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The study of the happiness of bedridden elderly in Samut Songkhram District, Samut Songkhram Province

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Abstract

The research was mixed-method research employed both quantitative and qualitative techniques to prove the levels of happiness of the bedridden elderly based on family and society. The target group in this research was 70 bedridden elderlies live in Samut Songkhram District. Data analysis was done by t-test, and the results of this research were: 1) contrast to sex, religious, status and educational level at the significance level .05. 3) Levels of happiness of bedridden elderly base on family and society: (3.1) Base on the role of responsibility in the family, levels of happiness of bedridden elderly were varied from caregiving allocation and handling techniques for the abnormal condition in the elderly. Caregiving allocation and handling techniques were significantly different that affected to varying levels of happiness of bedridden elderly at significance level .05. Conversely, levels of happiness of bedridden elderly were not significantly different for the amount of caregiver and activity for the elderly at significance level .05. (3.2) Base on a relationship in family, the results suggested that the family members who expressed love and care, and family members participated in the family conditions had an effect on levels of happiness of bedridden elderly at significance level .05. In contrast, family members and bedridden elderly satisfied each other did not have an impact on levels of happiness of bedridden elderly at

significance level .05. (3.3) Base on social support, welfare and other supports were significantly different that affected to different levels of happiness of bedridden elderly at significance level .05. In contrast to satisfaction on the social support, that the levels of happiness of bedridden elderly were not a significant difference at significance level .05.

Keywords: Bedridden elderly, Level of happiness, Health promotion

INTRODUCTION

Global society is ageing, and the population are ageing globally. Europe has the maximum ratio of ageing population (24.7%), followed by North America (21.7%), and Africa (5.5%), respectively. Now, Europe and North America have been the “aged society”. Due to Thailand’s position, in 2017, The Thai population with 60 years old or above is around 11 million people of the total population at 65.5 million, which is accounted for 17%. The number of ageing population in Thailand has been proliferating. It is estimated that Thailand will become an “aged society” completely by four years ahead when the ratio of 60 years old population is reached to 20 per cent of all aged population in Thailand. The rapid number of aged populations in Thailand has been growing because the “Million birth cohort” born in 1963-1983 have been moving to be elders. Hence, by 20 years ahead, the aged population will be 20 million. Besides, aged population (80 years old) will be reached to 1.5 million people by 20 years ahead [1]. The longer life of the people in the country can explain the economic growth and progress of public health because the older adults are not the labour group, some of the elderly need the dependency on the physical cares that will affect the higher cost of government expenditure. The elderly cannot work according to physical degeneration and diseases such as stroke, disability from the accident. These problems are the main points that influence their extended family. Nowadays, society has been changed from the extended family to single-family, which parents have intentionally given birth lower than the past. Besides, many women would like to work outside the home so that the older people in the family will get less dependent their children [2]. Moreover, the disabled elderly people cannot take care of themselves in daily life (one of all five activities a day) who more need the care equipment. In this number, they can access the healthcare service system only 7 per cent of all, the healthcare officers can visit the elderly people in the society only a month, accounted for 38.7 per cent, and healthcare service can be provided for the disable elderly people only 33.3 per cent [3]. Elderly people ratio in 2017 were 37,218 elders or 22.9 per cent of all population in Samut Songkhram. (Number of population was 162,502 population referred by HDC Dashboard on 31 October 2016). The number of elderly people who have been surveyed in Activities of Daily Living (ADL) was 27,973 elders in 2017, accounted for 82.4 per cent. This number should

have achieved the goal at 90 per cent. Dashboard informed that healthy ageing was 26,171 elders or 93.56 per cent, which was higher than in 2016. Elderly can take care of themselves at ADL 511, or elderly at home was 1,411 elders or 5.04 per cent, and elderly people at ADL 0-4, or bedridden elderly was 391 elders or 1.4 per cent of all. Thus, the number of dependent elderly people reached to 6.44 per cent (N=33,954: HDC Dashboard on 22 June 2017). The number of elderly people in Samut Songkhram was 20,170 elders [4]. The number of elderly people who can stay alone reached 6.7 per cent [5]. Due to the dashboard, the researcher would like to study the happiness of bedridden elderly in Mueng Samut Songkhram, Samut Songkhram Province by referring the Department of Mental Health's happiness assessment in order to survey how high the levels of happiness of the bedridden elderly people have and what are the factors that influence the levels of happiness of bedridden elderly people. The outcome of this study can contribute to the holistic care direction of bedridden elderly people that will be beneficial for oneself, family and the society and good for the quality of life and life sustainability of the people in eventually.

OBJECTIVES

2.1 To study the happiness of bedridden elderly.

2.2 To compare the levels of happiness of bedridden elderly base on demographic characteristics, family and society.

SCOPE OF RESEARCH

3.1 Content scope: The study focused on the conceptual and theoretical frameworks related to the elderly and bedridden elderly. The concept was the theory of happiness.

3.2 Target group: Target group was 70 volunteers, including female and male with excellent communication, who was 60 years-old bedridden elderly lived in Samut Songkhram District, Samut Songkhram Province of Thailand.

LITERATURE REVIEW

The age determination of the elderly does not have universal criteria or agreements. There are differences in each country. In the developed country, the age criteria will be at 65 years old. The definition of the elderly people, as defined by the calendar year, can be changed according to the related projects' objective [6]. Some scholars both in domestics and international countries are in the aged society, and they proposed to change the definition of the elderly people, for instances of Japan, the

scholars changed from 65 years old to 75 years old [7] [8] [9]. According to Thailand, there are some scholars would like to change the definition of elderly people to 65 years old. This proposal is from the indepth interview and group discussion. Also, the empirical academic evidences in Demography show that the remaining longevity of people aged 65 years is currently equal to those aged 60 years that is more than fifty years ago. The determination by age alone will enable workforce management. However, the positive image should be used for attitude changing towards the elderly, which should not use to define the definition because it cannot be defined as the same standard [10]. The classification of elderly people in this study classifies by self-help that can be divided into 3 groups as follow. 1) bedridden group is the group of patients who cannot self-help such as patients with metastasized cancer, with stroke, and patients in bed who may risk for bedsore, pneumonia and etc. 2) home addict group is the patients who can some self-help in their daily life, this group needs some of caregivers to help them a bit during movement. This group of patients will also focus on the knowledge to prevent various conditions that make patients worse such as health promotion, exercise, feeding, and 3) social addict group is the patients with diabetes, hypertension, paralysis but they can self-help actually. These people in the group will also focus on protecting and promoting their health such as medicine taking, and exercise. This group is the leading group that can help bedridden and home addict groups [11]. The elderly people have the ways to create happiness for themselves that starts with themselves first. They must adapt to various changes greatly upon entering the elderly stage, to regularly check their physical and mental health, to enjoy the activities in their daily life and to seek happiness from all around [12]. The surrounding people are also crucial for the levels of happiness of the elderly people such as family, the response on biological and mental needs, and the family member training to be quality members of the society, earning income, and descendant of family [13]. The happiness of people is from the proper physical and mental health, having good relationships with family, friends, job satisfaction and living conditions, good perception from surrounding people and acceptance from society [14]. Family developmental tasks at the aged stage will support the people to have happiness, accounted for 57.60 per cent [15]. The social support is vital to reduce stress in everyday life of individuals, which can promote health and be suitable for health development. Besides, it can encourage people to have better mental health [16]. Health assessment in this study is using the Thai Happiness Indicator (THI-15) according to the Department of Mental Health at the Ministry of Public Health. The study will test the content validity, construct validity, concurrent validity by referring to Spearman's correlation coefficient at 0.49, and the reliability according to Cronbach's alpha coefficient at 0.70 [17].

METHODOLOGY

This research was approved by Suan Sunandha Rajabhat University Ethics Committee (Panel 1) (Ref. COA. 2-063/2018), which was mixedmethod research combined the methods of quantitative and qualitative research. Data collection was using the three series of designed surveys;

Series 1 surveyed of Demographic characteristics such as sex, age, religious, status, educational level, and disease. The survey consisted of six checklists.

Series 2 interviewed on factors of family and society. The questionnaires were three parts divided into nine marks as follow: Interview on the role of responsibility in the family with three questions, interview on a relationship in the family with three questions, and interview on the social support with three questions.

Series 3 was 15 questions of Thai Happiness Indicator (THI-15) proved by professionals and confirmed the correlation coefficient and reliability, next tested on the target group.

RESULTS

The results of this research were revealed in the tables.

Table 1. Levels of happiness of bedridden elderly (n=70)

Happiness (Point)	Amount (Percentage)	Interpreter (Levels of happiness)
Below 26	62 (88.6)	Less than ordinary people (poor)
27-32	5 (7.1)	Standard (fair)
33-45	3 (4.3)	Higher than ordinary people (good)
Total	70 (100.0)	

Table 1 showed the levels of happiness of bedridden elderly. From 70 respondents, there were 62 respondents that the happiness points were lower than 26 points. These amounts were accounted for 88.6%, which meant that the level of happiness of the bedridden elderly was poor and less than ordinary people. Followed that, five respondents had the happiness point at 27-32 points, which were accounted for 7.1% of all. The level of happiness of this bedridden elderly was standard. Besides, three respondents had the happiness point at 33-45 points, which were accounted for 4.3% of all. Hence, the results meant that the level of happiness of the bedridden elderly in this group was higher than ordinary people who were in the good level.

Table 2. Comparison of levels of happiness of bedridden elderly and demographic characteristics (n=70)

Demographic characteristic	F	Sig.	t	df
Sex	.111	.741	1.373	33
			1.124	2.241
Age	17.285	.000*	-1.134	33
			-3.754	31.000
Religious	.044	.836	-.166	33
			-.156	2.335
Educational level	.706	.407	.530	33
			.564	2.456
				33
Disease	11.949	.002*	1.052	
			3.483	31.000

*P<.05

Table 2 showed the comparison of levels of happiness of bedridden elderly and demographic characteristics. From 70 respondents, the results found that basis on demographic characteristics; the levels of happiness of bedridden elderly were varied from age and congenital disease in contrast to sex, religious, status and educational level at the significance level .05.

Table 3. Comparison of levels of happiness of bedridden elderly and roles of responsibility in the family (n=70)

Roles of responsibility in the family	F	Sig.	t	df
1. Care for Elderly				
1.1Amount of caregiver	1.043	.315	-.113 - .373	33 31.000
1.2 Caregiver	.026	.873	-1.692 -1.369	33 2.234
1.3 Caregiving allocation	15.550	.000*	1.650 5.463 - .186	33 31.000
2. Activity for elderly		.741	-.152	33
3. Handling techniques for the abnormal condition in elderly		.019*	.890 2.946	2.241 33 31.000

*P<.05

Table 3 showed the comparison of levels of happiness of bedridden elderly and roles of responsibility in the family. The results revealed that base on the part of responsibility in the family, levels of happiness of bedridden

elderly were varied from caregiving allocation and handling techniques for the abnormal condition in the elderly. Caregiving allocation and handling techniques were significantly different that affected to varying levels of happiness of bedridden elderly at significance level .05. Conversely, levels of happiness of bedridden elderly were not significantly different for the amount of caregiver and activity for the elderly at significance level .05.

Table 4. Comparison of levels of happiness of bedridden elderly and relationship in family (n=70)

Relationship in family	F	Sig.	t	df
1. Family members expressed love and care	5.775	.022*	2.004	33
			6.635	31.000
2. Family members participated in the family conditions	2.207	.147	2.697	33
			1.781	2.143
3. Bedridden elderly satisfied each other	.036	.851	-.449 - .421	33
				2.334

*P<.05

Table 4 showed the comparison of levels of happiness of bedridden elderly and relationship in the family. Base on a relationship in family, the results suggested that family members who expressed love and care, and family members participated in the family conditions had an effect on levels of happiness of bedridden elderly at significance level .05. In contrast, family members and bedridden elderly satisfied each other did not have an impact on levels of happiness of bedridden elderly at significance level .05.

Table 5. Comparison of levels of happiness of bedridden elderly and social support (n=70)

Social support	F	Sig.	t	df
1.Welfare	14.413	.001*	-2.247	33
			-.902	2.035
2.Satisfaction on social support	2.414	.130	.676	33
			2.239	31.000
3.Needed other supports	241.371	.000*	19.420	33
			5.000	2.000

*P<.05

Table 5 showed the comparison of levels of happiness bedridden elderly and social support. The results investigated that welfare and other supports were significantly different that affected to different levels of

happiness of bedridden elderly at significance level .05 base on social support. In contrast to satisfaction on the social support, that the levels of happiness of bedridden elderly were not a significant difference at significance level .05.

DISCUSSION

7.1 Levels of happiness of bedridden elderly were poor and lower than ordinary people that were accounted for 88.6%. These results were consistent with Ladda Damrikanlerd who explored that disabled elderly cannot do 1 of 5 activities of their daily routine, and they should be received the prosthesis. Besides, the elderly can access to the service only 7% and care visit a month, amounted for 38.7%, as well as received care service in the local community 33.3% so that the levels of happiness of bedridden elderly had the lower levels of happiness than the ordinary people.

7.2 The comparison of levels of happiness of bedridden elderly based on demographic characteristics revealed that the levels of happiness of bedridden elderlies were different from age and disease at the significance level .05. In these regards, the levels of happiness of bedridden elderlies were not different when compared with sex, religious, status and educational level according to the significance level .05. The results were consistent with Wichai Chokwiwat who reviewed that some non-working elderlies needed the dependency and healthcare service according to their physical problems such as stroke, paralysis, as well as alone elderlies, other accidents. Thus, the cost of healthcare services paid by the government was higher. To summary, the elder, the lower levels of happiness. The discussion about the factors of family and society was concluded as follow.

7.3 Comparison between levels of happiness and role of responsibility found that the differences of caregiving allocation, and handling techniques for the abnormal condition in elderly affected to the different levels of happiness of bedridden elderly at significance level .05. Conversely, the differences in the amount of caregiver and activity for the elderly did not affect the levels of happiness of bedridden elderly at significance level .05. The results were consistent with Ruja Phuphiboon who reviewed that family members must respond to the biological needs (requirement for personal daily use), and psychological needs (care, making a living) so that the caregiving allocation and handling techniques for the abnormal condition in elderly influenced the levels of happiness.

7.3.1 Comparison between levels of happiness and a relationship in family concluded that the differences of the family members who expressed their love and care to the elderly and participated in the family conditions

affected to the different levels of happiness of bedridden elderly at the significance level .05. On the other hands, the differences of family members with good communication, and with satisfaction did not affect the levels of happiness of bedridden elderly at the significance level .05. The summaries were followed in Wittayakorn Chiangkun who suggested that the human happiness comes from good physical and psychological health such as the good relationship in the family and friends, and happy working and life.

7.3.2 Comparison between levels of happiness and social support concluded that the differences in welfare and other supports affected to the different levels of happiness of bedridden elderly at significance level .05. On the contrary, the difference of satisfaction on social support did not affect to the levels of happiness of bedridden elderly. The summary was involved in Jintana Luengsirithien that suggested on the relationship of social support and stress; social support can relieve the stress in the daily life; the good environment can support the human development; good scenario can help the better human behavior; people can change their behavior to reduce their stress. Also, Ruja Phuphiboon, argued that family members should respond to their family's biological needs and psychological response. Besides, Jinnapa Chimjinda suggested on the family development task in the old age that the ability for taking care oneself and social support can predict the happiness of elderly in the local community, accounted for 57.60%.

SUGGESTION

8.1 Related organizations in the Division of bedridden elderly care in Samut Songkhram Province can refer to the result of this research to promote the elderly's health as follow.

8.1.1 Should provide information about bedridden elderly, diseases, and self-treatment to the elderly to take care of their health, reduce any complications.

8.1.2 Should share information about handling techniques in any irregular condition to the bedridden elderly, and how to build up the good relationship in the family such as how to express care and love, how to participate and join activity among family members, and how to seek for what the family members need. 8.1.3 Related organization about welfare should provide welfare and other supports to bedridden elderly, properly.

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