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Older People's Lived Experiences with Participation in Shareholding Networks for the Care of Older People in Rural Areas of Thailand: A Phenomenological Hermeneutic Study

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Abstract

Background: Older people participating in shareholding networks are exposed to diverse situations, which may be associated with dignity. **Aims:** This study aimed to illuminate the meaning of lived experiences when participating in shareholding networks for the care of older people in rural areas. **Methods:** This qualitative study is based on individual interviews. Ten older Thai persons with at least 12 months of lived experiences participating in shareholding networks for older people in rural areas were interviewed. A phenomenological-hermeneutic approach, inspired by Ricoeur, was used to understand the meaning of the narrated text. **Findings:** The structural analysis resulted in four themes: 1) being satisfied with activities, 2) being valued as important, 3) being frustrated and feeling sad, and 4) being bored and feeling disinterest. The meaning of participation in a shareholding network for the elderly can be understood as a pathway to feelings of confidence and presence of others. Confidence and allowing the presence of others mean facing humanity and sensing vulnerability, because in a trusting relationship the person who gives confidence is susceptible to the other's betrayal. **Conclusion:** An individual's dignity should be a high priority in health and social care strategies. Therefore, it is important for healthcare professionals to initiate a dialogue with the shareholding participants for support and information. The narrations in this study can be used as a basis for developing cooperating care with older people in shareholding network focusing on their needs and dignity.

1. Introduction

The world's population is rapidly aging. There are some 600 million people aged 60 and over worldwide; this total will double by 2025 and will reach virtually two billion by 2050 [1]. The older population is growing faster in Thailand. Its older population is defined as those aged 60 and over, and it is above 16.98%, which accounts for approximately 11.21 million citizens. According to estimations, this number will double in the next 10 years [2].

The social changes that often take place as people enter advanced ages, such as shifts in social roles and loss of close relationships, may pose additional threats to older persons' health and well-being [3]. In rural areas, older people have less access to services and activities, and experience a lack of support and healthcare deficits as a result of the place in which they live [4]. Making investments into such support will lead to valuable social and economic returns, both in terms of the health and well-being of older people and in enabling ongoing social and community participation [3].

Thailand's changing population structure has not only introduced numerous problems for healthcare in aging communities [5], but it has also threatened to further marginalize older people in society [6]. The majority of older community care users are still in their own homes, but there are few opportunities for them to become involved in planning and delivery of services. Despite national policy addressing the aging Thai population [7], older Thai people have been neglected and need more healthcare and better welfare, as they suffer from health problems, low income and poor housing in their communities. Supporting networks in the community empowers older peoples' inclusion as worthwhile members of that community [8]. As such, community networks of older people, their families, caregivers, and organizations have begun to play critical roles in spearheading and sustaining work processes associated with community-based healthcare for older people [9]. Individual engagement and networks have shown improvement in terms of caring for the health of the older population [10]. As Nuño *et al.* [11] pointed out, shareholding networks in such care are perceived as positive by older persons and family members in rural areas.

Community networks and organizations are considered groups playing key roles in the drive for work processes associated with healthcare for community-based aging. Working in integrated and coordinated teams with older people and their families provides the opportunity to practice holistic care and form rewarding relationships for all those involved [12]. In Thailand, rural areas generally have at least one health center. It may be referred to as a sub-district health promotion hospital (HPH). HPHs take on the role of health promotion, disease prevention, treatment, recovery and participation with other organizations in

the community, based on the criteria of the Ministry of Public Health [13]. HPHs have afforded policies preparations of care for older people in their communities. The strategy has supported participation in shareholding networks for older people's care in the community [13]. In addition, the Local Administrative Organizations (LAOs) are the primary government agencies that provide basic healthcare services in rural areas [14]. The LAOs taking on the role of providing basic healthcare services for older people are in line with the government policy proscribed by each ministry. The LAOs have a role, duty and responsibility to make plans consistent with government policy to provide budgets and resources for the care of older people, and the local administrative offices have been providing social welfare to older and low-income people. Public health personnel developed a system to serve older people's needs for continuity of care [15]. The LAOs promote older persons activities in shareholding networks, and these sub-district municipalities include distribution and compilation of valuable data derived from older persons' wisdom. Supporting more clubs or centers for the care of older people, where the older persons can join social activities and events in their communities, has also been established [16].

The expected increase in the older population in society has contributed to the establishment of community care, and more attention is being given to the prerequisite of user involvement and the potential contribution of older people [17]. Older people do not see themselves as having a role to play in planning or a right to voice their opinions about the provision or delivery of services. This is particularly true of older people in rural areas and among elderly and frail older people [18]. Dignity is central in nursing [19], and the maintenance of dignity has become an important goal in the care of older people; for example, in nursing care [20]. Dignity is a vague and contested concept, usually interpreted with a focus on personal autonomy [21], which may be an overly narrow inter-pretation. Older persons in need of support and care are exposed to varied situations that meet their needs, and because of this, they might experience dignity within a caring context differently. Initiatives that focus on redress of this situation often include information and try to lay the foundation of confidence, as well as encouraging the acquisition of the skills necessary to take part in the planning process, and this is seen as one way toward accomplishing this.

Traditional elderly care best-practice models that embody the goals of the "culture change" movement in the care of older people have been developed and assessed [22]. For example, the work of Kitwood [23] is the frontline of person-centered care for people with dementia [24]. Both person-centered care and other models of care that are described as relationship centered [25] share fundamental values; for example, dignity, honoring and respecting the older persons as unique individuals, validating their emotional reality and supporting their lived experiences [26]. Relationship-centered care is described as "best practice" or "high-quality care" [27]. According to Bown and Raines [28], this view of care is compatible with the involvement of increasing numbers of more vulnerable older people in community healthcare for older people.

Financial pressures and increased costs due to changes in demographics for health and social care are pushing the burden of care on to individuals, their families and friends. Community networks and organizations are playing key roles in the work processes of revising, planning, controlling, directing and evaluating the outcomes of community-based aging. In local elderly care, the complex challenges of society are met [29]. Even in senior citizens' clubs, specifications of roles and responsibilities for persons involved with care networks for the care of the aging in a community are not established. The municipality, which is dynamic, has caregivers that must adapt to giving older people the care they need. The caregivers must therefore show understanding in order to offer support and care for the elderly based on the experiences of the older people themselves. Consequently, they need to expand their understanding of older people's lived experiences and understand the implications of participating in shareholding networks for the care of older people in the countryside. For that reason, there needs to be development of local networks to encourage older people's involvement in municipal health service. Therefore, to obtain a more in-depth understanding, the aim of this study was to illuminate the meaning of lived experiences of those participating in a shareholding network for the care of older people in rural areas.

2. Method and Design

Drawing upon conventions of qualitative research, this study gathered and interpreted persons' subjective experiences. The qualitative approach allowed nuances, details, and reflections undetectable by quantitative methods to be captured [30].

2.1. Participants and Context

Following Malterud *et al.*'s [31] discussion of sample size and information power in qualitative studies, ten older persons participated in this study. A purposive recruitment procedure was used to select the participants. Nurses in home nursing care were informed about the study. These nurses judged whether each older person's health status, such as rated cognitive status, permitted participation. Persons who wished to participate sent their consent directly to the researcher. The researcher then contacted the participants, and practical arrangements were agreed upon.

The inclusion criteria were: 1) persons aged 60 years and above; 2) residence in a rural community in central Thailand; 3) having lived experiences participating in shareholding networks for older people's care for at least 12 months; and 4) ability to fully understand the purpose and contents of the study. The informants were composed of eight older women and two older men who were 63 - 80 years old (median age = 73 years). They were given verbal and written information about the purpose and procedure of the study.

The study was conducted in one rural sub-district in central Thailand. The sub-district has a senior population composed of 1127 people, or 57 older

people/km^2. The percentage of older people in the sub-district had increased from 14.67 percent in 2012 to over 21.13 percent in 2016. Two primary government agencies provide local healthcare services; namely, the Local Administrative Organizations (LAOs) taking on the role of providing basic healthcare services for older people in line with the government policy prescribed by each ministry, and sub-district health promotion hospitals (HPHs) taking on the role of health promotion, prevention, treatment and recovery based on the criteria of the Ministry of Public Health.

2.2. Data Collection

The first author (SV) conducted narrative interviews from January to early March 2017. The interviewer asked open-ended questions aimed at encouraging further narration. The questions asked of the participants were as follows:

o *Can you please tell me about your experiences in participating in the shareholding network for older people's care in the community?*
o *Can you please tell me how you feel about participating in the shareholding network for care in the area?*
o *Can you please tell me about when participation in the shareholding network awoke positive feelings?*
o *Can you please tell me about when participationin the shareholding network awoke negative feelings?*

During interviews, the interviewer asked clarifying questions to support understanding or encourage interviewees to develop their responses. The interviews lasted 45 to 60 minutes, were performed in Thai and were digitally recorded and transcribed verbatim. The language in this article has been reviewed by a professional English-language editing service.

2.3. Phenomenological Hermeneutics

A phenomenological hermeneutic interpretation was chosen to analyze the transcribed interviews [32] [33]. Using this method, we made attempts to explain and, from there, understand the meaning of a phenomenon through the interpretation of narrative. To gain understanding, a constant movement between the text as a whole and its individual parts is a necessity. This method implies an interpretation as a form of understanding when applied to life expressions as text. Through this interpretation, a deeper understanding of a phenomenon can be gained from a dialectic movement between understanding and explanation, with the aim of reaching a new, comprehensive understanding.

Phenomenological hermeneutic interpretation consists of three interrelated phases. The interpretation starts with a naive reading of the text to gain a sense of its whole. This provides ideas for the structural analysis, which is characterized by dividing the text into meaning units linked to each other by content. Based on similarities and differences, the meaning units then are organized into subthemes and themes, with the aim of explaining the text. Developed through and supported by the naive reading, the structural analysis, our preunderstand-

ing, and literature, the text was interpreted in its whole and resulted in a new comprehensive understanding [32]. The interpretation was conducted in as open-minded a manner as possible, with an awareness of our preunderstandings as nurses and as researchers in this area.

2.4. Ethical Considerations

The study followed the ethical principles of the Helsinki Declaration [34]. All participants were informed about the study and assured that their participation was voluntary and that they could withdraw from the study at any time. All participants gave their informed consent and were guaranteed confidentiality with an anonymous presentation of the findings. The research was approved by Thailand's Ethical Review Committee for Research with Human Subjects (IRB: SP0032.002/4/3.2/2016).

3. Findings

3.1. Naive Understanding

The informants expressed a range of experiences during their shareholding network participation. These experiences led to different impressions, which did not depend on their home situations. Participation in shareholding networks touched the informants on a deeper level through experiences that were dominated by either positive or negative feelings. Participation in shareholding networks influenced them positively, meaning feelings of dignity in supporting and appealing to their need to be needed. Positive interactions engendered satisfaction, pride, happiness and competence within.

Negative interactions, to the contrary, are characterized by frustrations resulting in not wanting to be a part of shareholding network activities. That awoke feelings of sadness, disappointment, and resignation. Sometimes, these emotions were not directly related to the shareholding network activity itself, but were influenced by the presence of other older people, the context or the government. Being touched in their everyday lives through their experiences participating in shareholding networks means there was emotional engagement with other human beings. This engagement represents a powerful tool, as it influences both activities towards other older persons as well as self-evaluation of shareholding network involvement.

3.2. Structural Analysis

Several structural analyses resulted in four themes and six subthemes illuminating the meanings of older person's lived experiences of participation participating in a shareholding network. An overview of themes and subthemes is given in Table 1.

Theme 1: *Being satisfied with activities*

The theme of being satisfied means, as part of a shareholding network, being able to participate in different shareholding activities. This theme reaches beyond what can be seen in conjunction with being part of an activity. Experiences of

Table 1. Overview of themes and subthemes.

Themes	Sub themes
Being satisfied with activities	Feeling happy
Being valued as important	Feeling proud
	Feeling competent
Being frustrated and feeling sad	Feeling disappointed
	Feeling useless
Being bored and feeling disinterest	Feeling resigned

satisfaction and contentment were highlighted, and the informants experienced feelings of engagement and pride, both emotionally and practically. This engagement affected their self-esteem and confirmed them as people, providing feelings of importance.

"*So, the fact that we help one another do good makes us feel good too.*"

They felt satisfied when other older persons who needed help received good care and were met respectfully by care professionals. Working in shareholding networks meant participating in easing burdens of the community and exposed them to positive feelings.

Feeling happy. It was essential to the informants that the activity give them an opportunity to participate in activities related to healthcare. They felt involved in "good" activities that not only broke their own loneliness, but also helped other older persons who needed help, and that made them feel happy.

"*I feel happy and I have fun participating in activities… then I wasn't lonely, I met with other people.*"

The informants experienced a sense of importance and community with other older persons. To share their own self-care experiences with other older persons gave them feelings of significance.

"*…because I feel great every time when I see older adults in the community happy, smiling, meeting each other and sharing experiences. It's my own happiness.*"

They worked hard to help and to share their own experiences with other old persons. Their willingness to participate in healthcare activities, together with the feedback, made them feel useful and happy.

"*I was really happy to participate in activities and help with care for older people… I'm happy and I feel pleased about being the giver.*"

Theme 2: *Being valued as important*

The theme of being valued consisted of a feeling, as a participant, of having an assignment. That means that they received confidence from the community and fellow older persons when being a part of the shareholding network. The informants felt confident in their own capability to help others and handle difficulties in ongoing situations as well as forthcoming problems; they acknowledged their own strength and competence, and they felt prepared and experienced. Their feelings of being able to control changes in needs and care gave them a feeling of reliance on the capability of others and on their relations to others.

"*We have enough capacity to work with organizations in this community… Our value and capacity… Even if we're old, we can do many things. So all of us can participate in activities in this community and work as a team or cooperative network with all organizations in this community because there are no limits for older persons… it's in the network culture.*"

The participants had to develop confidence and confidence in order to build a relationship with other older persons in the shareholding activity group. They viewed themselves as needing to feel secure and having confidence in the community before they were able to help others.

"*I feel pleased. Even though I'm old myself, I have the opportunity to participate in providing care assistance for other older persons in the community by supporting them with the opportunity to participate in activities with us.*"

Feeling proud. Meeting other older persons touched the informants significantly. Even if such situation sometimes made them insecure, they recognized a dependency on the other person. This dependency awoke responsibility within the informant. Through that, their experience still had benefit for their community.

"*I'm proud to have a responsibility and help others. It's our own willingness to be involved in activities organized by the community for older adults in the community.*"

When it comes to delivering care to other older persons, the informants felt equal with the fellow older person; in other words, they respected the other's human dignity. They felt pride when they received positive feedback for doing good things for others, and they expressed that it felt good to be able to do this willingly.

"*I'm glad and proud to be a member of this community with the opportunity to give back good things to older persons.*"

Feeling competent. The informants explained that being involved in shareholding activities gave them a sense of being involved in the community. They described the importance of continuously encouraging fellow older persons to participate in the activities to help them not feel alone.

"*I was able to volunteer to participate in caring for older adults in this community… just talking with them can help them to not feel alone.*"

The informants said that feeling a sense of togetherness with other old persons was something that did not occur by itself; instead, they had to work on it. To acknowledge the other as they were listening was seen as something that made the other feel well. The informants stressed their own competence as important, not only for others' well-being; it was also of great importance for their own well-being. Friendship and good social relations were expressed as important for feeling well. They said that older people without family nearby needed relationships with other people.

"*I have the capacity to help them. Even though I'm old, I have time, a strong body, knowledge and channels enabling me to provide them with help and advice.*"

A sense of wellbeing and feelings of competence arose within the informants when the fellow older person gained and was satisfied with the help and support they received from the participant.

"*I'm glad and proud to be a member of this community with the opportunity to give back good things to older persons. I'm happy to be involved because I'm an older person who still has benefit for our community.*"

Theme 3: *Being frustrated and feeling sad*

The theme of being frustrated expresses the older persons' feelings of disappointment and uselessness. Participating in shareholding network activities means being placed in a vulnerable situation and exposed to negativity or expressions of misunderstanding.

Feeling disappointed. The informants are sometimes exposed to other older persons in the community who do not want to participate in shareholding networks for older people's care. Such occasions are experienced as difficult to handle.

"*I feel really down and detached when I meet the ones who don't cooperate. I mean, I invited them…but they didn't come and ignored it, even though they were able to participate in our activities…*"

Feelings of sadness of other older people affect their actions negatively. Sometimes, this confused the informants who do not understand why some of older persons in the community did not participate in the care networks.

"*I felt really confused and bummed out at the beginning. I wondered why they didn't give any importance to what the organizations and clubs provided for them.*"

In these instances, the participant negatively evaluated the shareholding activity. At other times, they felt that other older people bothered them; this also caused negative feelings of disappointment.

"*I invited them… but they didn't come and ignore it, even though they were able to participate in our activities.*"

Feeling useless. Feelings of uselessness may emerge when projects for older people's care are perceived as less beneficial or are incapable of functioning usefully. Furthermore, emotions of unfairness are expressed regarding unsuccessful projects. The informants wondered about the projects organized by community organizations, which were inevitably the same projects all the time, and as such did not have the same benefits as when they were first initiated.

"*… the free glasses project provided by the government where the municipality gives out glasses for older persons. We already have glasses at better prices and quality. We don't want them. We feel that the government's budget support was wasted. The municipally should ask about our needs before organizing activities.*"

These occasions were perceived as incomprehensible, and were at times described by the informants as emotionally distressful.

"*…when they organize activities to take us on field trips to study dentistry for older adults. I still have good dental health but, when they asked me to coope-*

rate, I had to go because it's an activity organized by community organizations."

The informants mean that the projects are not developed from the overall older person's perspective, and they feel they do not reap benefits from the projects.

"*…when the same projects were held for many years without change, they don't have the same benefits as before. So the people involved should adjust according to changing problem situations. Organizing the same projects all the time won't meet needs.*"

Theme 4: *Being bored and feeling disinterest*

One meaning of being bored is when the informants express feelings of being tired and beginning to reject some projects. Their own needs or health-related problems were regarded by themselves as unimportant, a non-question, in relation to other older persons' needs. All of the attention was focused on the needs of the other person. A kind of "shield" was set up in order to invite the other older persons into the project. When failing "in this duty", feelings of weariness were present. Even if they felt the need to do something on their own, they felt forced to stay close to the project, which resulted in a sense of resignation and sadness.

Feeling resigned. The informants felt bored, as if they had been abandoned, for long waits in lines or long activities, which gave them a sense of wasted time. They felt unfamiliar with their own and other people's feelings, behaviors, and activities. This led to negative feelings of rejection and resignation.

"*…the older people waiting in these long lines won't want to come the next time.*"

3.3. Comprehensive Understanding

Participation in shareholding networks for informants in rural area can be understood as a pathway to feelings of confidence and presence of the other. Experiences are linked to positive feelings of satisfaction, respect and value. Confidence and allowing the presence of the other means being able to face humanity and exhibit vulnerability in oneself. Negative feelings mean frustration and boredom, emotions related to individual views and individual tolerances. Understanding this emotional dimension of shareholding network activities seems to risk causing confusion and distress in the participants. Our interpretation suggests that these feelings echo confusion in the older people's views of their role in shareholding network activities.

4. Discussion

The aim of this study was to illuminate the meaning of older persons' lived experiences when participation in shareholding networks for the care of older people in rural areas. We found four themes, further broken down into subthemes that shed light on the interviewees' experiences of: "being satisfied", "being valued", "being frustrated", and "being bored". The findings indicate contradictory emotional influences within the informants and affects on their

self-esteem and views of themselves.

The primary relationship within the shareholding network is the relationship between the network participants and the government agencies (LAOs) and (HPHs). This relationship, a form of social relationship, does not emerge without confidence from the government. In the literature, there are three characteristics of confidence. Firstly, the confidence sensor become vulnerable when trusting the recipient because of the recipient's possible incompetence or evil will. To confidence someone is to take a chance. You can never know whether the recipient of confidence will act in the way you expected [35]. Secondly, confidence is not something you can force on someone, not something you can buy. According to Luhmann [36], if you can buy confidence, you have every reason to not trust what they have purchased. A prerequisite for the successful establishment of shareholding networks for the elderly is that the public healthcare system supports the business [37]. In our study, government agencies (LAOs and HPHs) were involved in the shareholding work. This can be understood as the shareholding network having been received confidence from the authority to undertake various activities aimed at the elderly [35] [36].

"*Being satisfied with activities*" refers to the informants' positive experiences in our study. Natural elements in the care of older persons in the municipality (for example, shareholding networks) include, according to Hamilton & McDowell [38] maintaining dignity, inviting to mutuality, creating hope, etc. This demands emotional engagement from the network's participants. Our narratives show that participation in shareholding network relationships is characterized by both emotional and practical engagement and pride, which brings people closer to each other [39]. Being a part of a shareholding network also means being an active in easing the community's burden. This knowledge seemed to evoke positive feelings in the interviewees in our study. According to Edlund [40], dignity and self-esteem are closely linked and therefore important to respect. Giving dignity-supporting care to other older persons in need of support satisfies the informants and develops their identity.

Being an active participant also means "*Being valued as important*"; that is, a sense of having confidence from the community and fellow older persons. The informants felt confident in their own capacity to help other older persons and handle various ongoing difficulties as well as forthcoming problems. According to them, there was no doubt that they acknowledged their own strength and competence, felt prepared and experienced something they explained stemmed from being part of the shareholding network culture. Their feelings of being able to control changes in needs and care gave them a feeling of reliance on others' capability and on their relationship to others. According to Bauman [41], culture is the continuous and unending structuring activity that constitutes the core of the human mode of being in the world. This was reflected in informants' experiences of the context that enhanced their competence and inter-human relationships with other persons, compared with their experiences from traditional healthcare contexts. Similarly, supporting people in their ordinary context is

perceived as having control over the caring situation [42].

Through integrating the developing self-esteem with a learning process emerging from relational experiences with fellow older persons, the participants' own identities grew. This in line with Fagermoen's [43] view from meaningful nursing practice that professional identity emerges through a process of self-formation in which social interaction and self-reflection are basic processes. The narratives revealed that an important piece of constructive and developing reflections stands together with fellow shareholding members. Reflective practices are validating when interviewees help participants to make decisions that strengthen their competence and identity [44].

"*Being frustrated and feeling sad*" refers to informants' negative experiences in our study. In the narratives, it becomes clear that meeting older adults in need help may be perceived as constraining. Even if the participants in a shareholding network feel that they have received confidence from the authorities (and confidence, according to Joffe *et al.* [45], correlates with satisfaction), it may feel frustrating when other older persons ignore invitations to be a part of network activities. The informants expressed feelings of disappointment and uselessness when fellow older persons outside the shareholding network ignored them. To be ignored by someone that one judged as being in need of help evoked feelings of frustration. It seems that confidence obtained from authorities simultaneously placed them in a vulnerable situation and exposed them to negative feelings or disconnection from others. This can be understood from Lögstrup [46], who states that confidence is a gift that we give to the other person, and it is up to him or her to receive it or not. According to Warren [35], in a relationship the person who gives confidence is always the one vulnerable to the others' betrayal. In our study, it seems that informants relied on the other older persons, which created liberty for the other to act. Reasonably, the shareholding network participants expected that the other would use it in accordance with his or her wishes and interests, but he or she could never be certain. This means that the giver of confidence becomes vulnerable to the other's malice.

According to Sarvimäki and Stenbock-Hult [47], vulnerability is part of all human conditions and closely connected to our lived experiences as human beings. According to the literature [48], vulnerability is seen as an existential aspect of being old and frail. We interpret the findings as demonstrating that vulnerability depends on how the informants viewed the situation and the degree of harm perceived as inherent to the situation. When harm occured from unfavorable contextual conditions, such as lack of attention to the interviewee's basic needs, values and preferences, it risked damage to the interviewee's self-image and dignity. Being abandoned by the other exposed the vulnerability of personal and social loss. From a life-world perspective, vulnerability is seen as an inevitable part of life because of our interdependency, but also as something that can be created and perpetuated by certain situations [49].

When informants' views on municipal care projects differed from the municipality's, it evoked feelings of "*Being bored and feeling disinterest*". We interp-

ret this situation as meaning that the confidence given by the municipality and the interviewees' placement in a vulnerable position evoked the question of power and impotence. This negatively influenced the persons' dignity, and according to Shotton and Seedhouse [50], this is common when we find ourselves in inappropriate circumstances, in situations where we feel foolish, incompetent, or inadequate.

Interviewees' feelings of unfairness or resignation seemed to be of significance when they explained instances in which their views on healthcare projects fell short and that their decision mandate weighted easy compared to the municipality's mandate. They talked quite freely and honestly about their views when reflecting on situations that caused a sense of abandon, leading to feelings of rejection and resignation. The meaning of being abandoned and alone with all responsibility seemed to touch upon moral aspects of human existence of which we only have only scratched the surface in this study.

This study suggests that the meaning of participation in shareholding networks for older people in rural areas can be understand as a pathway to feelings of confidence and presence of the other. The informants had a desire to feel needed and have something meaningful to occupy themselves. Therefore, a major task for the network when establishing a caring culture is to invite older persons through someone who cares for them in a dignified way [51], so that the individual older person feels relaxed and secure in the caring situation [52]. In other words, the goal is to make things easier for other older people in the municipality who live at home, so that they, on basis of their own wishes and choice, can live their life as best they can [53]. For our informants, it was important to continue to feel valued and part of a community. Studies show the importance of socializing with others when the family is far away. In such cases, participants in shareholding networks have an important duty to perform when there is no natural community or social context surrounding this group of older persons [54].

5. Methodological Considerations

In this study, we used a phenomenological hermeneutical method to interpret the lived experiences of older people when participating in shareholding networks for the care of older people in rural areas. According to Ricoeur [33], there is not only one way of interpreting a text, there are several possible interpretations. The interpretation we present is the one that we found to be most likely. Interviews with a narrative approach were used, and during the interviews, shareholding participants talked freely about their experiences and encounters with healthcare personnel and fellow older persons outside the shareholding network. We reflected on our preunderstanding by using probing questions to avoid misunderstandings and to restrain our preconceptions. The number of interviewed shareholding participants was deemed sufficient because the interviews were rich, in-depth and contained various descriptions of lived experience. The findings cannot be generalized, but are transferable to similar situa-

tions and encounters. Formulating the findings of such research involves expressing oneself in a manner that touches the reader [55]. The findings can be used only to shed light on the meaning of participants' lived experiences and to influence older people's perceptions of their own lives. According to Ricoeur [33], however, the reliability of this study lies in the recognition of others. Knowledge gained from this study may therefore be used as a basis to clarify the meaning of participation and to raise awareness about older persons care in a rural context.

6. Conclusion

Through their narratives, the informants have shared their experiences of participation in shareholding networks for older people's care. The meaning of participation in shareholding networks for older people in rural areas can be understood as a means to develop their feelings of confidence and presence. This can be developed by investing them with the authority to undertake various activities aimed at the elderly, entrusting the shareholding network. Confidence and allowing the presence of the other mean facing humanity and a sense of vulnerability because, in a relationship, the person who gives confidence is exposed to potential betrayal. This means that the giver of trust becomes vulnerable to the other's malice. Therefore, the individual's dignity should have a high priority in health and social care strategy. It is a challenge for healthcare professionals to handle older people's experience of confidence when involve them in their own care. The narrations in this study can be used as a basis for developing cooperating care with older people in shareholding network focusing on their needs and dignity. It is important for healthcare professionals to initiate a dialogue with the shareholding participants for support and information.

Conflict of Interest Statement

The authors declare that there are no conflicts of interest.

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