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The Relationship Between Social Support in Health Care and Quality of Life for the Elderly (A Case Study of Mueang District, Nakhon Ratchasima Province)

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ABSTRACT: This study aimed to: 1. investigate social support for self-care among the elderly (case study of Mueang District, Nakhon Ratchasima Province); 2. examine the quality of life of the elderly; and 3. investigate the relationship between social support for health care and the quality of life of the elderly. The sample consisted of 280 elderly individuals randomly selected from Mueang District, Nakhon Ratchasima Province, aged 60 years and above, who received elderly allowances and had an ADL (Awareness of Daily Living) score of 12 or higher. Data were collected through interviews and analyzed using percentages, means, standard deviations, and Pearson correlation.

The study results showed that the majority of elderly participants were female (61.00%), with an average age of 71.36 ± 8.04 years. 39.0% had 3-4 family members, and 99.0% were relatives. 76.0% had an ADL score of 17-19, and 48.0% had underlying medical conditions, 83.0% of which were hypertension. Overall social support for the elderly averaged 69.0%, with government agencies providing the most support, followed by relatives, community health volunteers (CHVs), friends, and temples, in that order. Overall quality of life averaged 77.0%, with social quality of life being the highest, followed by the environment, physical health, and mental health, in that order. Social support and quality of life showed a positive correlation ($r = 0.48$, $p < 0.01$). Overall, support from relatives, friends, temples, CHVs, and government agencies was positively correlated with overall quality of life. Therefore, it is recommended to promote increased social support from peers for the elderly.

KEYWORDS: Elderly people, Quality of life.

I. INTRODUCTION

Thailand has seen a continuous increase in the number and proportion of elderly people. From the 2017 survey to the present, the elderly rate has risen to 10.7%, while the aging index has also increased (National Statistical Office, 2017). The increase in the elderly population and longer life expectancy has led to a change in the country's demographic structure: a higher proportion of elderly people, while the proportion and number of the working-age population are declining. This may impact the overall economy, affecting savings and investment, and increasing the risk of elderly people being abandoned and left alone. A significant portion of the working-age population may migrate for work, potentially leaving fewer opportunities for children to care for their elderly relatives. Therefore, elderly people must take greater responsibility for themselves to maintain a high quality of life.

Old age is a time of significant mental and social changes. Physical changes, resulting from aging and decreased functional abilities, lead to various problems, such as changes in the musculoskeletal system and sensory systems. For example, decreased vision and hearing lead to impaired communication, and reduced sense of smell and taste. Mental changes, such as depression and social isolation, can also result from physical changes. Social changes in the elderly occur within both the family and society. Within the family, the role of the elderly may diminish; for instance, they may shift from being the head of the household to becoming dependent on their children and grandchildren. This can have a negative impact on their mental health. The interconnectedness of these physical, mental, and social changes in the elderly creates a vicious cycle that ultimately leads to a decreased quality of life (Phurichaya Thepsiri, 2014).

As people age, their physical and mental health naturally declines, requiring more care and social support. Therefore, the approach to caring for the elderly focuses on helping them maintain a good quality of life, happiness, and satisfaction. This includes enabling them to live appropriately within society, being self-reliant to their abilities, not being a burden to others, and preserving their self-worth – all of which means promoting a high quality of life for the elderly.

Based on the above, the researcher is interested in studying the impact of social support on the quality of life of the elderly (case study of Mueang District, Nakhon Ratchasima Province). The researcher anticipates that this study will be beneficial to personnel involved in improving the quality of life of the elderly, by providing baseline data for promoting social support to help the elderly achieve a good quality of life, live appropriately in society, be self-reliant to their abilities, and not be a burden to others. This will help achieve the goal of improving the quality of life of the elderly.

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II. OBJECTIVES OF THE STUDY

1. To study social support for self-care among the elderly (case study of Mueang District, Nakhon Ratchasima Province).
2. To study the quality of life of the elderly in Mueang District, Nakhon Ratchasima Province.
3. To study the relationship between social support for healthcare and the quality of life of the elderly in Mueang District, Nakhon Ratchasima Province.

III. RESEARCH CONCEPTUAL FRAMEWORK

"The relationship between social support in health care and quality of life for the elderly a case study of Meung district, Nakhon Ratchasima province"

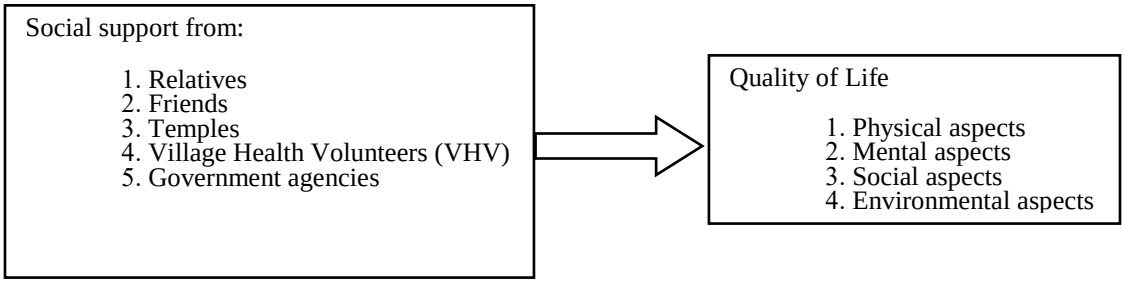

Figure 1: Research conceptual framework

IV. CONCEPTS AND THEORIES

Conditions and problems related to quality of life in the elderly.

1. The Situation of the Elderly in Thailand (Thai Elderly Research and Development Institute Foundation, 2024). In 2024, Thailand had a total population of approximately 68 million people, comprising 65 million Thai nationals and 65 million non-Thai nationals registered in the population registry. By 2025, the elderly population aged 60 and above will number as many as 10 million, or 15% of the total population. The aging population is a challenge to the country's economic and social development. In 2023, Thailand became an "aging society." Thailand is poised to become a "fully aging society" when the population aged 60 and above reaches 20% in 2021, or in just 7 years.

2. Problems of the Elderly: As humans age, their bodies undergo natural changes. In older adults, physical decline outweighs growth, leading to weakened organs and increased susceptibility to disease. The severity of these changes depends on individual factors such as ethnicity, genetics, lifestyle, diet, and socioeconomic conditions. Generally, the elderly are considered to be those aged 60 and above, but in practice, it's counted from 65 years old as the final stage of life development. Most changes during this period are degenerative, and can be categorized into three main areas:

2.1 Physical aspects include wrinkled skin, skin changes prone to white spots or freckles, hair and body hair turning white and easily falling out, weak muscles and bones, easily fractured bones, and decreased function of various organs.

2.2 Mental and Emotional Aspects: Emotional and mental changes are partly a result of declining physical health. In some cases, this may lead to feelings of sadness, boredom, discouragement, loneliness, easy crying, resentment, depression, anxiety, etc.

2.3 Social Aspects: The role and importance of the elderly in society are often diminished. They may be perceived as having declining health and feel useless, worthless, and a burden to their children and grandchildren. Especially those who were once self-reliant may find themselves becoming dependents. If loved ones neglect them, this can lead to severe depression and even self-harm (Suwanna Wongpiang, 2012).

Concepts and principles of quality of life.

1. The meaning of quality of life: Several definitions of quality of life have been provided as follows:

The WHOQOL Group (1994) defined quality of life as a person's satisfaction with their status in society, related to their goals and expectations within the context of culture, values, societal standards, and other relevant factors such as satisfaction with welfare and various services, as well as satisfaction with the political and governmental characteristics of the society in which they live. Quality of life can be assessed in both objective and subjective aspects.

Kulap Rattanasatchatham (2002) defined quality of life, which can be expressed in various dimensions as follows:

1. Physical quality of life
2. Emotional quality of life
3. Quality of life related to the physical environment
4. Quality of life related to the cultural environment
5. Cognitive quality of life
6. Mental quality of life

From all that has been said above, it can be concluded that quality of life refers to a feeling of self-satisfaction in terms of physical and mental health, environment, well-being, and relationships both in society and within the family.

2. Components of Quality of Life

Quality of life has many dimensions and comprises various aspects of satisfaction and a high quality of life. Scholars have proposed different components of quality of life. This section compiles knowledge about the components of quality of life according to the concepts of various scholars, dividing the components of quality of life into different dimensions as follows:

2.1 Classified according to the World Health Organization. The World Health Organization (1994) divides the components of quality of life into 4 areas.

2.1.1 Physical domain: This refers to the perception of the physical condition of the elderly, which affects their daily life.

2.1.2 Psychological domain: This refers to the perception of the elderly's mental state.

2.1.3 Social relationships domain: This refers to the elderly's perception of their relationships with other individuals.

2.1.4 Environmental domain: This refers to the perception of the environment that affects their lives, such as the perception of their independence, safety, and security.

3. Measuring quality of life

Measuring quality of life is diverse and varies depending on the purpose and concept. Based on the compilation of quality of life assessment methods from various scholars, the study of quality of life measurement can be divided into two aspects: measurement methods and the characteristics of the measurement tools, as detailed below.

3.1 Flynn and Frantz proposed a two-pronged approach to measuring the quality of life in older adults: an objective approach, reflecting physical attributes such as income, education, and occupation; and a subjective approach, based on self-perceptions and past experiences, such as desires and satisfactions. This aligns with the study by Schalock, Bonham & Verdugo (2008), which aimed to create and develop quality of life indicators for planning and assessing intellectual disability.

3.2 Characteristics of the Quality of Life Measurement Scale for the Elderly: The term "scale" here refers to a tool for data collection or general research; the term "questionnaire" is commonly used. Most often, the World Health Organization (WHO) scale is used to measure quality of life. The quality of life scale commonly used by academics in Thailand is a translation of the WHO scale, abbreviated as the Thai version of the Quality of Life Scale (WHOQOLBREF-THAI). It consists of two types of questions: perceived objective and self-report subjective, and has four components: - Physical domain - Psychological domain - Social relationships - Environment

Factors affecting quality of life.

1. Demographic Factors:

1.1 Age is a numerical factor used to define an individual's age. In Thailand, the term "elderly" refers to individuals aged 60 and above, divided into three groups: young elderly (60-69 years old), middle-aged elderly (70-79 years old), and elderly (80 years and above).

1.2 Gender is a factor related to quality of life and also determines an individual's personality in society. In traditional Thai society, men were often considered the heads of families.

1.3 Marital Status: Elderly individuals who are married will have someone to provide support and encouragement, and will feel more secure in life, leading to a better quality of life.

2. Economic Factors:

2.1 Income is a crucial factor in human life, fulfilling various needs and impacting quality of life, especially for the elderly who require care and healthcare, or those with chronic illnesses.

2.2 Education Level: Elderly individuals with higher levels of education tend to have more stable incomes and are more likely to save for the future, resulting in a better quality of life.
2.3 Occupation: Sociologists believe that the role of work contributes to life satisfaction because having a job provides recognition and a sense of value.

3. Social Factors:

3.1 Family Relationships: In Thai society, the family is considered the most important institution. Children and grandchildren care for their elders and family members. Strong family relationships contribute to a better quality of life.
3.2 Participation in Social Activities: This allows the elderly to participate in activities with others and contribute to the community. It prevents loneliness and isolation, improving their mental well-being.

4. Health factors:

Health is another important factor for the elderly, as chronic illnesses can reduce their ability to perform various activities and consequently shorten their lifespan.

5. Mental factors:

Mental well-being is just as important as physical health for the elderly. If the mental state of an elderly person is poor, it will directly affect their physical health as well.

Social support theory and related topics.

1. Social support is a concept commonly used by social workers in their practice since the 1980s (Spect (1988)). Some prefer to use the term "social assistance" instead, which also refers to "social support." In summary, social support means support between individuals, such as family members (husband, relatives, friends), temples, public health officials, and community health volunteers, who provide information, material, or emotional support to the recipient, resulting in satisfaction and fulfillment of the donor's needs.

V. RRELATED RESEARCH

Ladawan Noi Luea (2008) found that social support from family can predict the quality of life of the elderly because receiving encouragement from children and grandchildren enables the elderly to adapt to various changes in physical, mental, and social aspects.
Furthermore, adequate and age-appropriate rest and participation in various activities are consistent with the findings of

Niramon Jitchamnong (2009), who found that those who received a high level of social support exhibited better health-promoting behaviors than those who received less social support. It is well known that good health leads to a good quality of life; therefore, to ensure that the elderly have a good quality of life, it is essential that they receive support from their loved ones through various forms of assistance.

Saowanee Wanlao (2012) found that perceived family support among elderly people with type 2 diabetes who were able to control their blood sugar levels was dynamically interconnected with self-care in managing diabetes. Similarly, Kittiwong Saswad (2015) found that factors affecting the quality of life of elderly people in eastern provinces indicated that a good quality of life for elderly people stems from loving and warm families, where family members live together in unity, help each other, and provide the best possible care, especially in terms of food and nutrition. The appropriate model for caring for the elderly is for family members to be the primary caregivers.

VI. RESEARCH METHODOLOGY

1. Research design/methods

Research Study on the Relationship Between Social Support in Healthcare and Quality of Life of the Elderly (Case Study of Mueang District, Nakhon Ratchasima Province)

This descriptive study, employed as a correlational cross-sectional study, collected data on quality of life and social support variables simultaneously

2. Population and sampling group

Population

The population used in this research consisted of elderly people receiving welfare benefits in Mueang District, Nakhon Ratchasima Province. The criteria for inclusion in the study population were as follows:

1) Aged 60 years and above.
2) Have an ADL score of at least 12 points.
3) Willing and cooperative in providing interviews.

Sample Size

This study calculated the minimum sample size using Daniel's formula (1995, p. 180) as follows:

$$n = \frac{z2\ pq}{d\ 2}$$

$$n = \frac{1.962\ )0.76()1-0.76(}{0.052}$$

n = 276.0 people

Therefore, this study used 280 elderly people as a sample group.

3. Data Collection

In this research, the researchers used a questionnaire to collect data on the relationship between social support in healthcare and the quality of life of the elderly in Mueang District, Nakhon Ratchasima Province. The data collected is as follows:

3.1 Type and Characteristics of the Data Collection Tool: This study used a structured interview questionnaire created by the researcher, consisting of three parts:

Part 1: General Information. This part inquired about the personal characteristics of the elderly, including gender, age, family members, caregivers, ADL scores, and chronic diseases. It consisted of a mix of open-ended and closed-ended questions, totaling 7 items.

Part 2: Social Support. This part inquired about the social support received from relatives, friends, community health volunteers (CHVs), government agencies, and temples.

Part 3: Quality of Life. This part inquired about satisfaction regarding physical, mental, social, and environmental conditions. Physical aspects included appearance, ability to perform daily activities, lack of rest, physical mobility, illness status, physical exertion, sleep, and rest, totalling 8 items.

3.2 The interview questionnaire was constructed after reviewing relevant documents and research related to social support and quality of life, including books, textbooks, and related research.

The researcher completed the data collection using questionnaires. The data was analysed using descriptive statistics.

VII. RESEARCH RESULTS

1. General information reveals that the majority of elderly individuals are female (61.0%), with an average age of 71.35 ± 8.05 years. 39.0% have 3-4 family members, and 99.0% are relatives. 76.0% have an ADL (Awareness of Daily Living) score of 17-19, and 48.0% have underlying medical conditions, 83.0% of which suffer from hypertension.

2. Social Support: A study on social support in elderly healthcare found that overall social support, including from relatives, friends, temples, community health volunteers (CHVs), and government agencies, had an average score of 69.0%. The majority of social support (64.0%) was at a moderate level. When considering individual sources of social support, the elderly received the most from government agencies, followed by relatives, CHVs, friends, and temples, with average scores of 77.0%, 74.0%, 72.0%, 70.0%, and 52.0%, respectively.

3. Quality of Life: A study of the overall quality of life of the elderly, encompassing physical, mental, social, and environmental aspects, showed an average score of 77.0%. The majority of the elderly (58.0%) reported a moderately good quality of life. Specifically, the study examined social quality of life, followed by environment, physical, and mental aspects, with average scores of 80.0%, 80.0%, 75.0%, and 70.0%, respectively.

4. The Relationship Between Social Support and Quality of Life: The study found a significant positive correlation ($p < 0.01$) between social support in healthcare and the quality of life of the elderly, with a correlation coefficient of 0.48.

VIII. DISCUSSION OF RESULTS

This study aimed to investigate the relationship between social support in healthcare and the quality of life of the elderly (case study of Mueang District, Nakhon Ratchasima Province). From the data analysis, the following key issues can be discussed:

1. Social Support:

The study found that the elderly received social support from various groups, including support from relatives, friends, temples, community health volunteers (CHVs), and government agencies. This indicates that the elderly received moderately good support across all five systems, with an overall support level of 64.0% and an average score of 69.0%. This aligns with Pander's (1999) theory, which divides individuals into five social support systems. This is consistent with the findings of Pimpisut Buakaew (2016) on healthcare and health status of Thai elderly, which found that the health status of Thai elderly was at a moderately good level. Personal attributes, social support, and healthcare together predicted the health status of the elderly. This differs from the findings of Panthitra Singkheaw (2015) on health behaviour, social support, and health service needs of the elderly in Mueang District, Phitsanulok Province, where overall health behaviour and social support from family were at a very good to very good level. And the elderly have a very high demand for healthcare services.

2. Quality of Life:

A study of the overall quality of life of the elderly, encompassing physical, mental, social, and environmental aspects, found that 58.0% of the elderly had a moderately good quality of life, with an average score of 77.0%, according to the World Health Organization (1994), which divides quality of life into four aspects: physical, mental, social, and environmental. This aligns with the findings of Chonthicha Sinsuphan (2013), who studied the relationship between family relationships and the quality of life of the elderly, finding that the majority of the elderly had a moderately good quality of life (62.0%), with mental well-being being the highest, followed by social relationships and physical well-being, respectively. There was no correlation with Tharin Sukhanan (2010), who studied the quality of life of the elderly in the Ban Suan municipal area, Chonburi Province, and found that the overall quality of life of the elderly was at a moderate level (p = 93.76). When considering income, the moderate quality of life of the elderly included... The physical, environmental, and mental aspects were rated as good, in that order. The aspect rated as good was social relationships (p=20.04). This differs from the findings of Piyaporn Lauhabutr (2014), who studied the quality of life of the elderly in Community Village 7, Pluta Luang Subdistrict, Sattahip District, Chonburi Province, finding that the quality of life of the elderly was relatively good when categorized by aspect as follows: environment, physical, social relationships, and mental.

3. The Relationship Between Social Support for Self-Care and Quality of Life:

This study examined the relationship between social support for self-care and quality of life in Mueang District, Nakhon Ratchasima Province. The data analysis reveals the following key points:

3.1 Overall, social support from relatives is correlated with a moderate to low quality of life. This can be explained by the fact that older adults who receive a high level of social support from relatives tend to have a higher quality of life, with a correlation coefficient of 10.0%.

3.2 Overall, social support from friends is associated with a moderate to low level of quality of life. A positive correlation of 9.0% suggests that older adults who receive a high level of social support from friends tend to have a higher quality of life.

3.3 Overall, social support from temples is associated with a moderate to low level of quality of life, with a positive correlation coefficient of 19.0%. This can be explained by the fact that elderly individuals who receive a high level of social support from temples tend to have a higher quality of life.

3.4 Overall social support from community health volunteers (CHVs) is correlated with a moderate to relatively low level of quality of life. The positive correlation coefficient of 7.0% suggests that elderly individuals receiving high levels of social support from CHVs tend to have a higher quality of life.

3.5 Overall, social support from government agencies is associated with a moderate to low quality of life. The positive correlation of 19.0% suggests that older adults who receive a high level of social support from government agencies tend to have a higher quality of life.

The study results summarized the relationship between social support and quality of life for the elderly as follows: Social support from relatives was most strongly correlated with social quality of life (p=0.36); social support from friends was most strongly correlated with overall quality of life (p=0.30); social support from temples was most strongly correlated with social quality of life (p=0.50); social support from community health volunteers was most strongly correlated with social quality of life (p=0.38); social support from government agencies was most strongly correlated with social quality of life (p=0.54); and overall social support was strongly correlated with overall quality of life (p=0.48). This positive correlation was statistically significant at the 0.01 level.

In conclusion, based on the hypothesis, social support for self-care has a positive correlation with the quality of life of the elderly (case study in Mueang District, Nakhon Ratchasima Province).

IX. SUGGESTIONS FOR FUTURES STUDIES:

A study on the relationship between social support for self-care and quality of life among the elderly (a case study of Mueang District, Nakhon Ratchasima Province) indicates a correlation between social support for self-care and the quality of life of the elderly. Therefore, it is recommended that friends, relatives, temples, village health volunteers, and government agencies work together to promote health care and quality of life in terms of physical and mental well-being, social relationships, and the environment. This should be achieved through collaborative policy formulation and planning to seriously and continuously improve the quality of life for the elderly.

CONCLUSION

The study results summarized the relationship between social support and the quality of life of the elderly. It was found that social support from relatives, friends, temples, community health volunteers, and government agencies had a significant correlation with quality of life, in that order. Overall social support was significantly and positively correlated with overall quality of life (p=0.48) at the 0.01 level.

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