lifestyle scenarios of the elderly persons who require health services in their own community and cultural contexts.

III. METHODOLOGY

This study was based on the critical ethnographic approach, used to provide a critical analysis of knowledge, determinants, and conditions emerged in human interaction. We interpreted and analyzed the collected data in the paradigm of symbolic interaction and developing processes of studied subjects through the examination of knowledge, culture and action. The results were reiterated for relevance with the owner of experience and culture so as to reliable findings.

The study entailed three features: (1) researchers themselves as key research tools, (2) research living in the fieldwork or study site for due course of time, and (3) raising questions so as to discover cultural distinction that affects situations, change, potential in health service management. The informants included elderly persons with diverse health conditions or their caregivers. The subjects were approached with the assistance of local gatekeepers, including community volunteers or local medical personnel involved with in-home health delivery or clinics the elderly persons, caregivers or families had attended or accessed as a service receiver.

The subjects drawn by the purposive sampling approach included the following: (1) a total of 30 elderly persons with

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all health conditions (i.e. independent, chronic, severe, bedridden after the hospital discharge); or their caregivers, (2) a total of 6 healthcare providers, including nurses, physicians, physiotherapists, and other relevant medical personnel, (3) a total of 8 executive administrators and officials under the local administration organizations. There were a total of 54 study subjects.

The study protocol was reviewed and approved by the ethical review committee of Khonkaen University (HE602278). Prior to study, to protect the rights of the subject, we provided them with information of the study objectives, will of data provision, confidentiality of the data. We obtained written informed consent from the participants themselves and those with bedridden condition, communication disorder; instead, we interviewed their caregivers with written consent.

The study was conducted from December 2017 to December 2018. The current results were based on the first phrase, which emphasized the current situations of the elderly persons and fundamental characteristics of health services. Meanwhile, the second and third phases focus on the analysis of factors influencing health service management and the introduction of suggestions and determinants so as to be a guideline of health service development for the elderly persons. In this study, data were collected using three approaches: 1) observation of community's activities, 2) in-depth interview, and 3) group discussion.

The authors collected and manipulated the data. Afterward, we determined the meaning, analyzed compositions, and discovered the link of the data so as to understand the phenomena. Data analysis and data collection were concurrently carried out through content analysis, typological analysis, and time analysis (Fetterman, 1998).

To achieve the rigor and trustworthiness of the study, we took account of four principles: (1) credibility, including prolonged involvement, persistent observation, triangulation, peer debriefing and member checking; (2) transferability, including audit trail; (3) dependability; and (4) confirmability in which the analyzed results were reiterated by the key informants, heath service unit executives, and officials of the local administration organization.**(** Guba, 1994)

IV. Result

According to the analysis of the rigor following the qualitative study, it revealed 15 life scenarios of the elderly persons requiring health services, which could categorized into three features: 1) lifestyle of elderly persons requiring in-home healthcare services, 2) lifestyle of elderly persons requiring assistance, and 3) lifestyle of elderly persons requiring the access to healthcare services Category1: Elderly persons requiring in-home healthcare services comprising six life scenarios

Life scenario1: Elderly persons with some self-care management but confined to their home. This illustrates the elderly persons (1) who have difficulty remembering and suffer from dementia; (2) who are volatile, resentful, furious, temper- losing, and abrupt change of behavior; (3) who have difficulty in movement, partially independent, downward mobility with mobility aids; (4) who develop at least a chronic illness and requiring follow-up treatment; and (5) who become aged, able to self-manage own help at home, intermittent illness, living alone. According to a volunteer:

"There is an old lady aged 91 years old. She has a son, but he is living abroad. Her niece has taken care of her and the volunteers have helped her by buying her some food and provided medical aids such as wound treatment and applying antipruritic." (CV_052 a volunteer*)*

Life scenario2: The elderly persons with serious illness, bedridden, wound and fixed with one of medical instruments. This illustrates the elderly persons (1) who have long-term illness and bedridden; (2) who are fixed with one of medical instruments or devices such as urinary catheter, nasogastric tube, oxygen tube, traction; and (3) who have large bedsore, various positions of chronic wounds, and receiving daily wound cleaning. According to the field note:

"An elderly lady lies on an adjustable bed and is fixed with a nasogastric tube, oxygen tube, urinary catheter, large wounds, daily wound cleaning. She experienced lung infection and Alzheimer's disease." *(field note OP_182)*

Life scenario3: Elderly persons with disable, bedridden and helpless conditions. This illustrates the elderly persons (1) who are disabled, bedridden and of helpless conditions; (2) who have no an underlying nor chronic diseases; and (3) who require in-home rehabilitation and continual care. According to a home visit of a nurse of Tambol health promotion center:

"*There was a 67- year- old lady who had a car accident occurring 16 years ago. Her neck bone become fractured and paralyzed from the chest to lower part. Currently, She is bedridden and given a urinary catheter. She becomes helpless and requires assistance such as daily chore, food provision, caregiver employment; meanwhile, her son is working*." *(OP_112)*

Life scenarios4: Developing illness, frequent changes of symptoms, diverse diseases and uncontrolled situations. This illustrates the elderly persons (1) who have Alzheimer's disease, difficulty in communication, and helpless condition and required full-time care; (2) who have Parkinson's, able to help themselves occasionally; and (3) who suffer from kidney failure, intermittent symptoms such as swelling, fatigue, powerlessness and unconsciousness. According to a visit of a volunteer accompanied by the author:

"*My daughter told me that two years ago I was usually irritable, furious. To illustrate, sometimes when my daughter went out of home and came back, I was always critical of her. However, I became quiet on occasions. I was emotionally volatile. Later, I consulted my siblings about my behavior. They took me to the hospital and I was diagnosed as having Alzheimer's. I have been administered drugs for one year. I have to be placed under 24-hour surveillance. I experience intermittent symptoms. Two months ago, my heart suddenly arrested and I was admitted to the ICU for a week.*" (OP_012)

Life scenario 5: Suffering from illness and after treatment, requiring follow-up treatment. This illustrates the elderly persons (1) who are diagnosed with cancer, undergone operation, chemotherapy, continued follow-up, invasion; and (2) diagnosed with tuberculosis, requiring treatment, medication and outcome. According to a 68-year old lady:

"*I detected a lump on my armpit. Going to the hospital, I was informed of having breast cancer. I received chemotherapy for 8 times and radiotherapy for 16 times. Now the cancer is not detected. According to the doctor, I will be on medication for five years and I have to go to the hospital to get drugs every three months. I have the appointment for heart wave examination and lung x-ray every year." (OP-122, aged 68 years)*

Life scenario6: terminal phrase of life. This illustrates the elderly persons (1) who are diagnosed the terminal phrase of life, administered drugs and given palliative care at home; and (2) who are relatively old, fatigue, not willing to go to the hospital, rejecting all types of treatment and willing to die at home. According to an official of Tambol health promotion center who dressed wound and did a home visit:

"*There was an old patient with bladder cancer in the advanced stage. She is now bedridden, with bed sore which is to be cleaned every other day. Her children keep watching any change on her such as drowsiness, becoming quiet. Last three months she has been given a higher dose of morphine. During the night she painfully groans all the time*." (OP_061)

Categories2: Context of elderly persons requiring assistance, comprising 5 life scenarios

Life scenario7: Experiencing road accidents. This illustrates the elderly persons (1) who have no injury; (2) who have bruises, muscle pain, joints; (3) who have severe injury, bone fracture, internal injury; and (4) who have critical injury and resurrection required. According to an elderly lady,

"I took the car with my family. Stopped by the traffic light, I heard a loud crash and I was suddenly unconscious. When I was pulled out of the car, my body became numb. Once I was taken to the hospital, an orthopedist told me that my back bone was broken. I have undergone operations. I think I would not survive." (OP_112)

Life scenario8: experiencing accidents both inside and outside home, elderly persons require assistance from families, neighbors, communities, depending on the level of critical conditions, severity of incidences such as fall, fall from ladders, hit by dogs. This illustrates the elderly persons (1) who are not serious - treatment not required; (2) who have serious injury, scratches, muscle pain, and knee pain – the injured either bought own drugs or went to a clinic, had medical check and recovered; and (3) who have serious injury, leg fracture, back bone displacement –the injured underwent reinforced surgical steel bar, traction –certain cases result in bedridden conditions. According to an elder person:

"Ten years ago I underwent an operation on total knee replacement. After the operation, I practice walking. Whenever I suffer from pain, I go to a clinic. Four months ago, I fell at my home as the floor was pretty slippery after rain. I was taken to the hospital; I was fixed with some kits, including a lumbar support, which I always ware wherever I go." (OP_082, 69 years of age)

Life scenario9: Sudden illness, which is a situation in which an event suddenly occurs; there may be preceding symptoms**.** This illustrates the elderly persons (1) who have sudden illness, with or without awareness of its cause (e.g., spasm, unconsciousness, high fever, headache); (2) who have sudden illness caused by a chronic disease (e.g., join pain, swelling, fatigue, sleeplessness, cold body, unconsciousness, confusion, spasm); and (3) who are bedridden patients with emergency illness (e.g., food stuck in throat, chocking, urinary retention, abdominal distention, difficult breathing). According to an elderly person:

"*I had difficulty breathing and became faint. I was conscious again when I was at the hospital. I was found hypertension. So far I have been treated and given medication every three months*." *(OP_032, 72 years of age)*

Life scenario10: Psychiatric and depressive patient. This illustrates the elderly persons (1) who experience a chronic disease coupled with depression or psychiatric treatments; and (2) who have high- risk behavior (e.g., alcohol drinking, smoking) and develop psychiatric symptoms. According to an elderly person:

"*I drank so much that I was unaware of leaving my home. Finally, my children brought me to the psychiatric hospital. When at the hospital, sometimes I unconsciously walked out of the hospital. Even I was taking bath, eating or doing anything; I didn't realize it. I was hospitalized for one month and a half*." (OP_071, 68 years of age)

Life scenario11: recurrent illness and rehabilitation. This illustrates the elderly persons (1) who become paralyzed and require rehabilitation from either home or the service center; (2) who, after critical illness, suffer from weakness and required orthopedic and muscle exercises; and (3) who suffer from pain in the joints, waist, as well as muscle and receive physiotherapy when severely hurt. According to an elder person:

"*My daughter told me that there was an old lady original from an ethic group. Her left arm and leg became weak, having difficulty in communication. She was taken for a treatment at an private hospital. She was advised to do physiotherapy. She was taken to the rehabilitation center at the community as she could not afford to pay at the private hospital and here there was a regular physiotherapist. She had been there for five times and she seemed to get better*." *(OP_292, 84 years of age)*

Categories3: Context of elderly persons requiring to use health services, comprising four life scenarios

Life scenario 12: Suffering from some diseases and illnesses, requiring follow-ups, treatments and cure. This illustrates the elderly persons (1) who suffer from some of the mild chronic diseases likely to be controlled (e.g., diabetes, hypertension, gout, arthrosis, heart disease, high cholesterol); (2) who suffer from chronic illnesses and complications (e.g., kidney failure, pulmonary edema, macular degeneration); (3) who suffer from other illnesses bur recover or relieve after the treatment (e.g., contagious diseases, pulmonary infections, digestive diseases); and (4) who are diagnosed, undergone an operation (e.g., uterine fibroids, breast tumor, stone diseases) and discharged but require occasional follow-ups.

According to an elderly person:

"*I have asthma and epilepsy. I have been treated for many years. Now I am 83 years old. A couple years ago, I had hypertension, so I have to take medicines every day and have*

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had a lot of medical appointments." *(OP_262, 72 years of age)*

Life scenario 13: Self-care based on current conditions and necessities. This illustrates the elderly persons (1) who suffer from minor illnesses (e.g., fever, joint pain, body ache), buy own drugs, go to the hospital or a clinic by themselves, and eventually recover; (2) who suffer from deterioration with age (e.g., delayed movement, poor vision, impaired hearing, joint pain, muscle ache), are required to undergo screening test as well as annual health check; (3) who have health-risk behavior (e.g., regular drinking and/or smoking); and (4) who enjoy their health, can self-manage, require annual health check, self-food management and get exercise based on their own interest. According to an elderly person:

"*I remembered that I was dizzy and vomited. My children took me to see a doctor. I had my health and blood checked. The doctor told me that nothing was wrong. However, I felt painful over my body. After I was given an injection, I began to recover*." *(OP_092, 84 years of age)*

Life scenario14: Disable, self-help, independent. This illustrates the elderly persons who have a lame leg and use some medical equipment (e.g., crutches and wheelchairs), can manage to help themselves (e.g., cooking preparation, cooking, medical arrangement, do daily life activities), and who require help when going out of home (e.g., going to a market, shopping, bank interaction, visiting cousins). According to a volunteer:

"*There is a case I am taking care of. His right leg was lamed. He just needs someone who can transport him. He can take care of himself, but when he is out of home in order to visit his cousins, go to a market, no one takes him*." (CV_022, a volunteer aged 58 years)

Life scenario15: Requiring to participate in social activities and assist others. This illustrates the elder persons (1) who can commute and participate in community activities; and (2) who can participate in the provided trainings and develop skills to be a volunteer to help other. According to an elderly person:

"*I am a retired government official. I was a soldier. I have hypertension. I am given the treatment at the Tambol health promotion center. I have been voted to be the chairman of the senior group and the principal of the senior school for two years. I have participated in the activities almost every week. I try to invite other senior persons to attend the activities. Some don't come, but for me, if I did not come, I would feel like missing something. When participating in the activities, I take these opportunities to chat with friends and exchange our health conditions; particularly, we don't feel lonely.*" *(OP_301, 70 years of age)*

V. Discussion

The objectives of this critical ethnographic research were to explore lifestyle of elderly persons in need of healthcare services. The study was conducted in a social and cultural context of a Tambol located in the northern region, Thailand. It was anticipated to be a scenario which can illustrate the needs of healthcare services, the coverage of the use and access to the health services and the application of social resources and potential of all relevant parties in a community as the basis of current design and support for the healthcare system.

The findings suggest a variety of lifestyles of the elder persons who require health services in three respects. 1) The lifestyle requiring in-home health services illustrates the elderly persons (1) who could somehow help themselves and mostly stay at home. Most of the elderly in this group are under care and follow-up of the volunteers. They are encouraged to undergo the screening, interact with other group members and participate in the activities available(Gaedner, 2011); (2) who suffer from catastrophic illnesses and being bedridden; (3) who suffer from wound and fixed with a medical devices (4) who are disable, bedridden, unable to help themselves; and (5) who are in the end of life stage. These scenarios are relevant to the aims of the long-term care system designed by the National Health Security Office, 2015(National Health Security Office, 2016). To provide care for the respect group probably impose substantial burden on families [Muramatsu et al, 2010; Gadudom et al, 2018); therefore, the agencies concerned (e.g., medical care team, trained caregivers, local administration organizations) may could provide comprehensive care (Sudsomboon, 2016; Golden et al, 2010) and (6) who are required to be treated, given follow-up and continuing care, and referral. The source of information of this group derives from healthcare units. This group is also a target population to follow up of public health services.(Emergency Medical Law Group National Institute of Emergency Medicine, 2018) and complexed needs of home health services among older peoples, the health providers and health service system need to develop the home health services beyond bedridden and critically ill patients or medical services. A non-severity ailing elder who is whether unable or never access to the health service lead to an increasing need for home health service among this population. 2) Lifestyle requiring assistance illustrates the elderly persons (7) who experience road accidents, (8) who experience home accidents and/or outside; (9) who encounter sudden illnesses and use 24- hour immediate services, which depends on emergency service system management in the area. As for severe case, they can access to all levels of units, based on 72-emergency service stipulated by the public health system (Klaprasert, 2018; Charoensak et al, 2018); (10) who are diagnosed psychiatric and/or depressive. Their information, including given therapy, treatment, prescription, follow-up (Pongprapai, 2015), as well as rehabilitation, is available at the public health system. They may develop intermittent symptoms and be rehabilitated by any of the volunteers or referred if necessary; and (11) who suffer from long-term or intermittent illnesses and require regular rehabilitation (e.g., osteoarthritis, stroke). They require assistance so as to make use or access a long-term rehabilitation (Pongprapai, 2015). The finding reflected the needs of support among elder and family beyond the elder's health issue. However, health providers need to provide them with an accessible health service regarding the significant individual need to reduce the severity of the disease, decreasing the risk of disabling or disability resulting from

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their health issue. 3) Lifestyle requiring to use health services illustrates the elderly persons (12) who suffer from diseases and/or illnesses which require follow-up, therapy and treatment; (13) who can provide own care on the basis of ongoing disease development and their necessities; and (14) who are willing to participate in social activities and assist other members. The individual in this group remain their ability to travel, earn their living and take of other senior members; however, they remain dependent on health services when necessary. They can access all levels and channels of public services, private hospitals (Gaedner, 2011); and (15) who are disable but reliable on themselves at home, but they require help for transportation, maintenance of dwelling, security, and environment adjustment friendly with the elderly persons (Zimmerman et al, 2014; Singelenberg et al, 2014; Engel et al, 2016) and are supported with prosthesis and orthosis as necessary. The elder's lifestyle, which needs to access the health service reflected that the health service system needs to provide them with full covered services. The health service unit is unable to fulfil all need. Thus, it is crucial to involve the community group, private sector or other sectors with the provision of health service for older people, including planning and implementation of such health service. The findings from this study may be applied to nursing practices. To achieve this, it is necessary to form medical care teams through the combination and integration of a multidisciplinary team, social networks so as to provide comprehensive and systematic healthcare services. In addition, as for workforce management, the proportion of nurses should respond to the challenges and requirements. Particularly, the design of healthcare services for the elderly persons should comply with the three respects of requirements. Analysis of related problems and requirements of the elderly persons should be performed with comprehensive, in-depth and valid basis and correspond to dynamic changes. Furthermore, there should be evaluation systems, case management by individual, group and organizational levels, potential development of senior groups, caregivers, volunteers, nurse, and medical teams and guideline on community care.

The major limitation of this study is a language barrier. Most of the subjects in the study site spoke their dialect. However, with the help of the local gatekeeper, the author could conduct in-depth interview. In addition, as some patients were the onset of volatile temper, their family, caregivers or volunteers remained uncertain whether to take them for any treatments, the authors instead interviewed their caregivers. Furthermore, the study was conducted in the urban community; nevertheless, most of the subjects resided in government residences particularly in the military bases; thus, the data might not generalize the population of this group.

VI. Conclusion

Thailand is approaching the aging society. To deal with complicated challenges and needs, the collaboration from the relevant agencies is required. Despite the attempts of the government sector to create the activities affecting the elderly persons in almost all dimensions, there have remained lacks of coverage. The findings suggest three aspects of requirements of the elderly persons: in-home healthcare service requirement, assistance requirement and the use of health service. This is illustrated through 15 lifestyle scenarios of the elderly persons 1) who could somehow help themselves and mostly stay at home, 2) suffer from catastrophic illnesses and being bedridden, 3) who suffer from wound and fixed with a medical devices, 4) who are disable, bedridden, unable to help themselves, 5) who are in the end of life stage, 6) who are required to be treated, given follow-up and continuing care, and referral, 7) who experience road accidents, 8) who experience home accidents and/or outside, 9) who encounter sudden illnesses and use 24- hour emergency services, 10) who are diagnosed psychiatric and/or depressive, 11) who suffer from long-term or intermittent illnesses and require regular rehabilitation, 12) who suffer from diseases and/or illnesses, 13) who provide own care on the basis of ongoing disease development and their necessities, 14) who are willing to participate in social activities and assist other members, and 15) who are disable but reliable on themselves at home, but they require some help.

The suggestions from this study, so as to provide healthcare services reflecting the lifestyle of the elderly persons, are to develop and form a medical team from diverse groups including professional groups, social groups, community groups in order to cover the requirements in the three respects. In addition, nurses should adopt potential in managing the systems and medical care teams through the use of service analysis and participation of social networks and community.

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